



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Dr. Raul Ruiz 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))....	419182.48	812602.80
(b) Total Contribution Refunds (from Line 20(d)) .....	910.00	916.92
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	418272.48	811685.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	87412.38	282939.56
(b) Total Offsets to Operating Expenditures (from Line 14).....	4235.33	5043.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	83177.05	277896.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	629356.60	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**Dr. Raul Ruiz for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	241786.00	404686.00
(ii) Unitemized.....	28831.50	49099.42
(iii) TOTAL of contributions from individuals ▶	270617.50	453785.42
(b) Political Party Committees.....	281.39	281.39
(c) Other Political Committees (such as PACs).....	148283.59	358535.99
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	419182.48	812602.80
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	4235.33	5043.56
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	423417.81	817646.36

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	87412.38	282939.56
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 .....	910.00	916.92
(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)).....	910.00	916.92
21. OTHER DISBURSEMENTS .....	1000.00	1250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	89322.38	285106.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	295261.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	423417.81
25. SUBTOTAL (add Line 23 and Line 24).....	718678.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	89322.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	629356.60

**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 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Juan Acosta MD**

Mailing Address 19813 W Clarendon Ave

City State Zip Code  
Buckeye AZ 85396-8336

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

Name of Employer Occupation  
Pediatric Surgeons of Phoenix Pediatric Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2013

**Transaction ID : C8713767**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Juan Acosta MD**

Mailing Address 19813 W Clarendon Ave

City State Zip Code  
Buckeye AZ 85396-8336

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

Name of Employer Occupation  
Pediatric Surgeons of Phoenix Pediatric Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2013

**Transaction ID : C8713798**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Amador Dean Aguillen**

Mailing Address PO Box 15506

City State Zip Code  
Washington DC 20003-0506

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

Name of Employer Occupation  
Ogilvy Government Relations Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2013

**Transaction ID : C8860173**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Julio E. Albarran**

Mailing Address 254 Orangeburgh Rd

City State Zip Code  
Old Tappan NJ 07675-7408

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8860076**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Fulgencio Antuna**

Mailing Address 14 Oro Valley

City State Zip Code  
Henderson NV 89052

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2013

**Transaction ID : C8841241**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Oscar G. Armijo CPA**

Mailing Address 41990 Cook St Ste 501 Ste. 501

City State Zip Code  
Palm Desert CA 92211

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

Name of Employer Self Employed Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : C8858118**

Amount of Each Receipt this Period  
 1000.00

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

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

2250.00

**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 7 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Arnoldo Avalos**

Mailing Address 19 Greens Ln

City Pleasanton State CA Zip Code 94566-9762

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

Name of Employer Facebook Occupation Human resource

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8860288**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dominic J. Bagnoli MD, FACEP**

Mailing Address 4535 Dressler Rd NW

City Canton State OH Zip Code 44718-2545

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

Name of Employer Emergency Medicine Physicians Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2013

**Transaction ID : C8850920**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Dominic J. Bagnoli MD, FACEP**

Mailing Address 4535 Dressler Rd NW

City Canton State OH Zip Code 44718-2545

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

Name of Employer Emergency Medicine Physicians Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2013

**Transaction ID : C8849741**

Amount of Each Receipt this Period  
 2600.00

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

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

5700.00

**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 8 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. San Manuel Band of Mission Indians</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 3699 Wilshire Blvd Suite 1290		<b>Transaction ID : C8746683</b>
City Los Angeles State CA Zip Code 90010	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer N/A Occupation N/A	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>B. San Manuel Band of Mission Indians</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 3699 Wilshire Blvd Suite 1290		<b>Transaction ID : C8746684</b>
City Los Angeles State CA Zip Code 90010	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer N/A Occupation N/A	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>C. Gregory D. Barton</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2013
Mailing Address 1060 E Granvia Valmonte		<b>Transaction ID : C8846867</b>
City Palm Springs State CA Zip Code 92262	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greg Barton CPA & Associates Occupation Certified Public Accountants	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	5450.00



**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 9 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roy Behr**

Mailing Address 1838 Westholme Ave  
Unit 303

City Los Angeles State CA Zip Code 90025-8319

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

Name of Employer Behr Communications Occupation Communications

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8867375**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Bernhard Beltran**

Mailing Address 14454 Bison Ct

City Eastvale State CA Zip Code 92880-1098

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

Name of Employer EMP Occupation Recruiter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 22 / 2013

**Transaction ID : C8857177**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Sarah Benson**

Mailing Address 901 N Palm Canyon Dr  
Ste 200

City Palm Springs State CA Zip Code 92262-4451

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

Name of Employer self Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 29 / 2013

**Transaction ID : C8747262**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

**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 10 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sarah Benson**

Mailing Address 901 N Palm Canyon Dr  
Ste 200

City State Zip Code  
Palm Springs CA 92262-4451

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

Name of Employer self Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2013

**Transaction ID : C8860936**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Rafael Bernardino Jr.**

Mailing Address 15002 Hartsook St

City State Zip Code  
Sherman Oaks CA 91403-1306

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2013

**Transaction ID : C8867376**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**John M. M. Bisignano**

Mailing Address PO Box 12

City State Zip Code  
Mechanicsville PA 18934-0012

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

Name of Employer self Occupation TV

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 16 / 2013

**Transaction ID : C8850864**

Amount of Each Receipt this Period  
500.00

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

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

5100.00

**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 11 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen H. Bittel**

