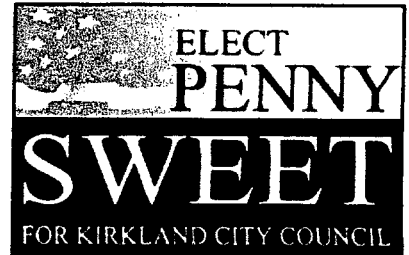


RECEIVED

JUL 30 2009

Public Disclosure
Commission



DATE FILED PDC

JUL 28 2009

Friends of Penny Sweet
700 20th. Ave. W.
Kirkland, WA 98033
www.SweetForKirkland.

Public Disclosure Commission
July 27, 2009

Please accept the enclosed amended and supplementary documents:

Amended C-1 to include position number

Amended F-1 to include position number

F-1 supplement to replace previous submission.

Thank you,

A handwritten signature in cursive script that reads "Penny Sweet".

Penny Sweet

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40000 OLYMPIA WA 98504-0000 (360) 763-1111 TOLL FREE 1-877-691-2929	PDC FORM <h1 style="margin: 0;">F-1</h1> (11/08)	JUL 28 2009 <h2 style="margin: 0;">PERSONAL FINANCIAL AFFAIRS STATEMENT</h2>	PDC OFFICE USE P M O S T A R K DATE FILED PDC RECEIVED APR - 6 2009
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Refer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials – by April 15.
 Candidates and others – within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name First Middle Initial

Sweet, Penny C.

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address) *
 700 20th Ave. W.

City County Zip + 4
 Kirkland King 98033

Filing Status (Check only one box.)

- An elected or state appointed official filing annual report
- Final report as an elected official. Term expired: _____
- Candidate running in an election: month November year 2009
- Newly appointed to an elective office
- Newly appointed to a state appointive office
- Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: Kirkland City Council
 County, city, district or agency of the office, name and number: Kirkland
 Position number: not determined #3
 Term begins: January '09 ends: December '12

amended 7/27/09 Penny Sweet

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	Washington State Unemployment	Unemployed	B
SP	State of Washington Legislature	State Legislator	D

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
Not Applicable					
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code)
700 20 th Ave. W Kirkland, WA 98033 Primary Residence	E	Washington Mutual Bank Kirkland, WA	A Monthly		Original Current
					E E
All Other Property Entirely or Partially Owned					
2451 Salal Dr. Leavenworth. WA 98826	E	Entirely owned			

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Frontier Bank - Kirland Ave. Kirland WA 98033 Banner Bank, Kirland Ave, Kirland, WA 98033	Checking/savings Checking	E D	
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. Solomon, Smith Barney 411 108 th . N.E. Bellevue, WA 98004	Stocks	E	

DATE FILED PDC
JUL 28 2009

DATE FILED PDC
APR - 6 2009

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Check here <input type="checkbox"/> if continued on attached sheet.				

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? X If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? X If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? X If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B.
- E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Penny Sweet 3/31/2009
Signature Date
Penny Sweet 7/27/09
Contact Telephone: (425) *765-5576
Email: penny.sweet@verizon.net (work) *
Email: (Home) Optional

PDC F-1 Supplement A

DATE FILED PDC

JUL 28 2009

March 30, 2009

**5a. Wholly owned Burgundy, Inc
Dbas The Grape Choice
7 Lakeshore Plaza
Kirkland WA 98033 Appropriate code - E**

DATE FILED PDC

APR - 6 2009

5b See above answer a

5c See above answer a



JUL 28 2009

PDC FORM
F-1
 SUPPLEMENT
 (11/08)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name Sweet	First Penny	Middle Initial C	DATE 7/27/2009
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- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse Registered Domestic Partner Dependent LEGAL NAME: **BURGUNDY Inc, dba The Grape Choice**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **The Grape Choice****Co-Owner with Husband**ADDRESS: **7 Lakeshore Plaza
Kirkland, WA 98033**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Retail Wine Shop and Wine Tasting Bar

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

N/A

\$ N/A

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

N/A

N/A

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Purpose of payment (amount not required)

N/A

N/A

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet**CONTINUE PARTS B AND C ON NEXT PAGE**

JUL 28 2009

Name
Penny Sweet

ENTITY NO. 2
Reporting For: Self Spouse
Registered Domestic Partner Dependent

LEGAL NAME: Celebrate Kirkland! Inc
POSITION OR PERCENT OF OWNERSHIP
TRADE OR OPERATING NAME: Celebrate Kirkland! Inc
President

ADDRESS: c/o 700 20th. Ave. W.
Kirkland, WA 98033

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
The sole purpose of Celebrate Kirkland is to put on Kirkland's annual 4th of July Celebration

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
Purpose of payments
Amount (actual dollars)
Community Grants for the 2009 Picnic and Parade \$4400.00 (not yet billed)
LTAC Grant for advertising for the 2009 th of July \$2134.00 (not yet billed)

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
Agency name: Purpose of payment (amount not required)
N/A N/A

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE:
Customer name: Purpose of payment (amount not required)
N/A N/A

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	