

Statement of Organization
Recipient Committee

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1331320

STATEMENT OF ORGANIZATION

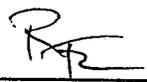
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of the State of California

CALIFORNIA FORM 410

For Official Use Only

DEC 13 2011

DEBRA BOWEN
Secretary of State



Statement Type: Initial Not yet qualified or Amendment
List I.D. number: # 1331320
Date qualified as committee: 10/08/2010
 Termination - See Part 5
List I.D. number: # _____
Date of Termination: _____

1. Committee Information

COMMITTEE/FILER'S NAME
Animal PAC

STREET ADDRESS (NO POST OFFICE BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 916/254-5180

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE Sacramento	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE _____
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2. Treasurer and Other Principal Officers

NAME OF TREASURER
Rebecca Olson

STREET ADDRESS
4
CITY STATE ZIP CODE AREA CODE/PHONE
Sacramento CA 95814 916/254-5180

NAME OF ASSISTANT TREASURER, IF ANY
Kirk Alan Pessner

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Burlingame CA 94010 650/401-8735

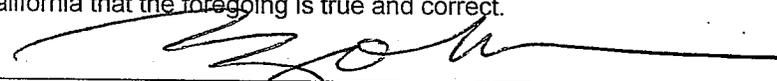
NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
See Continuation Page(s)

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 12/1/11 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

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

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COMMITTEE NAME
Animal PAC

I.D. NUMBER
1331320

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 PROONENT	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

To support/oppose state and local candidates

Sponsored Committee

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

ADDRESS

CITY

STATE

ZIP CODE

Small Contributor Committee

_____ 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, officer/holder, 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 received, 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 Elections Code Section 18680 and FPPC Regulation 18521.5.

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COMMITTEE NAME

ANIMAL PAC

I.D. NUMBER

1331320

2. Treasurer and Other Principal Officers (Cont.)

Other Principal Officers

James Jensvold

POSITION OR TITLE
Principal Officer

STREET ADDRESS

CITY
Sacramento

STATE ZIP CODE
CA 95814

Ed Buck

POSITION OR TITLE
Principal Officer

STREET ADDRESS

CITY
Sacramento

STATE ZIP CODE
CA 95814