

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 Jay Obernolte for Congress																					
ADDRESS (number and street) PO Box 981415																					
CITY West Sacramento		STATE CA		ZIP CODE 95799																	
2. NAME OF CANDIDATE Obernolte, Jay, , ,			3. OFFICE SOUGHT (State and District) House CA 23																		
4. FEC IDENTIFICATION NUMBER C00720078																					
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3"> A. FULL NAME Chaudhuri, Kali, , , </td> <td colspan="2"> Name of Employer Chaudhuri Kali P MD </td> <td rowspan="3"> Date (month, day, year) 10/31/2022 </td> <td rowspan="3"> Amount 2500.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 42830 Chaudhuri Circle </td> <td colspan="2"> Transaction ID : INC.F65.6754 </td> </tr> <tr> <td> CITY Hemet </td> <td> STATE CA </td> <td> ZIP CODE 92544 </td> <td colspan="2"> Occupation Physician </td> </tr> </table>					A. FULL NAME Chaudhuri, Kali, , ,			Name of Employer Chaudhuri Kali P MD		Date (month, day, year) 10/31/2022	Amount 2500.00	MAILING ADDRESS 42830 Chaudhuri Circle			Transaction ID : INC.F65.6754		CITY Hemet	STATE CA	ZIP CODE 92544	Occupation Physician	
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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F65

Transaction ID : INC.F65.6754

P2020 Debt

Form/Schedule:

Transaction ID: