

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.

1. NAME OF COMMITTEE IN FULL Dr. Raul Ruiz for Congress			
ADDRESS (number and street) PO Box 3433			
CITY Palm Desert		STATE CA	ZIP CODE 92261
2. NAME OF CANDIDATE Ruiz, Raul, , Dr.,		3. OFFICE SOUGHT (State and District) House CA 36	
4. FEC IDENTIFICATION NUMBER C00502575			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME Amalgamated Transit Union - COPE			
MAILING ADDRESS 5025 Wisconsin Ave NW		Name of Employer Date (month, day, year) 10/20/2020 Amount 1000.00	
CITY Washington		STATE DC	ZIP CODE 20016-4113
		Transaction ID : VVBYHSB6A67	
		Occupation	
B. FULL NAME Cortinas, Javier, E., ,			
MAILING ADDRESS 1400 Northgate Ln		Name of Employer Self Employed Date (month, day, year) 10/20/2020 Amount 2800.00	
CITY McAllen		STATE TX	ZIP CODE 78504-9558
		Transaction ID : VVBYHSB6D30	
		Occupation	
		Physician	
C. FULL NAME Garcia-Cantu, Carlos, , ,			
MAILING ADDRESS 4121 N 10th St Apt 240		Name of Employer Self Employed Date (month, day, year) 10/20/2020 Amount 2800.00	
CITY McAllen		STATE TX	ZIP CODE 78504-3004
		Transaction ID : VVBYHSB6D22	
		Occupation	
		Physician	
D. FULL NAME Guzman, Eduardo, , ,			
MAILING ADDRESS 700 E Redwood St		Name of Employer Self Employed Date (month, day, year) 10/20/2020 Amount 2800.00	
CITY Pharr		STATE TX	ZIP CODE 78577-6334
		Transaction ID : VVBYHSB6D14	
		Occupation	
		Physician	
E. FULL NAME Hernandez, Ambrosio, , ,			
MAILING ADDRESS 2000 S Dana Dr		Name of Employer Doctors Hospital at Renaissance Date (month, day, year) 10/20/2020 Amount 2800.00	
CITY Pharr		STATE TX	ZIP CODE 78577-6779
		Transaction ID : VVBYHSB6D06	
		Occupation	
		Physician	
SIGNATURE (optional) Pinkney, John, , ,		DATE 10/22/2020	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
[Electronically Filed]			

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

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1. NAME OF COMMITTEE IN FULL Dr. Raul Ruiz for Congress		continuation page	
ADDRESS (number and street) PO Box 3433			
CITY, STATE, and ZIP CODE Palm Desert CA 92261			
2. NAME OF CANDIDATE Ruiz, Raul, , Dr.,	3. OFFICE SOUGHT (State and District) House CA 36	4. FEC IDENTIFICATION NUMBER C00502575	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Honrubia, Vincent, , M.D. 204 Rio Grande Dr Mission TX 78572-8559	Name of Employer Self Employed Transaction ID : VVBYHSB6CY0 Occupation Physician	Date (month, day, year) 10/20/2020	Amount 2800.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Kravitz, Edward, , , Ph.D. 5 Bellevue Ave Cambridge MA 02140-3613	Name of Employer Harvard Medical School Transaction ID : VVBYHSB6CM3 Occupation Professor	Date (month, day, year) 10/20/2020	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Martinez, Robert, , , 2809 Santa Lydia St Mission TX 78572-7676	Name of Employer Self Employed Transaction ID : VVBYHSB6CX2 Occupation Physician	Date (month, day, year) 10/20/2020	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE National Union of Healthcare Workers Federal Committee on Political Education 1787 Tribute Rd Ste K Sacramento CA 95815-4404	Name of Employer Transaction ID : VVBYHSB6A75 Occupation	Date (month, day, year) 10/20/2020	Amount 4000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Nicolas, Yekaterina, H., , 301 Byron Nelson St Unit 40 McAllen TX 78503-3193	Name of Employer Self Employed Transaction ID : VVBYHSB6CZ8 Occupation Physician	Date (month, day, year) 10/20/2020	Amount 2800.00

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(Revised 07/2011)