

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:

Termination - See Part 5

List I.D. number:

Date qualified as committee

Date qualified as committee
(If applicable)

Date of Termination

Date Stamp	CALIFORNIA FORM 410 For Official Use Only CITY OF SUNNYVALE, CA CITY CLERK'S OFFICE 2009 JUL 23 A 9:44

1. Committee Information

NAME OF COMMITTEE

Elect Penny Kelly

STREET ADDRESS (NO P.O. BOX)

252 S Bayview Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Sunnyvale CA 94086 408-245-2175

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

408-773-9572 Penny@electpennykelly.com

COUNTY OF DOMICILE

Santa Clara

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Penny Kelly

STREET ADDRESS

252 S Bayview Ave

CITY STATE ZIP CODE AREA CODE/PHONE

Sunnyvale CA 94086 408-245-2175

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/21/09 DATE

Executed on 7/21/09 DATE

Executed on _____ DATE

Executed on _____ DATE

By *Penny Kelly* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By *Penny Kelly* SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT