

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER
Cedric Hooks Sr For City Council

AREA CODE/PHONE NUMBER
3108649874

I.D. NUMBER (if applicable)
1386005

STREET ADDRESS
P.O. BOX 4541

CITY
Carson

STATE
CA

ZIP CODE
90745

Date of This Filing
9/22/14

Report No. *3*

Amendment to Report No. _____
(explain below)

No. of Pages *1*

CITY CLERK
16 SEP 22 PM 12:
CITY OF CARSON

CALIFORNIA FORM **497**
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1. Contribution(s) Received

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)	AMOUNT RECEIVED
<i>9/22/14</i>	<i>CEDRIC L. Hooks Sr</i> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Retired Assist City Manager</i>	<i>\$1500</i> <input checked="" type="checkbox"/> Check if Loan <i>0</i> % Provide interest rate
<i>9/22/14</i>	<i>Mailing Pro Service</i> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1,500</i> <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: _____