

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Cedric L Hicks Sr. for City Council</i>		Date of This Filing <i>9/13/14</i>	RECEIVED Date Stamp CITY CLERK 16 SEP 14 AM 7:3 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>310 804-9874</i>	I.D. NUMBER (if applicable) <i>1386005</i>	Report No. <i>1</i>		
STREET ADDRESS <i>P.O. BOX 4541</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Carson</i>	STATE <i>Ca</i>	ZIP CODE <i>90744</i>	No. of Pages <i>1</i>	

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
<i>9/13/14</i>	<i>Cedric L Hicks Sr</i> <div style="background-color: gray; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired Assistant City Manager</i>	<i>\$5,500.</i> <input checked="" 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

Reason for Amendment: _____

****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