497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER			Date of 10/14/2024	2024 OCT 15	CALIFORNIA 497
I Copy, Inc. dba IBE Digital			This Filing 10/14/2024	- 202100115	Af FORM 43
AREA CODE/PHONE NUMBER (562)921-0202	I.D. NUMBER (if applica N/A	able)	Report No. 3	CAMPAIGN F	ANCE For Official Use Only
STREET ADDRESS			Amendment to Report No.	10/14/24	MAGUES
CITY	STATE	ZIP CODE	(explain below)		
Garden Grove	CA	92841	No. of Pages		

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)
09/05/2024	California Families for Progressive Leadership ID# 1431638	City of Pico Rivera Municipal Election	\$2,500.00	11/05/2024

Reason for Amendment:		