

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Cedric Hicks for Carson City Council</i>		Date of This Filing <i>11/10/16</i>	Report No. <i>13 16</i>	Amendment to Report No. (explain below)	No. of Pages <i>1</i>	RECEIVED Date Stamp CITY CLERK NOV 10 PM 4: 57 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>310 864-9874</i>		I.D. NUMBER (if applicable) <i>1386005</i>					
STREET ADDRESS <i>P.O. Box 4541</i>							
CITY <i>Carson</i>	STATE <i>CA</i>	ZIP CODE <i>90745</i>					

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
<i>11/9/16</i>	<i>Lula Holmes for Carson City Council 2015</i> <div style="background-color: gray; width: 150px; height: 20px; margin: 5px 0;"></div> <i># 1288860</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>3,240</i> <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