

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 Wes Hallman for Congress 2022																					
ADDRESS (number and street) 946 N Glendora Ave																					
CITY Glendora		STATE CA		ZIP CODE 91741																	
2. NAME OF CANDIDATE Hallman, Wes, , ,			3. OFFICE SOUGHT (State and District) House CA 28																		
4. FEC IDENTIFICATION NUMBER C00809533																					
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 Casho-Sousa, Alfredo, , , </td> <td colspan="2"> Name of Employer MexiPass </td> <td rowspan="3"> Date (month, day, year) 10/24/2022 </td> <td rowspan="3"> Amount 1000.00 </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS 3361 San Pasqual St #101 </td> <td colspan="2"> Transaction ID : INC.F65.279 </td> </tr> <tr> <td> CITY Pasadena </td> <td> STATE </td> <td> ZIP CODE 91107 </td> <td colspan="2"> Occupation Insurance Broker </td> </tr> </table>					A. FULL NAME Casho-Sousa, Alfredo, , ,			Name of Employer MexiPass		Date (month, day, year) 10/24/2022	Amount 1000.00	MAILING ADDRESS 3361 San Pasqual St #101			Transaction ID : INC.F65.279		CITY Pasadena	STATE	ZIP CODE 91107	Occupation Insurance Broker	
A. FULL NAME Casho-Sousa, Alfredo, , ,			Name of Employer MexiPass		Date (month, day, year) 10/24/2022	Amount 1000.00															
MAILING ADDRESS 3361 San Pasqual St #101			Transaction ID : INC.F65.279																		
CITY Pasadena	STATE	ZIP CODE 91107	Occupation Insurance Broker																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> B. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"> </td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					B. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
B. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> C. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"> </td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					C. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
C. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> D. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"> </td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					D. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
D. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> E. FULL NAME </td> <td colspan="2"> Name of Employer </td> <td rowspan="3"> Date (month, day, year) </td> <td rowspan="3"> Amount </td> </tr> <tr> <td colspan="3"> MAILING ADDRESS </td> <td colspan="2"> </td> </tr> <tr> <td> CITY </td> <td> STATE </td> <td> ZIP CODE </td> <td colspan="2"> Occupation </td> </tr> </table>					E. FULL NAME			Name of Employer		Date (month, day, year)	Amount	MAILING ADDRESS					CITY	STATE	ZIP CODE	Occupation	
E. FULL NAME			Name of Employer		Date (month, day, year)	Amount															
MAILING ADDRESS																					
CITY	STATE	ZIP CODE	Occupation																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4"> SIGNATURE (optional) Ray, Lysa, , , </td> <td> DATE 10/25/2022 </td> <td colspan="2"> For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> <tr> <td colspan="4" style="text-align: center;"> [Electronically Filed] </td> <td></td> <td colspan="2"></td> </tr> </table>					SIGNATURE (optional) Ray, Lysa, , ,				DATE 10/25/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		[Electronically Filed]									
SIGNATURE (optional) Ray, Lysa, , ,				DATE 10/25/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																
[Electronically Filed]																					

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6
(Revised 03/2016)