

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Cedric Hicks Sr For Carson City Council		Date of This Filing 10/12/16 Report No. 66 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	Date Stamp RECEIVED CITY CLERK 16 OCT 12 PM 5:01 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 3108649874	I.D. NUMBER (if applicable) 1386005			
STREET ADDRESS P.O. BOX 4541				
CITY Carson	STATE CA	ZIP CODE 90745		

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
10/12/16	Cedric L. Hicks, Sr [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED Assist City Manager	\$4000 <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