

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:

1386005

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

RECEIVED
CITY CLERK
Date Stamp
16 5 JUN 23 PM 12:26
CITY OF CARSON

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Hicks Sr, For Carson City Council 2016

1449 E. Helmick St.

STREET ADDRESS (NO P.O. BOX)

Carson CA 90746 3108649874

CITY STATE ZIP CODE AREA CODE/PHONE

P.O. BOX 4541

MAILING ADDRESS (IF DIFFERENT)

Carson CA 90745

FAX / E-MAIL ADDRESS

Cedrichickscitycouncil2016@gmail.com

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Philippa Hicks

STREET ADDRESS (NO P.O. BOX)

1449 E. Helmick St

CITY STATE ZIP CODE AREA CODE/PHONE

Carson CA 90746 3107803474

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6/16/16 By [Signature]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 6/16/16 By [Signature]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

HICKS Sr. For CARSON CITY Council 2016 CEDRIC L.

I.D. NUMBER

1386005

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Wells Fargo Bank

AREA CODE/PHONE

310 783-5340

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

506 W. Torrance Blvd Carson Ca

CITY

STATE

ZIP CODE

90745

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Cedric L Hicks, Sr	City Council / City of Carson	2016	<input type="checkbox"/> Nonpartisan Dem
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
Cedric L. Hicks, Sr	City Council / City of Carson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>