

# 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.

<b>1. NAME OF COMMITTEE IN FULL</b> Pete Aguilar for Congress			
ADDRESS (number and street) PO Box 10954			
<b>CITY</b> San Bernardino	<b>STATE</b> CA	<b>ZIP CODE</b> 92423	
<b>2. NAME OF CANDIDATE</b> Aguilar, Pete, , ,		<b>3. OFFICE SOUGHT (State and District)</b> House CA 31	
<b>4. FEC IDENTIFICATION NUMBER</b> C00510461			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> American Postal Workers Union, AFL-CIO			
MAILING ADDRESS 1300 L St NW Ste 200		Name of Employer _____	
CITY Washington		Date (month, day, year) 10/30/2018	
STATE DC		Amount 2000.00	
ZIP CODE 20005-4128		Transaction ID : VN8JBEY1KW7	
Occupation _____		_____	
<b>B. FULL NAME</b> Aranza, Gilbert, , ,			
MAILING ADDRESS 7929 Brookriver Dr Ste 200		Name of Employer Star Concessions	
CITY Dallas		Date (month, day, year) 10/29/2018	
STATE TX		Amount 2000.00	
ZIP CODE 75247-4945		Transaction ID : VN8JBEY1ZN7	
Occupation President/CEO		_____	
<b>C. FULL NAME</b> Azzawi, Zaher, Z., , M.D.			
MAILING ADDRESS 9176 Whirlaway Ct		Name of Employer Inland Empire Extra Care, Inc.	
CITY Rancho Cucamonga		Date (month, day, year) 10/29/2018	
STATE CA		Amount 1500.00	
ZIP CODE 91737-1543		Transaction ID : VN8JBEY08G1	
Occupation Physician		_____	
<b>D. FULL NAME</b> Cardoza, Dennis, , ,			
MAILING ADDRESS 9017 Clewerwall Dr		Name of Employer Foley And Lardner	
CITY Bethesda		Date (month, day, year) 10/29/2018	
STATE MD		Amount 1000.00	
ZIP CODE 20817-6905		Transaction ID : VN8JBEY01Q1	
Occupation Director		_____	
<b>E. FULL NAME</b> Hafez, Mike, , ,			
MAILING ADDRESS 6786 Di Carlo Pl		Name of Employer City Best Insurance	
CITY Rancho Cucamonga		Date (month, day, year) 10/29/2018	
STATE CA		Amount 1000.00	
ZIP CODE 91739-9155		Transaction ID : VN8JBEY09T1	
Occupation President		_____	
<b>SIGNATURE (optional)</b> May, Jennifer, , ,		<b>DATE</b> 10/31/2018	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
[Electronically Filed]			

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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.

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<b>ADDRESS</b> (number and street) PO Box 10954			
<b>CITY, STATE, and ZIP CODE</b> San Bernardino CA 92423			
<b>2. NAME OF CANDIDATE</b> Aguilar, Pete, , ,	<b>3. OFFICE SOUGHT</b> (State and District) House CA 31	<b>4. FEC IDENTIFICATION NUMBER</b> C00510461	

**5. IS THIS AN AMENDMENT?**
 NO, THIS IS A NEW FILING
  YES, IT AMENDS THE NOTICE FILED ON \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Intel Corporation Political Action Committee  1155 F St NW  Washington DC 20004-1312	Transaction ID : VN8JBeyJ1KX4 Occupation	10/30/2018	1500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE J.P. Morgan Chase & Co. Federal Political Action Committee 601 Pennsylvania Ave NW FI 7 Washington DC 20004-2601	Name of Employer  Transaction ID : VN8JBeyJ1KV9 Occupation	Date (month, day, year)  10/30/2018	Amount  1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Kayali, Zeid, , ,  2006 N Riverside Ave  Rialto CA 92377-4696	Name of Employer Inland Empire Liver Foundation  Transaction ID : VN8JBeyJ09N2 Occupation Doctor, Gastroenterology	Date (month, day, year)  10/29/2018	Amount  2000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Leidos Inc. Political Action Committee  301 Laboratory Rd  Oak Ridge TN 37830-6912	Name of Employer  Transaction ID : VN8JBeyJ1KB2 Occupation	Date (month, day, year)  10/30/2018	Amount  1500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer  Occupation	Date (month, day, year)	Amount

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