

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK 497 CONTRIBUTION REPORT

NAME OF FILER Yes on Measure W Committee, Major Funding by CBD Inc.		Date of This Filing 10/04/2016	Date Stamp 16 OCT -5 AM	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (714)676-8878	I.D. NUMBER (if applicable) 1390927	Report No. 2016-4	CITY OF COSTA MESA BY <u>BG</u>	
STREET ADDRESS 2973 Harbor Blvd, Suite 151		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Costa Mesa	STATE CA	ZIP CODE 92626	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/04/2016	CBD, Inc 3023 Orange Ave Santa Ana, CA 92707	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		7,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

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NAME OF FILER CBD, Inc		Date of This Filing <u>10/04/2016</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 784-9032	I.D. NUMBER (if applicable)	Report No. <u>2016-3MD</u>		
STREET ADDRESS 3023 Orange Ave		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Santa Ana	STATE CA	ZIP CODE 92707	No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/04/2016	Yes on Measure W Committee, Major Funding by CBD Inc. (ID# 1390927) 2973 Harbor Blvd, Suite 151 Costa Mesa, CA 92626	Safe Access: 4 Licensed Medical Marijuana Businesses W Costa Mesa	7,000.00	11/08/2016

Reason for Amendment: _____

FPPC Costa Mesa Page 1 of 1
 10/04/2016 10:25:07 AM (GMT)

