


497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED
CITY CLERK

NAME OF FILER <i>Cedric Hooks Sr For City Council</i>		Date of This Filing <i>9/30/16</i>	Date Stamp OCT -3 AM 8:31	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>310 864 9874</i>	I.D. NUMBER (if applicable) <i>1386005</i>	Report No. <i>5 CITY OF CARSON</i>	<i>Received via email 9/30/16 - gv</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>	

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>9/29/16</i>	<i>AFFIRMED HOUSING GROUP</i> 	<i>CEDRIC HOOKS City Council</i>	<i>\$1,000</i>	<i>11/8/2016</i>

Reason for Amendment: _____