

Statement of Organization Recipient Committee

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1235342

STATEMENT OF ORGANIZATION

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

CALIFORNIA FORM 410

For Official Use Only

DEC 12 2011

DEBRA BOWEN
Secretary of State

PR

Statement Type Initial Not yet qualified or Amendment List I.D. number # _____ Date qualified as committee _____ Termination - See Part 5 List I.D. number # 1235342 Date of Termination 12/01/2011

1. Committee Information

COMMITTEE/FILER'S NAME
Services Employees International Union Local 99 State PAC
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 COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Los Angeles

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
Executed on 12-8-11
Executed on _____
Executed on _____

By Bill A. Lloyd
By Bill A. Lloyd
By _____
By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

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COMMITTEE NAME
Services Employees International Union Local 99 State PAC

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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 PROPONENT	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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COMMITTEE NAME

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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 POLITICAL ACTION COMMITTEE WILL SUPPORT STATE CANDIDATES WHICH FURTHER THE GOALS OF UNION ORGANIZATION AND COLLECTIVE BARGAINING WITHIN THE STATE

Sponsored Committee

NAME OF SPONSOR

Service Employees International Union Local 99

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

Labor Organization

ADDRESS

CITY
Los Angeles

STATE

CA

ZIP CODE

90005

Small Contributor Committee

02/28/2002
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, officholder, 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)