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48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL MAYOR BILL WELLS FOR CONGRESS]		
ADDRESS (number and street) 7918 EL CAJON BLVD.						-		
#N-162								
CITY				ZIP CODE				
LA MESA CA				91942				
2. NAME OF CANDIDATE Wells, William, Daniel, ,				3. OFFICE SOUGHT (State and District) House CA 50			4. FEC IDENTIFICATION NUMBER	
	House	Tiouse CA 30			C00670489			
5. IS THIS AN AMENDMENT?	NO, THIS IS A NE	W FILING	YES, IT AME	NDS THE N	IOTICE FILED ON	/		
A. FULL NAME Chauhan, Smit, S.,	Name of Emp Dr. Smit Cha	Name of Employer Dr. Smit Chauhan MD			Amount			
MAILING ADDRESS 175 Sylvia Court	Transaction	Transaction ID : WFT20184211921-1			1001.00			
СІТҮ	STATE	ZIP CODE		Occupation		_		
Imperial	CA	92251	Psychiatrist					
B. FULL NAME			-	Name of Employer			Amount	
			Name of Emp	Name of Employer				
MAILING ADDRESS		-						
CITY STATE ZIP CODE		Occupation	Occupation					
C. FULL NAME	Name of Emp	Name of Employer			Amount			
MAILING ADDRESS								
СІТҮ	STATE	ZIP CODE	Occupation	Occupation				
D. FULL NAME						Date (month,	Amount	
D. FOLL NAME	Name of Emp	Name of Employer			Amount			
MAILING ADDRESS		-						
CITY	STATE	ZIP CODE	Occupation	Occupation				
E. FULL NAME	Name of Emp	Name of Employer			Amount			
	Name of Emp							
MAILING ADDRESS				-				
CITY	STATE	ZIP CODE	Occupation	Occupation				
SIGNATURE (optional)					DATE			
Baber, William, Reed, ,			[Electronically	[Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		
						I.		

