

745613

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Statement of Organization
Recipient Committee

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

For Official Use Only

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

Date Stamp

DEC 12 2011

DEBRA BOWEN
Secretary of State

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number

Termination - See Part 5

List I.D. number

745613

12/01/2011

Date of Termination

Date qualified as committee

Date qualified as committee

1. Committee Information

COMMITTEE/FILER'S NAME

L.A. CITY AND CO. SCHOOL EMPLOYEES UNION, LOCAL 99 C.O.P.E.

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES CA 90005 213/387-8393

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

BILL A. LLOYD

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
LOS ANGELES CA 90005 213/387-8393

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

Bill Lloyd

Principal

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90005 213/387-8393

3. Verification

I have used all reasonable diligence in preparing and reviewing 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 12-8-11

By Bill A. Lloyd

Executed on 12-8-11

By Bill A. Lloyd

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____

By _____

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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COMMITTEE NAME

L.A. CITY AND CO. SCHOOL EMPLOYEES UNION, LOCAL 99 C.O.P.E.

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4. Type of Committee

Controlled Committee

- List the name of each controlling officeholder, candidate or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan".
- If this committee acts jointly with another controlled committee, list the name and identification of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="radio"/> Non-Partisan
			<input type="radio"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled 'candidate election' committees only).

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE NO.	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

Primarily Formed Committee

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO. CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

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4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election.

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

THE COUNCIL ON POLITICAL EDUCATION WILL SUPPORT STATE AND LOCAL CANDIDATES AND BALLOT MEASURES WHICH FURTHER THE GOALS OF UNION ORGANIZATION AND COLLECTIVE BARGAINING WITHIN THE STATE

Sponsored Committee

NAME OF SPONSOR

L.A. City and County School Employees Union Local 99

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Organization

ADDRESS

CITY
Los Angeles

STATE

CA

ZIP CODE

90005

Small Contributor Committee

_____ Date qualified

Date this committee qualified as a small contributor committee

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans recieved, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposal of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -, 89518. and are subject to Electins Code Secion 18680 and FPPC Regulation 18521.5.

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FPPC Form 410(April/2011)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)