

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 Pete Aguilar for Congress			
ADDRESS (number and street) PO Box 10954			
CITY San Bernardino		STATE CA	ZIP CODE 92423
2. NAME OF CANDIDATE Aguilar, Pete, , ,		3. OFFICE SOUGHT (State and District) House CA 31	
4. FEC IDENTIFICATION NUMBER C00510461			
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 Azzawi, Zaher, Z., , M.D.			
MAILING ADDRESS 9176 Whirlaway Ct		Name of Employer Inland Empire Extra Care, Inc.	
CITY Rancho Cucamonga		STATE CA	ZIP CODE 91737-1543
		Occupation Physician	
		Date (month, day, year) 10/28/2018	
		Amount 1500.00	
		Transaction ID : VN8JBEXYP08	
B. FULL NAME Hafez, Mike, , ,			
MAILING ADDRESS 6786 Di Carlo Pl		Name of Employer City Best Insurance	
CITY Rancho Cucamonga		STATE CA	ZIP CODE 91739-9155
		Occupation President	
		Date (month, day, year) 10/28/2018	
		Amount 1000.00	
		Transaction ID : VN8JBEXYNZ0	
C. FULL NAME Milbis, Mustafa, , ,			
MAILING ADDRESS 5152 Lipizzan Pl		Name of Employer N/A	
CITY Rancho Cucamonga		STATE CA	ZIP CODE 91737-6734
		Occupation Retired	
		Date (month, day, year) 10/27/2018	
		Amount 1500.00	
		Transaction ID : VN8JBEXYNV8	
D. FULL NAME			
MAILING ADDRESS		Name of Employer	
CITY		STATE	ZIP CODE
		Occupation	
		Date (month, day, year)	
		Amount	
E. FULL NAME			
MAILING ADDRESS		Name of Employer	
CITY		STATE	ZIP CODE
		Occupation	
		Date (month, day, year)	
		Amount	
SIGNATURE (optional) May, Jennifer, , ,		DATE 10/29/2018	
<i>[Electronically Filed]</i>		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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