497 Contribution Report

Amounts may be rounded to whole dollars.

407 CONTRIBITION DEPORT

NAME OF FILER		- Table - Tabl		· · · · ·		497 0	ONTRIBUTION REPORT
	.		Date of		Date Stamp	CALIFORNIA 107	
Yes on Measure			This Filing			FO	MS TO
AREA CODE/PHONE NUMBER I.D. NUI		I.D. NUMBER (if applicable)	Report No. 20	16_2		For Official Use Only	
(714)676-8878		Pending	Report No. 23	10-2			
STREET ADDRESS 2973 Harbor Bl	vd, Suite 151		☐ Amendment to Report No				
CITY STATE ZIP CODE			(explain below)				
Costa Mesa		CA 92626	No. of Pages	3			
1. Contribution	on(s) Received						
DATE RECEIVED	FULL NAME	, STREET ADDRESS AND ZIP CODE OF CONTRI (IFCOMMITTEE, ALSCENTER I.D. NUMBER)	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
09/19/2016	CBD, Inc 3023 Orange Ave Santa Ana, CA 9270	7		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			650.00
09/23/2016	CBD, Inc 3023 Orange Ave Santa Ana, CA 92707	7		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			Provide interest rate 17,500.00 Check if Loan Provide interest rate
09/23/2016	CBD, Inc 3023 Orange Ave Santa Ana, CA 92707	7		☐ IND☐ COM☐ OTH☐ PTY☐ SCC			2,399.99 Check if Loan Provide interest rate
Reason for Amen	dment:				*Contributor Codes IND – Individual COM – Recipient Co OTH – Other (e.g., I PTY – Political Party SCC – Small Contrib	business en	

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER	1 30110	Date of This Filing 09/24/2016		Date Stamp	CALIFORNIA 497			
Yes on Measure	Le Mange							
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable	I.D. NUMBER (if applicable)		16-2		For Official Use Only	
(714)676-8878		Pending	-					
STREET ADDRESS				Amendment to Report No.				
2973 Harbor Blvd, Suite 151								
CITY		STATE	ZIP CODE	(explain below)				
Costa Mesa		CA	92626	No. of Pages	3			
1. Contribution	on(s) Received							
DATE RECEIVED	FULL NAM	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONT (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
09/24/2016	CBD, Inc 3023 Orange Ave Santa Ana, CA 927			☐ IND			9,772.00	
					▼ OTH □ PTY			☐ Check if Loan
					□ scc			Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		-	Provide interest rate Check if Loan Provide interest rate
Reason for Amend	dment:					*Contributor Code IND – Individual COM – Recipient C OTH – Other (e.g. PTY – Political Par SCC – Small Contr	Committee (oth , business en ty	

Additional Comments Form 497 Contribution Report

CALIFORNIA FORM

Page 3 of 3

Pending

NAME OF FILER

Yes on Measure W Committee

ALL INKINDS