Major Donor and
Independent Expenditure Committee
Campaign Statement

1. Name and Address of Filer
   NAME OF FILER: CROUL FAMILY TRUST, JOHN V CROUL, TRUSTEE
   RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET): 1901 Bayadera, CA 92625
   CITY: STATE: ZIP CODE:
   RESPONSIBLE OFFICER (If filer is other than an individual): JOHN V. CROUL
   AREA CODE/DAYTIME PHONE: 949-548-0776

2. Nature and Interests of Filer (Complete each applicable section)
   □ A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS
     OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS
     NAME OF EMPLOYER/BUSINESS: BUSINESS INTERESTS:
     ADDRESS OF EMPLOYER/BUSINESS:

   □ A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS
     ENGAGED

   □ A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

   □ A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE
     COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY
     CHARITY - COLLECTING

3. Summary
   (Amounts may be rounded to whole dollars.)
   1. Expenditures and contributions (including loans) of $100 or more
      made this period. (Part 5.) .................................................. $ 20,000
   2. Unitemized expenditures and contributions (including loans) under
      $100 made this period .................................................. $
   3. Total expenditures and contributions
      made this period. (Add Lines 1 + 2.) .......................... SUBTOTAL $ 20,000
   4. Total expenditures and contributions
      made from prior statement. (Enter
      amount from Line 5 of last statement
      filed. If this is the first statement for
      the calendar year, enter zero.) .................................. $
   5. Total expenditures and contributions
      (including loans) made since
      January 1 of the current calendar year.
      (Add Lines 3 + 4.) .......................................................... TOTAL $ 20,000

4. Verification
   I have used all reasonable diligence in preparing this statement. I have
   reviewed the 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 2/3/2017 By
   [Signature of Individual Contributor or Responsible Officer, if other than an Individual]

FPPC Form 461 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
CROWFAMILY TRUST

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(if more space is needed, use additional copies of this page for continuation sheets.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)</th>
<th>CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/11/16</td>
<td>LINE IN THE SAND PAC P.O. BOX 18725 NEWPORT BEACH, CA 92659</td>
<td>☑ Monetary Contribution</td>
<td></td>
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<td>$20,000</td>
<td>$20,000</td>
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<td>1/1/16</td>
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SUBTOTAL $