

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Cedric Hicks Sr for City Council		Date of This Filing 10/31/16 Report No. 8 16 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	RECEIVED Date Stamp CITY CLERK OCT 31 AM 11:41 CITY OF CARSON
AREA CODE/PHONE NUMBER 310 804 9874	I.D. NUMBER (if applicable) 1386005	CALIFORNIA FORM 497 For Official Use Only	
STREET ADDRESS P.O. BOX 4541			
CITY Carson	STATE CA	ZIP CODE 90744	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/30/16	Carson CW, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500 <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
		<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