

LC05
0218-4

497 Contribution Report

Amounts may be rounded to whole dollars.

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NAME OF FILER I Copy Inc. dba IBE Digital			Date of This Filing 10/31/2022	Date Stamp 2022 OCT 31 PM 1:12	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (562) 921-0202	I.D. NUMBER (if applicable)		Report No. 5	CAMPAIGN FINANCE DISCLOSURE SECTION 10/31/22 EMAIL	
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)
9/6/2022	Kimberly Ann Cobos-Cawthorne for Council 2022 ID#1409015	Kimberly Cobos-Cawthorne, Montebello City Council	\$4,900.00	11/8/2022

Reason for Amendment: _____