Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) is changed) over the lines. Dr. Raul Ruiz for Congress PO Box 6116 ADDRESS (number and street) (Check if address is changed) La Quinta 92248 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@drraulruizforcongress2012.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.drraulruizforcongress2012.com (Check if address is changed) DATE 2012 C00502575 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Greg Lucas Rodriguez Type or Print Name of Treasurer Greg Lucas Rodriguez [Electronically Filed] 12 17 2012 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC	C Forr	n 1 (Revised 02/2009)	Page 2
		DMMITTEE	
		Committee:	
(a) .	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Name of Candida		Dr. Raul Ruiz	
Candida	ıte	Office	State
Party Af	ffiliatio	n DEM Sought: X House Senate President	District 36
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party (Com	mittee:	
(d)		· · ·	Democratic, epublican, etc.) Party.
Politica	al Ac	etion Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undr	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
C	Comn	nittees Participating in Joint Fundraiser	
1	1.	FEC ID number	
2	2.	FEC ID number	
3	3.	FEC ID number	
4	4.		

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Write or Type Committee Nar	те	
Dr. Raul Ruiz f	for Congress	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
Ruiz 2012 Victory Fu		92248
	Affiliated Committee X Joint Fundraising Representation	
books and records.	lentify by name, address (phone number optional) and position of the pe	erson in possession of committee
Full Name Mailing Address	Palm Springs CA	92263
Title or Position	CITY STATE	ZIP CODE
Treasurer		902 - 9882
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; , assistant treasurer).	and the name and address of
Full Name Greg Luc of Treasurer Mailing Address	cas Rodriguez	
Mailing Address		
	Palm Springs CA CITY STATE	92263 ZIP CODE
Title or Position Treasurer	Telephone number	60 902 9882

Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit boxes or Name of Bank, Deposit		
Name of Bank, Deposi		
Name of Bank, Deposit	nk of America	
Name of Bank, Deposi	nk of America 34420 Monterey Avenue	92260
Name of Bank, Deposi	tory, etc. nk of America 34420 Monterey Avenue	92260 ZIP CODE
Name of Bank, Deposi	rtory, etc. nk of America 34420 Monterey Avenue Palm Desert CITY STATE	
Name of Bank, Deposition Mailing Address Name of Bank, Deposition	rtory, etc. nk of America 34420 Monterey Avenue Palm Desert CITY STATE	
Name of Bank, Deposition Mailing Address Name of Bank, Deposition	rtory, etc. nk of America 34420 Monterey Avenue Palm Desert CITY STATE tory, etc.	
Name of Bank, Deposition Mailing Address Name of Bank, Deposition Pro	tory, etc. nk of America 34420 Monterey Avenue Palm Desert CA CITY STATE OAmerica Bank 888 West Sixth St	