

**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

Dr. Raul Ruiz for Congress

ADDRESS (number and street)

PO Box 3433

Check if different
than previously
reported. (ACC)

Palm Desert

CA

92261

2. FEC IDENTIFICATION NUMBER ▼

C

C00502575

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

36

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

2014

through

M M /

D D /

Y Y Y Y

2014

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

Type or Print Name of Treasurer John Pinkney

Signature of Treasurer

John Pinkney

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Dr. Raul Ruiz for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

	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))....	3310.65	4925.05
(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))	3310.65	4925.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29945.90	73100.31
(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))	29945.90	73100.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	373726.82	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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 12/2003)

PAGE 3 / 17

Write or Type Committee Name

Dr. Raul Ruiz for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

0.00

1100.00

(ii) Unitemized

310.65

825.05

(iii) TOTAL of contributions from individuals

310.65

1925.05

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

3000.00

3000.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3310.65

4925.05

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(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

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

3310.65

4925.05

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29945.90	73100.31
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	29945.90	73100.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	400362.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3310.65
25. SUBTOTAL (add Line 23 and Line 24).....	403672.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29945.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	373726.82

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 17

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 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)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

A.

Mailing Address 9700 Bryn Mawr Ave

City	State	Zip Code
Rosemont	IL	60018-5701

FEC ID number of contributing
federal political committee.

C C00005660

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2014

Transaction ID : C10312883

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

3000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)

A. AB ImagesMailing Address 136 S Walnut St
Ste 1

City La Crescent State MN Zip Code 55947-1305

Purpose of Disbursement
Photography

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	12	2014

Amount of Each Disbursement this Period

327.00

Transaction ID : D560336

B. ActBlue Technical Services

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	12	2014

Amount of Each Disbursement this Period

0.10

Transaction ID : D560012

C. ActBlue Technical Services

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138-5106

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	14	2014

Amount of Each Disbursement this Period

0.59

Transaction ID : D560013

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

327.69

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow St

City	State	Zip Code
Cambridge	MA	02138-5106

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:	House	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 21 / 2014

Amount of Each Disbursement this Period

0.60

Transaction ID : D560014

B. Charlie Palmer Steak House

Mailing Address 101 Constitution Ave NW

City	State	Zip Code
Washington	DC	20001-2133

Purpose of Disbursement
Event Catering

Candidate Name

Office Sought:	House	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 02 / 2014

Amount of Each Disbursement this Period

238.83

Transaction ID : D558485

c. Rebecca Cooke

Mailing Address 1534 50th St

City	State	Zip Code
Eau Claire	WI	54703-6813

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Office Sought:	House	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 18 / 2014

Amount of Each Disbursement this Period

153.31

Transaction ID : D559338

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

392.74

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)

A. Delta Airlines

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : D558776

B. Delta Airlines

Mailing Address PO Box 20706

City	State	Zip Code
Atlanta	GA	30320-6001

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2014

Amount of Each Disbursement this Period

251.60

Transaction ID : D558777

C. First DataMailing Address 5565 Glenridge Connector NE
Ste 2000

City	State	Zip Code
Atlanta	GA	30342-4799

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2014

Amount of Each Disbursement this Period

1176.24

Transaction ID : D560009

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1627.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)

A. Next Level PartnersMailing Address 410 1st St SE
Suite 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement
Consultant - Compliance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2014

Amount of Each Disbursement this Period

1750.00

Transaction ID : D558488

B. Paychex

Mailing Address 911 Panorama Trail Street

City Rochester State NY Zip Code 14625-0397

Purpose of Disbursement
Payroll - Invoice

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2014

Amount of Each Disbursement this Period

56.30

Transaction ID : D558482

C. Paychex

Mailing Address 911 Panorama Trail Street

City Rochester State NY Zip Code 14625-0397

Purpose of Disbursement
Worker's Compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2014

Amount of Each Disbursement this Period

11.55

Transaction ID : D558483

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1817.85

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trail Street

City	State	Zip Code
Rochester	NY	14625-0397

Purpose of Disbursement
Payroll - Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2014

Amount of Each Disbursement this Period

1294.48

Transaction ID : D558771

B. Paychex

Mailing Address 911 Panorama Trail Street

City	State	Zip Code
Rochester	NY	14625-0397

Purpose of Disbursement
Worker's Compensation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2014

Amount of Each Disbursement this Period

35.75

Transaction ID : D558773

C. Paychex

Mailing Address 911 Panorama Trail Street

City	State	Zip Code
Rochester	NY	14625-0397

Purpose of Disbursement
Payroll - Invoice

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2014

Amount of Each Disbursement this Period

112.25

Transaction ID : D558774

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1442.48

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)

