497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER					497 CONTRIBUTION REPOR						
Year		Date of		Date Stamp CALIFORNIA							
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)		This Filing 10/24/2016 Report No. 2016-7MD	received via fax 10/24/16 J.F.		FORM For Official Use Only						
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CITY	STATE ZIP CODE	(explain below)	and the second								
Santa Ana	CA 92707	No. of Pages	17 arcumitement								
2. Contribu	tion(s) Made										
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION									
MADE	(IF COMMITTEE, ALSO ENTERLD, NUMBER)			AMOUNT OF CONTRIBUTION							
10/24/2016	Tes on Measure W Committee, Major Funding by CBD Inc. (ID: 1390927) 2973 Harbor Blvd, Suite 151 Gosta Mesa, CA 92626	Safe Access: 4 Licensed Medical Marijuana Businesses W Costa Mesa		10,0	11/08/2016						
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Reason for Ame	ndment:										
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					FPPC Form 497 (Jan.						

FPPC Form 497 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)