

COVER PAGE

A Public Document

CITY OF SUNNYVALE, CA
CITY CLERK'S OFFICE

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NAME (LAST)	(FIRST)	(MIDDLE)	2009 AUG 6 A 11:35	DAYTIME TELEPHONE NUMBER
Kelly	Penny	Marie	(408)	940-0012
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
252 S Bayview Ave	Sunnyvale	CA	94086	OPTIONAL: FAX / E-MAIL ADDRESS
				penny@electpennykelly.com

1. Office, Agency, or Court

Name of Office, Agency, or Court:

City of Sunnyvale

Division, Board, District, if applicable:

Your Position:

**Candidate for Sunnyvale City
Council Member Seat # 3**

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

State

County of _____

City of Sunnyvale

Multi-County _____

Other _____

3. Type of Statement (Check at least one box)

Assuming Office/Initial

Date: ____/____/____

Annual: The period covered is January 1, 2008,
through December 31, 2008.

-or-

The period covered is ____/____/____, through
December 31, 2008.

Leaving Office

Date Left: ____/____/____

(Check one)

The period covered is January 1, 2008, through the
date of leaving office.

-or-

The period covered is ____/____/____, through
the date of leaving office.

Candidate Election Year: 2009

4. Schedule Summary

► Total number of pages
including this cover page: 4

► Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B Yes – schedule attached
Real Property

Schedule C Yes – schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*

Schedule D Yes – schedule attached
Income – Gifts

Schedule E Yes – schedule attached
Income – Gifts – Travel Payments

-OR-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules 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.**

Date Signed

August 5, 2009

(month, day, year)

Signature

Penny M Kelly

(File the originally signed statement with your filing official.)

