

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Committee for Yes on Measure X		<b>Date of This Filing</b> 10/11/2016	RECEIVED CITY CLERK 16 OCT 11 AM 10:25 CITY OF COSTA MESA BY <i>M. Taylor</i>
<b>AREA CODE/PHONE NUMBER</b> (714) 699-4384	<b>I.D. NUMBER (if applicable)</b> 1390434	<b>Report No.</b> 1	
<b>STREET ADDRESS</b> 111 N. Harbor Blvd, Ste. D		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	
<b>CITY</b> Fullerton	<b>STATE</b> CA	<b>ZIP CODE</b> 92832	<b>No. of Pages</b> 1

**CALIFORNIA FORM 497**

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## 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
10/7/2016	Robert Taft Jr. <div style="background-color: black; width: 150px; height: 20px; margin-top: 5px;"></div>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Therapeutic Hemp., Inc.	\$25,000.00  <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: \_\_\_\_\_