


**497 Contribution Report**

Amounts may be rounded to whole dollars.

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NAME OF FILER <i>Cedric Hicks for Carson City Council</i>		Date of This Filing <i>11/23/14</i>	16 NOV 23 PM 5:00 CITY OF CARSON	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>3108649874</i>	I.D. NUMBER (if applicable) <i>1386005</i>	Report No. <i>14</i>		
STREET ADDRESS <i>P.O. BOX 4541 Carson CA</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Carson</i>	STATE <i>CA</i>	ZIP CODE <i>90745</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>11/23/14</i>	<i>Carson Hotel LLC % Ensemble Real Estate</i> 	<i>Cedric Hicks Sr</i>	<i>\$2000</i>	<i>11/8/14</i>

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