

Major Donor and Independent Expenditure Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	CALIFORNIA FORM 461
	1/2
	For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from <u>01/01/2016</u>	<u>11/08/2016</u>
through <u>06/30/2016</u>	

Amendment

SEE INSTRUCTIONS ON REVERSE

1. Name and Address Of Filer

NAME OF FILER

(Include name(s) of all affiliated entities whose contributions are included in this statement.)
FUND FOR POLICY REFORM,C/O CHRISTIANA TRUST,A DIVISION OF WSF - S,FSB

MAILING ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

WILMINGTON DE 19809

RESPONSIBLE OFFICER (If filer is other than an individual) AREA CODE/DAYTIME PHONE

Dan Eule

2. Nature and Interests of Filer (Complete each applicable section.)

A FILER THAT 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

Promote social welfare through legislation.

3. Summary

(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.) \$ 970000.00
2. Unitemized expenditures and contributions (including loans) under \$100 made this period..... \$ 0.00
3. Total expenditures and contributions made this period. (Add Lines 1 + 2.) **SUBTOTAL** \$ 970000.00
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.) \$ 0.00
5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.).....**TOTAL** \$ 970000.00

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 07/28/2016 By Dan Eule
DATE SIGNATURE OF INDIVIDUAL DONOR OR RESPONSIBLE OFFICER IF OTHER THAN AN INDIVIDUAL

Major Donor and Independent Expenditure Committee Campaign Statement

INDEPENDENT EXPENDITURE COMMITTEE AND MAJOR DONOR COMMITTEE STATEMENT

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from <u>01/01/2016</u>	CALIFORNIA FORM 461
through <u>06/30/2016</u>	
2/2	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

FUND FOR POLICY REFORM,C/O CHRISTIANA TRUST,A DIVISION OF WSFS,FSB

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 AND ADDRESS 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 RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
05/26/2016	Fund for Policy Reform (Nonprofit 501(c)(4)) New York NY 10019 ID: 1385745 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Marijuana Legalization (15-0103 -) Statewide NO: 64 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	420000.00	Calendar Year \$ <u>970000.00</u> Other \$ <u>0.00</u>
05/03/2016	Fund for Policy Reform (Nonprofit 501(c)(4)) New York NY 10019 ID: 1385745 Reference No:	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		Marijuana Legalization (15-0103 -) Statewide NO: 64 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	550000.00	Calendar Year \$ <u>970000.00</u> Other \$ <u>0.00</u>

SUBTOTAL \$ 970000.00

FPPC Form 461 (8/99)
For Technical Assistance: 916/322-5660