

# 497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

<b>NAME OF FILER</b> Yes on Measure W Committee		<b>Date of This Filing</b> 09/24/2016	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (714)676-8878	<b>I.D. NUMBER (if applicable)</b> Pending	<b>Report No.</b> 2016-2		
<b>STREET ADDRESS</b> 2973 Harbor Blvd, Suite 151		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Costa Mesa	<b>STATE</b> CA	<b>ZIP CODE</b> 92626	<b>No. of Pages</b> 3	

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/19/2016	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		650.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/23/2016	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		17,500.00  <input type="checkbox"/> Check if Loan _____% Provide interest rate
09/23/2016	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		2,399.99  <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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09/24/2016	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		9,772.00  <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

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Reason for Amendment: \_\_\_\_\_  
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**Additional Comments**  
**Form 497 Contribution Report**

ADDITIONAL COMMENTS

**CALIFORNIA**  
**FORM** **497**

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NAME OF FILER

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I.D. NUMBER

Pending

ALL INKINDS