

Image# 201912039166151199

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full) Ruiz, Raul, , Dr., | | 2. Candidate's FEC Identification Number H2CA36439 |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed PO Box 3433 | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code Palm Desert CA 92261 | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate CA 36 |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

| | | |
|---------------------------------------------------------------|--|--|
| (a) Name of Committee (in full) Dr. Raul Ruiz for Congress | | |
| (b) Address (number and street) PO Box 3433 | | |
| (c) City, State, and ZIP Code Palm Desert CA 92261 | | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

| | | |
|-------------------------------------------------------|--|--|
| (a) Name of Committee (in full) Ruiz Victory Fund | | |
| (b) Address (number and street) PO Box 3433 | | |
| (c) City, State, and ZIP Code Palm Desert CA 92261 | | |

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

| | |
|-----------------------------------------------------------------------------------|--------------------|
| Signature of Candidate Ruiz, Raul, , Dr., <i>[Electronically Filed]</i> | Date 12/03/2019 |
|-----------------------------------------------------------------------------------|--------------------|

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

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Working Together Joint Committee

(b) Address (number and street)

910 17th St NW
Ste 925

(c) City, State, and ZIP Code

Washington DC 20006

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code