

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Mayor Bill Wells for Congress

ADDRESS (number and street) 7918 El Cajon Blvd # N162 La Mesa CA 91942-6719 Check if different than previously reported. (ACC) CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00670489 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT CA 50

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2019 through M M / D D / Y Y Y Y 03 / 31 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Baber, William, R., Type or Print Name of Treasurer Signature of Treasurer Baber, William, R., [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Mayor Bill Wells for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7760.00	7760.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7760.00	7760.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2203.33	2575.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2203.33	2575.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11599.48	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**Mayor Bill Wells for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7700.00	7700.00
(ii) Unitemized.....	60.00	60.00
(iii) TOTAL of contributions from individuals ▶	7760.00	7760.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7760.00	7760.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	7760.00	7760.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2203.33	2575.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	250.00	250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2453.33	2825.33

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6292.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7760.00
25. SUBTOTAL (add Line 23 and Line 24).....	14052.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2453.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11599.48

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 9	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)  
**Mayor Bill Wells for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alessio, Kristine, C., ,**

Mailing Address 4647 Garfield Street

City La Mesa	State CA	Zip Code 91941-5403
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FEC ID number of contributing federal political committee. **C**

Name of Employer City of La Mesa	Occupation City Council Member
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Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 29 / 2019

**Transaction ID : A64D9B419A5A74C3B978**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Barka, Noori, , ,**

Mailing Address 1555 Willow Glen Dr.

City El Cajon	State CA	Zip Code 92019-2882
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FEC ID number of contributing federal political committee. **C**

Name of Employer CalBiotech	Occupation President
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Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 21 / 2019

**Transaction ID : A310C8DC45AFF4F58861**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Giordano, Lea, , ,**

Mailing Address 9367 Alto Drive

City La Mesa	State CA	Zip Code 91941-4225
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 06 / 2019

**Transaction ID : A9619E5894F5544A69E8**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 9	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Mayor Bill Wells for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Juhnke, Brian, , ,**

Mailing Address 2526 Camino Avena

City Alpine	State CA	Zip Code 91901-3057
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FEC ID number of contributing federal political committee. **C**

Name of Employer Motoworld of El Cajon	Occupation Owner/Operator
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Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2019

**Transaction ID : A938D5951D4C84B8CB79**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Rhoads, Richard, , ,**

Mailing Address 1201 Sundale Rd

City El Cajon	State CA	Zip Code 92019-3768
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FEC ID number of contributing federal political committee. **C**

Name of Employer University Compounding Pharmacy	Occupation Pharmacist
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Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2019

**Transaction ID : A54C05BC6E91446F0915**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Toma, Hani, , ,**

Mailing Address 1090 Broadway

City El Cajon	State CA	Zip Code 92021-4803
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Ice	Occupation CEO
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Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2019

**Transaction ID : A0C20CB263D824D4A983**

Amount of Each Receipt this Period  
2700.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7700.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Mayor Bill Wells for Congress**

Full Name (Last, First, Middle Initial) <b>A. Baber, William, R., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2019		
Mailing Address 7918 El Cajon Blvd. #N-162					
City La Mesa	State CA	Zip Code 91942-6719	FEC Identification Number C		
Purpose of Disbursement Treasurer		Category/ Type 003	Amount of Each Disbursement this Period 300.00		
Candidate Name		Transaction ID : B48D8121868504343AC2			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Baber, William, R., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2019		
Mailing Address 7918 El Cajon Blvd. #N-162					
City La Mesa	State CA	Zip Code 91942-6719	FEC Identification Number C		
Purpose of Disbursement Treasurer		Category/ Type 003	Amount of Each Disbursement this Period 500.00		
Candidate Name		Transaction ID : B28CE8255410848749E6			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Baber, William, R., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2019		
Mailing Address 7918 El Cajon Blvd. #N-162					
City La Mesa	State CA	Zip Code 91942-6719	FEC Identification Number C		
Purpose of Disbursement Treasurer		Category/ Type 003	Amount of Each Disbursement this Period 500.00		
Candidate Name		Transaction ID : BB2530700A9C14AF58D1			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Mayor Bill Wells for Congress**

Full Name (Last, First, Middle Initial) <b>A. Baber, William, R., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2019
Mailing Address 7918 El Cajon Blvd. #N-162		FEC Identification Number C
City La Mesa	State CA	Zip Code 91942-6719
Purpose of Disbursement Envelopes		Amount of Each Disbursement this Period 183.80
Candidate Name	Category/ Type 003	Transaction ID : B0B02EF6B5C4A4CBDBBB
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Efundraising</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2019
Mailing Address 2831 G St Steet #120		FEC Identification Number C
City Sacramento	State CA	Zip Code 95816-3783
Purpose of Disbursement		Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	Transaction ID : B6B776CDFC1994FF9B17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Efundraising</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2019
Mailing Address 2831 G St Steet #120		FEC Identification Number C
City Sacramento	State CA	Zip Code 95816-3783
Purpose of Disbursement		Amount of Each Disbursement this Period 152.50
Candidate Name	Category/ Type	Transaction ID : BD4628BBEE47B4A0CAE5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	386.30
<b>TOTAL</b> This Period (last page this line number only).....▶	1686.30



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 9	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Mayor Bill Wells for Congress**

Full Name (Last, First, Middle Initial) <b>A. AIPAC</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2019
Mailing Address 6310 S San Vicente Blvd # 275,		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90048-5454
Purpose of Disbursement	<input type="checkbox"/> 012	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	Transaction ID : B6AB20E9A78C241E5B98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250.00