

RECEIVED
CITY CLERK

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Yes on Measure W Committee, Major Funding by CBD Inc.		Date of This Filing 11/02/2016	Date Stamp 16 NOV -2 PM 4:00	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (714) 676-8878	I.D. NUMBER (if applicable) 1390927	Report No. 2016-11	CITY OF COSTA MESA BY <u>ADD FAX</u>	
STREET ADDRESS 2973 Harbor Blvd, Suite 151		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		No. of Pages 1
CITY Costa Mesa	STATE CA	ZIP CODE 92626		

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
11/02/2016	Van Ton [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Five Ton, Inc	20,000.00 <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: _____