

**497 Contribution Report**

Amounts may be rounded to whole dollars.

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LOS ANGELES COUNTY

NAME OF FILER I Copy, Inc. dba IBE Digital		Date of This Filing 10/14/2024	Date Stamp 2024 OCT 15 AM 11 CAMPAIGN FINANCE 10/14/24 EMAIL	CALIFORNIA FORM <b>497</b> For Official Use Only M19648
AREA CODE/PHONE NUMBER (562)921-0202	I.D. NUMBER (if applicable) N/A	Report No. 6		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Garden Grove	STATE CA	ZIP CODE 92841	No. of Pages 1	

**2. Contribution(s) Made**

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OR RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/14/2024	Ethical Leadership PAC	City of Norwalk Municipal Election	\$2,500.00	11/05/2024

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