

# 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)

249 E. Ocean Blvd., #670

Check if different than previously reported. (ACC)

Long Beach

CA

90802

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 2019

through

M M /

D D /

Y Y Y Y 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Crummitt, Gary, , ,

Type or Print Name of Treasurer

Crummitt, Gary, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 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.

Office Use Only

**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) .....	1943.50	3084.50
(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)).....	1943.50	3084.50
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

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1943.50	3084.50
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 .....	509.83	509.83
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2453.33	3594.33

**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

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

Amending Expenditures Columns A & B

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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, , ,**  
 Mailing Address 4647 Garfield Street  
 City La Mesa State CA Zip Code 91941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer City of La Mesa Occupation City Council Member  
 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 : INCA49**  
 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CalBiotech Occupation President  
 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 : INCA182**  
 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer retired Occupation retired  
 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 : INCA183**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** 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 7 OF 11	
	<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
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Motoworld of El Cajon	Occupation Owner/Operator
---	------------------------------

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 : INCA60**

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
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FEC ID number of contributing federal political committee. **C**

Name of Employer University Compounding Pharmacy	Occupation Pharmacist
---	--------------------------

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 : INCA50**

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
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Ice	Occupation CEO
----------------------------------	-------------------

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 : INCA62**

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 8 OF 11			
	<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</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2019		
Mailing Address 7918 El Cajon Blvd. #N-162			FEC Identification Number C		
City La Mesa	State CA	Zip Code 91942	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Treasurer		Category/ Type 001	Transaction ID : EXPB184		
Candidate Name		<input type="checkbox"/> Memo Item			
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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Baber, William</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2019		
Mailing Address 7918 El Cajon Blvd. #N-162			FEC Identification Number C		
City La Mesa	State CA	Zip Code 91942	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Treasurer		Category/ Type 001	Transaction ID : EXPB185		
Candidate Name		<input type="checkbox"/> Memo Item			
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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Baber, William</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2019		
Mailing Address 7918 El Cajon Blvd. #N-162			FEC Identification Number C		
City La Mesa	State CA	Zip Code 91942	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Treasurer		Category/ Type 001	Transaction ID : EXPB186		
Candidate Name		<input type="checkbox"/> Memo Item			
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) ▼				
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 9 OF 11	
	<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</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	Amount of Each Disbursement this Period 183.80	
Purpose of Disbursement		Category/Type 003	Transaction ID : EXPB187	
Candidate Name		Memo Item <input type="checkbox"/>		
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Efundraising</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2019	
Mailing Address 2831 G St Steet #120			FEC Identification Number C	
City Sacramento	State CA	Zip Code 95816	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement		Category/Type 001	Transaction ID : EXPB190	
Candidate Name		Memo Item <input type="checkbox"/>		
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Efundraising</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2019	
Mailing Address 2831 G St Steet #120			FEC Identification Number C	
City Sacramento	State CA	Zip Code 95816	Amount of Each Disbursement this Period 160.50	
Purpose of Disbursement		Category/Type 001	Transaction ID : EXPB193	
Candidate Name		Memo Item <input type="checkbox"/>		
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) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	▶	369.30
<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 10 OF 11			
	<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. 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	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement Credit Card Processing Fees		Category/Type 001	Transaction ID : EXPB188		
Candidate Name		<input type="checkbox"/> Memo Item			
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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. 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	Amount of Each Disbursement this Period 152.50		
Purpose of Disbursement Credit Card Procesing Fees		Category/Type 001	Transaction ID : EXPB189		
Candidate Name		<input type="checkbox"/> Memo Item			
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) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/Type	Memo Item		
Candidate Name					
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).....▶	202.50
<b>TOTAL</b> This Period (last page this line number only).....▶	1871.80

**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 11 OF 11	
	<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 M M / D D / Y Y Y Y 01 / 07 / 2019
Mailing Address 6310 S San Vicente Blvd # 275,		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90048
Purpose of Disbursement		Amount of Each Disbursement this Period 250.00
Candidate Name		Transaction ID : EXPB146
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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<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 M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<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