


497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER <i>Cedric Hicks Sr for City Council</i>		Date of This Filing <i>9/23/16</i>	Date Stamp SEP 26 AM 8:06	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>4</i>	CITY OF CARSON	
STREET ADDRESS <i>P.O. BOX 4541</i>		<input checked="" type="checkbox"/> Amendment to Report No. <i>1</i> (explain below)	VIA Email <i>9/23/16</i>	
CITY <i>Carson</i>	STATE <i>CA</i>	ZIP CODE <i>90745</i>		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
<i>9/22/16</i>	<i>Nationwide Environmental Services</i> 	<i>CEDRIC HICKS Sr City Council</i>	<i>\$1500</i>	<i>11/8/16</i>

Reason for Amendment: *Mail Pro Service was not the Donor of the*
Donor was the Amendment Company (NATIONWIDE)