497 Contribu	ution Report		Amounts	may be rounded to w	hole dollars.	REGEIVED BY	7 CONTRIBUTION REPORT
NAME OF FILER Tomas Ivens for School Board 2022				Date of This Filing 10/10/2022 Report No. 10-10-TI		Date Stamp S COU CAL	FORM 497
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)			·le)			1 4044 061 11 429 961	For Official Use Only
(562) 983-0815 1451735 STREET ADDRESS			CAMPAIGN FINANCE				
				To Report No			
CITY Long Beach	STATE ZIP CODE CA 90802			1	No. of Pages1		
	on(s) Received						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIB			IBUTOR'	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS	
10/07/2022	PACE of California School Employees Association Sacramento, CA 95814 Committee ID # 761128			,	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		2,000.00 ☐ Check if Loan
10/07/2022	IBE Digital				□ IND		Provide interest rate
	Garden Grove, CA 92841				COM SOTH SCC		Check if Loan
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
						*Contributor Codes	Provide interest rate
Reason for Amend	dment:					COM – Recipient Committee OTH – Other (e.g., business PTY – Political Party SCC – Small Contributor Com	entity)