Major Donor and Independent Expenditure Committee Campaign Statement		CALIFORNIA 4			
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1-1-2016 through 12-31-2016	Date of election if applicable: PEB -3 PM 1: 47 (Month, Day, Year)  OFFICE OF For Official Use Only THE CITY CLERK  OTHER OF NEWPORT BEACH			
1. Name and Address of Filer  NAME OF FILER  CROUL FAMILY TRUST.  JOHN V CROUL, TRUSTE  RESIDENTIAL OR MAILING ADDRESS (NO. AND STREET)  LIGHT BAYADERE (NO. AND STREET)  STATE ZIP CODE  RESPONSIBLE OFFICER (If filer is other than an individual)  JOHN V.CROUL  AREA CODE/DAYTIME PHONE  949-548-5776  2. Nature and Interests of Filer (Complete each applicable section.)		3. Summary (Amounts may be rounded to whole dollars.)  1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.)			
A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ALD OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADD NAME OF EMPLOYER/BUSINESS  ADDRESS OF EMPLOYER/BUSINESS  A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE ENGAGED	DDRESS, AND BUSINESS INTERESTS RESS, AND NATURE OF THE BUSINESS BUSINESS INTERESTS	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.)			
A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPEC A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY  CHARITY - CUL	OR ASSOCIATION MUST DESCRIBE THE TY	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 DONOR OR RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL			
Amendment (Explain):		FPPC Form 461 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			

## Major Donor and Independent Expenditure Committee Campaign Statement

Amounts may be rounded to whole dollars.

Statement covers period from	CALIFORNIA 461
through	Page of

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CROVE FAMILY 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.)

DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE
11/23/16	LINE IN THE SAND PAC P.O. 130X 15725 NEWPURT BEACH, CA 92659	Monetary Contribution  Loan Non-Monetary Contribution Independent Expenditure		☐ Support ☐ Oppose	20,000	920,000
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Support Oppose		
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support ☐ Oppose		
		Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		☐ Support ☐ Oppose		
Management of the Control of the Con				SUBTOTAL \$		