

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER CBD, Inc <i>+</i>			Date of This Filing <u>09/28/2016</u>	Date Stamp <i>Received via fax 9/28/16 J.F.</i>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (949) 784-9032	I.D. NUMBER (if applicable)		Report No. <u>2016-2MD</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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
09/28/2016	Yes on Measure W Committee, Major Funding by CBD Inc. (ID# Pending) 2973 Harbor Blvd, Suite 151 Costa Mesa, CA 92626	Safe Access: 4 Licensed Medical Marijuana Businesses W Costa Mesa	20,000.00	11/08/2016

Reason for Amendment: _____