

Supplemental Independent Expenditure Report

RECEIVED
CITY OF WEST HOLLYWOOD
SUPPLEMENTAL INDEPENDENT EXPENDITURE

<input type="checkbox"/> Amendment	Report covers period from 01/01/2013 through 06/30/2013	Date Stamp 13 AUG -2 PM 3: 5	CALIFORNIA FORM 465 Page 1 of 3 For Official Use Only
	Date of Election if applicable (Month, Day, Year) 03/05/2013	OFFICE OF THE CITY CLERK	

1. Committee/Filer Information

I.D. Number 1331320

COMMITTEE NAME
ANIMAL PAC

STREET ADDRESS (NO PO BOX)
400 Capitol Mall Ste 1545

CITY Sacramento	STATE CA	ZIP CODE 95814	AREA CODE/PHONE 254-5180
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MAILING ADDRESS (IF DIFFERENT)

CITY	STATE	ZIP CODE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Rebecca Olson

STREET ADDRESS
400 Capitol Mall Ste 1545

CITY Sacramento	STATE CA	ZIP CODE 95814	AREA CODE/PHONE 916/254-5180
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NAME OF ASSISTANT TREASURER, IF ANY
Kirk Alan Pessner

STREET ADDRESS
20 Park Rd Ste E

CITY Burlingame	STATE CA	ZIP CODE 94010	AREA CODE/PHONE 650/401-8735
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OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE Jeff Prang	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE West Hollywood City Council Member	SUPPORT X	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO/LETTER	JURISDICTION	SUPPORT OPPOSE

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3. Independent Expenditures Made

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)
02/19/2013	Larry Levine & Associates 13701 Riverside Drive #604 Sherman Oaks, CA 91423	Mailer	3,200.00	3,200.00

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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3)	\$ 3,200.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$ 0.00
3. Total independent expenditures made this period. (Add Lines 1 and 2.)	TOTAL \$ 3,200.00

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER
Secretary of State Political Reform Division

ADDRESS (NO. & STREET)
1500 11th Street Room 495

CITY STATE ZIP CODE
Sacramento CA 95814

3) NAME OF FILING OFFICER

ADDRESS (NO. & STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. & STREET)

CITY STATE ZIP CODE

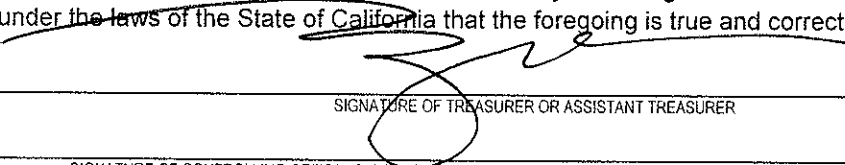
4) NAME OF FILING OFFICER

ADDRESS (NO. & STREET)

CITY STATE ZIP CODE

6. 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 7/22/13 By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT