Supplemental Independent Expenditure Report

1. Committee/Filer Information
   I.D. Number 1331320

   COMMITTEE NAME
   ANIMAL PAC

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

   CITY
   Sacramento

   MAILING ADDRESS (IF DIFFERENT)

   CITY

   OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

   NAME OF TREASURER
   Rebecca Olson

   STREET ADDRESS
   400 Capitol Mall Ste 1545

   CITY
   Sacramento

   NAME OF ASSISTANT TREASURER, IF ANY
   Kirk Alan Pessner

   STREET ADDRESS
   20 Park Rd Ste E

   CITY
   Burlingame

   OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

   NAME OF CANDIDATE
   Jeff Prang

   NAME OF BALLOT MEASURE

   OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE
   West Hollywood City Council Member

   BALLOT NOC/ELECTION JURISDICTION

   SUPPORT    OPPOSE
   X

   SUPPORT    OPPOSE

FFPC Form 465 (Jan/01)
FFPC Toll-Free Helpline: 866/ASK-FPPC
### 3. Independent Expenditures Made

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>DESCRIPTION OF EXPENDITURE</th>
<th>AMOUNT</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/19/2013</td>
<td>Larry Levine &amp; Associates 13701 Riverside Drive #604 Sherman Oaks, CA 91423</td>
<td>Mailer</td>
<td>3,200.00</td>
<td>3,200.00</td>
</tr>
</tbody>
</table>
Supplemental Independent Expenditure Report

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 Sacramento
STATE CA ZIP CODE 95814

3) 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 OFFICER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT