

Image# 202303039578826945

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Wells, Bill, D., ,			2. Candidate's FEC Identification Number H2CA53038	
(b) Address (number and street) 1953 Willowbrock Ct.		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code El Cajon CA 92019		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate CA 51		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) BILL WELLS FOR CONGRESS		
(b) Address (number and street) 970 SEACOAST DRIVE, STE 7		
(c) City, State, and ZIP Code IMPERIAL BEACH CA 91932		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

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

Signature of Candidate Wells, Bill, D., , <i>[Electronically Filed]</i>	Date 03/03/2023
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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