

RECEIVED
CITY OF WEST HOLLYWOOD

13 AS SUPPLEMENTAL INDEPENDENT EXPENDITURE

Supplemental Independent Expenditure Report

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

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 ZIP CODE AREA CODE/PHONE CA 95814 254-5180
MAILING ADDRESS (IF DIFFERENT)	
CITY	STATE ZIP CODE
OPTIONAL: FAX / E-MAIL ADDRESS	

Treasurer(s)
NAME OF TREASURER Rebecca Olson
STREET ADDRESS 400 Capitol Mall Ste 1545
CITY STATE ZIP CODE AREA CODE/PHONE Sacramento CA 95814 916/254-5180
NAME OF ASSISTANT TREASURER, IF ANY Kirk Alan Pessner
STREET ADDRESS 20 Park Rd Ste E
CITY STATE ZIP CODE AREA CODE/PHONE Burlingame CA 94010 650/401-8735
OPTIONAL: FAX / E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE John Duran	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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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
from	01/01/2013	
through	06/30/2013	Page 2 of 3
COMMITTEE NAME Animal PAC		I.D. NUMBER 1331320

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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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		CALIFORNIA FORM 465
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COMMITTEE NAME Animal PAC		I.D. NUMBER 1331320

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

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

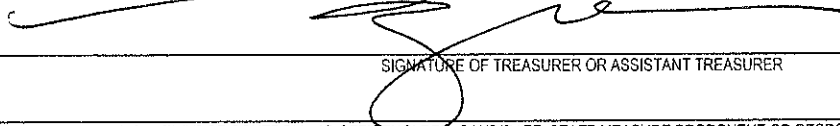
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/22/13

Executed on _____

Executed on _____

Executed on _____

By  _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

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

By _____
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT