

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER CBD, Inc		Date of This Filing <u>10/04/2016</u>	Date Stamp <i>received via fax 10/4/16 JIF.</i>	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: _____