


**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>10/4/16</i> <small>Date Stamp</small> OCT -4 PM 3:29	CALIFORNIA FORM <b>497</b> <small>For Official Use Only</small>
AREA CODE/PHONE NUMBER <i>310 864 9874</i>	I.D. NUMBER (if applicable) <i>1386005</i>	Report No. <i>5</i> CITY OF CARSON	
STREET ADDRESS <i>P.O. BOX 4541</i>		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <i>1</i>	
CITY <i>Carson</i>	STATE ZIP CODE <i>CA 90746</i>		

**2. Contribution(s) Made**

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
<i>10/3/16</i>	<i>Thomas Safran &amp; Assoc.</i> 	<i>Cedric Hicks Sr City Council</i>	<i>1,000</i>	<i>11/8/16</i>

Reason for Amendment: \_\_\_\_\_  
\_\_\_\_\_