

# 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.

<b>1. NAME OF COMMITTEE IN FULL</b> Dr. Raul Ruiz for Congress			
ADDRESS (number and street) PO Box 3433			
CITY Palm Desert	STATE CA	ZIP CODE 92261	
<b>2. NAME OF CANDIDATE</b> Ruiz, Raul, , Dr.,		<b>3. OFFICE SOUGHT</b> (State and District) House CA 36	
		<b>4. FEC IDENTIFICATION NUMBER</b> C00502575	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> Fresenius Medical Care North America PAC			
MAILING ADDRESS 801 Pennsylvania Ave NW Ste 255		Name of Employer	
CITY Washington	STATE DC	ZIP CODE 20004-3637	Date (month, day, year) 10/21/2020
		Amount 2500.00	
		Transaction ID : VVBYHSB6W33	
		Occupation	
<b>B. FULL NAME</b> International Association of Sheet Metal, Air, Rail, and Transportation Workers Political Action League			
MAILING ADDRESS 1750 New York Ave NW Ste 600		Name of Employer	
CITY Washington	STATE DC	ZIP CODE 20006-5301	Date (month, day, year) 10/21/2020
		Amount 3000.00	
		Transaction ID : VVBYHSB6W41	
		Occupation	
<b>C. FULL NAME</b>			
MAILING ADDRESS		Name of Employer	
CITY	STATE	ZIP CODE	Date (month, day, year)
		Amount	
		Occupation	
<b>D. FULL NAME</b>			
MAILING ADDRESS		Name of Employer	
CITY	STATE	ZIP CODE	Date (month, day, year)
		Amount	
		Occupation	
<b>E. FULL NAME</b>			
MAILING ADDRESS		Name of Employer	
CITY	STATE	ZIP CODE	Date (month, day, year)
		Amount	
		Occupation	
<b>SIGNATURE (optional)</b> Pinkney, John, , ,		DATE 10/23/2020	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

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