

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
NICHOLAS RUIZ III FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1995.80	36209.92
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1995.80	36209.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5125.05	35214.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5125.05	35214.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4381.64	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

NICHOLAS RUIZ III FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	600.00	14744.10
(ii) Unitemized.....	1395.80	21465.82
(iii) TOTAL of contributions from individuals ▶	1995.80	36209.92
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1995.80	36209.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1995.80	36209.92

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5125.05	35214.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5125.05	35214.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7510.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1995.80
25. SUBTOTAL (add Line 23 and Line 24).....	9506.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5125.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4381.64

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Amparo Luna

Mailing Address 4102 Maidu Ct.

City St. Cloud State FL Zip Code 34772

FEC ID number of contributing federal political committee. **C**

Name of Employer ORMC Occupation RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **201.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2014

Transaction ID : SA11AI.8613

Amount of Each Receipt this Period
 ab **50.00**

B. Full Name (Last, First, Middle Initial)
Amparo Luna

Mailing Address 4102 Maidu Ct.

City St. Cloud State FL Zip Code 34772

FEC ID number of contributing federal political committee. **C**

Name of Employer ORMC Occupation RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **251.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2014

Transaction ID : SA11AI.8589

Amount of Each Receipt this Period
 ab **50.00**

C. Full Name (Last, First, Middle Initial)
Amparo Luna

Mailing Address 4102 Maidu Ct.

City St. Cloud State FL Zip Code 34772

FEC ID number of contributing federal political committee. **C**

Name of Employer ORMC Occupation RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **251.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2014

Transaction ID : SA11AI.8589.0

Amount of Each Receipt this Period
 received via conduit (ab) **0.00**

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jim McCoy

Mailing Address 46-472 Holonui place

City Kaneohe State FL Zip Code 96744

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2014

Transaction ID : SA11AI.8629

Amount of Each Receipt this Period
 250.00
 check

B. Full Name (Last, First, Middle Initial)
Terri Seebach

Mailing Address 13536 Turtle Marsh Loop #529

City Orlando State FL Zip Code 32837

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA11AI.8627

Amount of Each Receipt this Period
 250.00
 check

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

600.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amazon		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 1516 2nd Ave.		Amount of Each Disbursement this Period 39.96
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement office supplies	Transaction ID : SB17.8534
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1516 2nd Ave.		Amount of Each Disbursement this Period 40.97
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement office supplies	Transaction ID : SB17.8560
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Brighthouse Media		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1475 S. Nova Rd.		Amount of Each Disbursement this Period 210.20
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement advert	Transaction ID : SB17.8517
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	291.13
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Brighthouse Media			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 1475 S. Nova Rd.			Amount of Each Disbursement this Period 214.60	
City Daytona Beach	State FL	Zip Code 32114	Transaction ID : SB17.8540	
Purpose of Disbursement advert		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Brighthouse Media			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1475 S. Nova Rd.			Amount of Each Disbursement this Period 285.60	
City Daytona Beach	State FL	Zip Code 32114	Transaction ID : SB17.8555	
Purpose of Disbursement advert		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Facebook			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014	
Mailing Address 156 University Ave.			Amount of Each Disbursement this Period 62.00	
City Palo Alta	State CA	Zip Code 94301-1605	Transaction ID : SB17.8519	
Purpose of Disbursement advert		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	562.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 156 University Ave.			Amount of Each Disbursement this Period 250.44 Transaction ID : SB17.8539
City Palo Alta	State CA	Zip Code 94301-1605	
Purpose of Disbursement advert	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Facebook			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 156 University Ave.			Amount of Each Disbursement this Period 89.99 Transaction ID : SB17.8546
City Palo Alta	State CA	Zip Code 94301-1605	
Purpose of Disbursement advert	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Facebook			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 156 University Ave.			Amount of Each Disbursement this Period 122.86 Transaction ID : SB17.8551
City Palo Alta	State CA	Zip Code 94301-1605	
Purpose of Disbursement advert	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	463.29
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 156 University Ave.			Amount of Each Disbursement this Period 140.68 Transaction ID : SB17.8563
City Palo Alta	State CA	Zip Code 94301-1605	
Purpose of Disbursement advert		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Mailgun			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 620 Folsom St. #100			Amount of Each Disbursement this Period 40.60 Transaction ID : SB17.8518
City San Francisco	State CA	Zip Code 94107	
Purpose of Disbursement mail svc.		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Mailgun			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 620 Folsom St. #100			Amount of Each Disbursement this Period 41.03 Transaction ID : SB17.8545
City San Francisco	State CA	Zip Code 94107	
Purpose of Disbursement mail svc.		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	222.31
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mailgun		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 620 Folsom St. #100		Amount of Each Disbursement this Period 91.00 Transaction ID : SB17.8557
City San Francisco	State CA Zip Code 94107	
Purpose of Disbursement mail svc.	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PostcardMania		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 2145 Sunnydale Blvd.		Amount of Each Disbursement this Period 384.93 Transaction ID : SB17.8524
City Clearwater	State FL Zip Code 33765	
Purpose of Disbursement advert	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Danielle Ruiz		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO 1372		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8514
City New Smyrna Beach	State FL Zip Code 32170	
Purpose of Disbursement acct/mgmt/compliance	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	903.93
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Danielle Ruiz		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address PO 1372		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8515
City New Smyrna Beach	State FL	
Zip Code 32170	Purpose of Disbursement acct/mgmt/compliance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Danielle Ruiz		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO 1372		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.8554
City New Smyrna Beach	State FL	
Zip Code 32170	Purpose of Disbursement acct/mgmt/compliance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. SendGrid		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 929 Pearl St.#200		Amount of Each Disbursement this Period 10.28 Transaction ID : SB17.8521
City Boulder	State CO	
Zip Code 80302	Purpose of Disbursement mail svc	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1010.28
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 15			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SendGrid		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 929 Pearl St.#200		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.8542
City Boulder	State CO	
Zip Code 80302	Purpose of Disbursement mail svc.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. SendGrid		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 929 Pearl St.#200		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.8556
City Boulder	State CO	
Zip Code 80302	Purpose of Disbursement mail svc.	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address online store		Amount of Each Disbursement this Period 341.85 Transaction ID : SB17.8550
City Kansas City	State MO	
Zip Code 66106	Purpose of Disbursement postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	361.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 15		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address online store		M M / D D / Y Y Y Y 01 / 21 / 2014
City Kansas City	State MO	Zip Code 66106
Purpose of Disbursement postage	Amount of Each Disbursement this Period 341.75	
Candidate Name	Transaction ID : SB17.8537	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address online store		M M / D D / Y Y Y Y 02 / 03 / 2014
City Kansas City	State MO	Zip Code 66106
Purpose of Disbursement postage	Amount of Each Disbursement this Period 341.75	
Candidate Name	Transaction ID : SB17.8547	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address online store		M M / D D / Y Y Y Y 03 / 20 / 2014
City Kansas City	State MO	Zip Code 66106
Purpose of Disbursement postage	Amount of Each Disbursement this Period 48.80	
Candidate Name	Transaction ID : SB17.8564	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	732.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 15			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WalMart			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014		
Mailing Address 3155 SR 44			Amount of Each Disbursement this Period 53.22		
City New Smyrna Beach	State FL	Zip Code 32168	Transaction ID : SB17.8523		
Purpose of Disbursement office supplies		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	53.22
TOTAL This Period (last page this line number only).....	4600.41