

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
RECEIVED CITY CLERK 16 JUN 20 PM 3:07 CITY OF CARSON	
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) <i>Hicks, Sr. Cedric L.</i>	DAYTIME TELEPHONE NUMBER <i>(310) 864-9874</i>	FAX NUMBER (optional) <i>()</i>	E-MAIL (optional) <i>Cedrichicks@citycouncil2016@gmail.com</i>
STREET ADDRESS <i>P.O. BOX 4541</i>	CITY <i>Carson</i>	STATE <i>CA</i>	ZIP CODE <i>90745</i>
OFFICE SOUGHT (POSITION TITLE) <i>City Council</i>	AGENCY NAME <i>City of Carson</i>	DISTRICT NUMBER, if applicable.	<input type="checkbox"/> NON-PARTISAN PARTY: <i>Dem</i>
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)			
			<i>2014</i> (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff election**

(Check one box)

- I **accept** the voluntary expenditure ceiling for the election stated above.
- I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on *6/20/14*
(month, day, year)

Signature *[Handwritten Signature]*
(Candidate)