A. Promotivators, LTD

Mailing Address 3674 E Bogert Trl

City	State	Zip Code
Palm Springs	CA	92264-9646

Purpose of Disbursement
Printing of Campaign Materials

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2014

Amount of Each Disbursement this Period

400.64

Transaction ID : D559342

B. Verizon Wireless

Mailing Address 78995 Highway 111

City	State	Zip Code
La Quinta	CA	92253-2397

Purpose of Disbursement
Cell Phone Service

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2014

Amount of Each Disbursement this Period

228.71

Transaction ID : D559346

c. Verizon Wireless

Mailing Address 78995 Highway 111

City	State	Zip Code
La Quinta	CA	92253-2397

Purpose of Disbursement
Cell Phone Service

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2014

Amount of Each Disbursement this Period

50.00

Transaction ID : D558487

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

679.35

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address 78995 Highway 111

City	State	Zip Code
La Quinta	CA	92253-2397

Purpose of Disbursement
Telephone Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2014

Amount of Each Disbursement this Period

228.71

Transaction ID : D558481

B. Wally's Desert Turtle

Mailing Address 71775 California 111

City	State	Zip Code
Rancho Mirage	CA	92270

Purpose of Disbursement
Event Catering

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2014

Amount of Each Disbursement this Period

1356.85

Transaction ID : D558775

c. Yegsigian Investment PropertiesMailing Address 25411 Cabot Rd
Ste 211

City	State	Zip Code
Laguna Hills	CA	92653-5525

Purpose of Disbursement
Office Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2014

Amount of Each Disbursement this Period

1200.00

Transaction ID : D558476

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2785.56

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trail Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2014

City	State	Zip Code
Rochester	NY	14625-0397

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Credit Card Processing FeeCategory/
Type

Transaction ID : D558479

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Amy Stratthdee

Mailing Address 908 3rd St NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2014

City	State	Zip Code
Washington	DC	20002-3506

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Consultant - FundraisingCategory/
Type

Transaction ID : D560532

[MEMO ITEM]

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trail Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2014

City	State	Zip Code
Rochester	NY	14625-0397

Amount of Each Disbursement this Period

3539.83

Purpose of Disbursement
PayrollCategory/
Type

Transaction ID : D558768

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7539.83

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)

A. Joseph Abushawish

Mailing Address 605 wamblee ln

City	State	Zip Code
san jacinto	CA	92582

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2014

Amount of Each Disbursement this Period

1082.12

Transaction ID : D560533

[MEMO ITEM]

B. Rebecca Cooke

Mailing Address 1534 50th St

City	State	Zip Code
Eau Claire	WI	54703-6813

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2014

Amount of Each Disbursement this Period

2457.71

Transaction ID : D560534

[MEMO ITEM]

c. Paychex

Mailing Address 911 Panorama Trail Street

City	State	Zip Code
Rochester	NY	14625-0397

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

11250.47

Transaction ID : D559347

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11250.47

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)

A. Joseph Abushawish

Mailing Address 605 wamblee ln

City	State	Zip Code
san jacinto	CA	92582

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

1552.05

Transaction ID : D560536

[MEMO ITEM]

B. Rebecca Cooke

Mailing Address 1534 50th St

City	State	Zip Code
Eau Claire	WI	54703-6813

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

1698.42

Transaction ID : D560535

[MEMO ITEM]

c. Amy Strathdee

Mailing Address 908 3rd St NE

City	State	Zip Code
Washington	DC	20002-3506

Purpose of Disbursement
Consultant - Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : D560537

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Raul Ruiz for Congress

Full Name (Last, First, Middle Initial)

A. Amy Strathdee

Mailing Address 908 3rd St NE

City	State	Zip Code
Washington	DC	20002-3506

Purpose of Disbursement
Consultant - Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : D560538

[MEMO ITEM]

B. Dr. Raul Ruiz MD

Mailing Address PO Box 6116

City	State	Zip Code
La Quinta	CA	92253

Purpose of Disbursement
Reimbursement (Vendors that aggregate over \$200 listed below)

Candidate Name

Dr. Raul Ruiz MD

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 36

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2014

Amount of Each Disbursement this Period

1019.20

Transaction ID : D560526

c. US Airways

Mailing Address 4000 E Sky Harbor Blvd

City	State	Zip Code
Phoenix	AZ	85034-3802

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2014

Amount of Each Disbursement this Period

1019.20

Transaction ID : D560527

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1019.20

