

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

SEMI-ANNUAL

ORIGINAL

COVER PAGE

Date Stamp RECEIVED CITY CLERK 16 JUL 27 PM 12:2 CITY OF CARSON	CALIFORNIA FORM 460
	Page <u>1</u> of <u>7</u>
	For Official Use Only

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2016</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1386005

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CEDRIC L. HICKS SR. FOR CARSON CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)
1449 E. Helmick St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	CA	90746	(310) 864-9874

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS
cedrichickscitycouncil2016@gmail.com

Treasurer(s)

NAME OF TREASURER
Philipta Hicks

MAILING ADDRESS
1449 E. Helmick St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Carson	CA	90746	(310) 780-3474

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

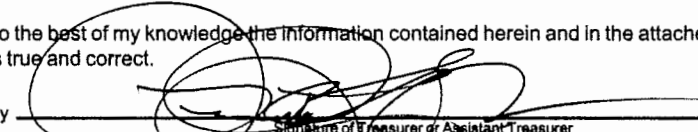
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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


Executed on 7/20/16
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By 
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Cedric L. Hicks Sr.

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member: City of Carson

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
111 N. La Brea Ave., Suite 408	Inglewood	CA	90301

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM	460
	Page <u>3</u> of <u>7</u>	
NAME OF FILER <u>CEDRIC L. HICKS, Sr. For Carson City Council 2016</u>		I.D. NUMBER <u>1386005</u>

SEE INSTRUCTIONS ON REVERSE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	<u>0.00</u>	<u>0.00</u>
2. Loans Received..... Schedule B, Line 3	<u>4,000.00</u>	<u>4,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	<u>4,000.00</u>	<u>4,000.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	<u>1,015.00</u>	<u>1,015.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	<u>5,015.00</u>	<u>5,015.00</u>

**Calendar Year Summary for Candidates
Funding in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	<u>\$3,190.00</u>	<u>\$3,190.00</u>
7. Loans Made..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	<u>\$3,190.00</u>	<u>\$3,190.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	<u>\$1,015.00</u>	<u>\$1,015.00</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	<u>\$4,205.50</u>	<u>\$4,205.50</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	<u>0</u>
13. Cash Receipts..... Column A, Line 3 above	<u>\$4,000.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	<u>0</u>
15. Cash Payments..... Column A, Line 8 above	<u>\$3,190.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	<u>810.00</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	<u>4,000.00</u>
18. Cash Equivalents..... See instructions on reverse	<u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	<u>4,000.00</u>

**Schedule B - Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>01/01/2014</u> through <u>06/30/2014</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Cedric L. Hicks, Sr for Carson City Council 2014

I.D. NUMBER: _____

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<u>Cedric L Hicks Sr</u> [REDACTED]	<u>Assist City Manager City of Compton</u>	<u>\$ 0.00</u>	<u>\$ 500.00</u>	<input type="checkbox"/> PAID <u>\$ 0.00</u> <input type="checkbox"/> FORGIVEN <u>\$ 0.00</u>	<u>\$ 500.00</u> <u>5/20/2017</u> DATE DUE	<u>0.00%</u> <u>0.00</u> RATE	<u>\$ 500.00</u> <u>05/20/2014</u> DATE INCURRED	CALENDAR YEAR <u>\$ 500.00</u> PER ELECTION** \$ _____
<u>Cedric Hicks, Sr</u> [REDACTED]	<u>Assist City Manager City of Compton</u>	<u>\$ 0.00</u>	<u>\$ 500.00</u>	<input type="checkbox"/> PAID <u>\$ 0.00</u> <input type="checkbox"/> FORGIVEN <u>\$ 0.00</u>	<u>\$ 500.00</u> <u>5/20/2017</u> DATE DUE	<u>0.00%</u> <u>0.00</u> RATE	<u>\$ 500.00</u> <u>06/21/2014</u> DATE INCURRED	CALENDAR YEAR <u>\$ 1,000.00</u> PER ELECTION** \$ _____
<u>Cedric L Hicks, Sr</u> [REDACTED]	<u>Assist City Manager City of Compton</u>	<u>\$ 0.00</u>	<u>\$ 3,000.00</u>	<input type="checkbox"/> PAID <u>\$ 0.00</u> <input type="checkbox"/> FORGIVEN <u>\$ 0.00</u>	<u>\$ 3,000.00</u> <u>5/20/2017</u> DATE DUE	<u>0.00%</u> <u>0.00</u> RATE	<u>\$ 3,000.00</u> <u>06/21/2014</u> DATE INCURRED	CALENDAR YEAR <u>\$ 4,000.00</u> PER ELECTION** \$ _____
SUBTOTALS		\$ 4,000	\$ 0.00	\$ 4,000.00	\$ 0.00			

Schedule B Summary

1. Loans received this period \$ 4,000.00
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ 4,000.00
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through	06/30/2016	Page 5 of 7
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER 1386005

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CEDRIC L. HICKS SR. FOR CARSON CITY COUNCIL 2016

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
06/30/2016	Political Reporting Plus [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bill Forgiven	1,015.50	1,015.50	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

<i>Attach additional information on appropriately labeled continuation sheets.</i>	SUBTOTAL \$	1,015.50
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Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	1,015.50
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$	1,015.50

*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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>01/01/2016</u> through <u>06/30/2016</u>	CALIFORNIA FORM	460
	Page <u>6</u> of <u>7</u>	
	I.D. NUMBER <u>1386005</u>	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Cedric L Hicks Sr For Carson City Council 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Political Reporting Plus</u> [REDACTED]	<u>PRO</u>		<u>Political Accounting - June 2016</u>	<u>250.00</u>
<u>Political Reporting Plus</u> [REDACTED]	<u>PRO</u>		<u>Political Accounting - June 2016</u>	<u>234.50</u>
<u>Adouki & Associates</u> [REDACTED]	<u>CNS</u>		<u>Consultant</u>	<u>2,000.00</u>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,848.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>3,174.50</u>
2. Unitemized payments made this period of under \$100.	\$	<u>15.50</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>3,190.00</u>

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 01/01/2016
through 04/30/2016

CALIFORNIA FORM 460

Page 7 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cedric L Hicks Sr., for Carson City Council 2016

I.D. NUMBER

1386005

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Campaign I.A.</u> [REDACTED]	<u>LIT</u>	<u>Campaign literature & Mailings</u>	<u>\$596.00</u>
<u>United States Post Office</u> [REDACTED]	<u>POS</u>	<u>Postage</u>	<u>\$ 94.00</u>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 690.00