### 1. Committee/Filer Information

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>ID. Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANIMAL PAC</td>
<td>1331320</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO PO BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>400 Capitol Mall Ste 1545</td>
<td>Sacramento</td>
<td>CA</td>
<td>95814</td>
<td>916/254-5180</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS (IF DIFFERENT)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Park Rd Ste E</td>
<td>Burlingame</td>
<td>CA</td>
<td>94010</td>
<td>650/401-8735</td>
</tr>
</tbody>
</table>

### 2. Name of Candidate or Measure Supported or Opposed

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Duran</td>
<td>West Hollywood City Council Member</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT LANGUAGE</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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FPPC Form 465 (Jan'01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
# Supplemental Independent Expenditure Report

**COMMITTEE NAME:** Animal PAC

**DATE** | **NAME AND ADDRESS OF PAYEE** | **DESCRIPTION OF EXPENDITURE** | **AMOUNT** |
---|---|---|---|
02/19/2013 | Larry Levine & Associates  
13701 Riverside Drive #604  
Sherman Oaks, CA 91423 | Mailer | 3,200.00 |

**Report covers period**

from 01/01/2013  
through 06/30/2013  

**CALIFORNIA FORM 465**

**Page 2 of 3**

**I.D. NUMBER**

1331320
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 490, 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

2) NAME OF FILING OFFICER

ADDRESS (NO. & STREET)

CITY STATE ZIP CODE

3) 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 OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, STATE MEASURE PROponent