Mailing Address 801 Arthur Godfrey Rd

City Miami Beach State FL Zip Code 33140-3323

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

Name of Employer Terranova Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2013

**Transaction ID : C8857879**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Alfred M. Bloch MD**

Mailing Address 2698 Mataro St

City Pasadena State CA Zip Code 91107-3416

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

Name of Employer Bloch Medical Clinic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8867378**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Blount**

Mailing Address PO Box 344

City Clay State AL Zip Code 35048-0344

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

Name of Employer Chalk's on the Beach, LLC Occupation managing member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 14 / 2013

**Transaction ID : C8855472**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

**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 12 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Blount**

Mailing Address **PO Box 344**

City **Clay** State **AL** Zip Code **35048-0344**

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

Name of Employer **Chalk's on the Beach, LLC** Occupation **managing member**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 25 / 2013**

**Transaction ID : C8968705**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Blount**

Mailing Address **PO Box 344**

City **Clay** State **AL** Zip Code **35048-0344**

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

Name of Employer **Chalk's on the Beach, LLC** Occupation **managing member**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 25 / 2013**

**Transaction ID : C8857750**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Paul R. Booth**

Mailing Address **3724 Benton St, NW**

City **Washington** State **DC** Zip Code **20007**

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

Name of Employer **AFSCME** Occupation **Labor Union Official**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 05 / 2013**

**Transaction ID : C8713805**

Amount of Each Receipt this Period  
**250.00**

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

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

**2950.00**

**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 13 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gale A. Broeker</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 12 / 2013
Mailing Address 39265 Manzanita		<b>Transaction ID : C8855333</b>
City Palm Desert	State CA	Zip Code 92260
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Archaeologist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>B. Scott M. Brown</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2013
Mailing Address 1198 E Via Altamira		<b>Transaction ID : C8867379</b>
City Palm Springs	State CA	Zip Code 92262
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer None	Occupation None	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Jules Buenabenta</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2013
Mailing Address 1401 Saint Albans Rd		<b>Transaction ID : C8860132</b>
City San Marino	State CA	Zip Code 91108-1862
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer jules and associates	Occupation ceo	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 14 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tina H. Bullitt**

Mailing Address 4742 - 42nd ave SW #253  
#253

City Seattle State WA Zip Code 98116

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  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8867377**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Morongo Band of Cahuilla Mission Indians**

Mailing Address 12700 Pumarra Road

City Banning State CA Zip Code 92220

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

Name of Employer N/A Occupation N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2013

**Transaction ID : C8847806**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Vince Calcagno**

Mailing Address 2158 S. Broadmoor Drive

City Palm Springs State CA Zip Code 92264

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

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2013

**Transaction ID : C8846840**

Amount of Each Receipt this Period  
100.00

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

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

2600.00

**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 15 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher G Caldwell**

Mailing Address 4771 Cromwell Ave

City Los Angeles State CA Zip Code 90027-1143

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

Name of Employer Caldwell Leslie & Proctor PC Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : C8860885**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Hamilton Candee**

Mailing Address 117 Laidley St

City San Francisco State CA Zip Code 94131-2767

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

Name of Employer Altshuler Berzon LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2013

**Transaction ID : C8808713**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Lillian I. Carrasco**

Mailing Address 618 West 177th Steet Apt. 3a

City New York State NY Zip Code 10033-7126

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

Name of Employer Corinthian Medical IPA Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8860072**

Amount of Each Receipt this Period  
 1000.00

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

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

2250.00

**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 16 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mario Carrera**

Mailing Address 1907 Mile High Stadium West Cir

City State Zip Code  
Denver CO 80204-1908

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

Name of Employer Occupation  
Entravision Chief Revenue Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2013

**Transaction ID : C8856101**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Nachhattar S. Chandi**

Mailing Address 90-480 66th Avenue

City State Zip Code  
Mecca CA 92254

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

Name of Employer Occupation  
The Chandi Group Usa Businessman (AM/PM valleywide)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2013

**Transaction ID : C8853017**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Nachhattar S. Chandi**

Mailing Address 90-480 66th Avenue

City State Zip Code  
Mecca CA 92254

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

Name of Employer Occupation  
The Chandi Group Usa Businessman (AM/PM valleywide)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2013

**Transaction ID : C8853651**

Amount of Each Receipt this Period  
2600.00

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

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

5700.00



**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 17 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony L. Cirillo**

Mailing Address 91 Woodridge Dr

City: Saunderstown State: RI Zip Code: 02874-1943

FEC ID number of contributing federal political committee: C

Name of Employer: Emergency Medicine Physicians Occupation: Emergency Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 21 / 2013

**Transaction ID : C8847594**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gilbert Cisneros**

Mailing Address 10880 Wilshire Blvd Ste 2100

City: Los Angeles State: CA Zip Code: 90024-4121

FEC ID number of contributing federal political committee: C

Name of Employer: The Gilbert & Jacki Cisneros Foundatio Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 04 / 23 / 2013

**Transaction ID : C8715667**

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Gilbert Cisneros**

Mailing Address 10880 Wilshire Blvd Ste 2100

City: Los Angeles State: CA Zip Code: 90024-4121

FEC ID number of contributing federal political committee: C

Name of Employer: The Gilbert & Jacki Cisneros Foundatio Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 06 / 29 / 2013

**Transaction ID : C8860775**

Amount of Each Receipt this Period: 1600.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 203  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul F. Clark**

Mailing Address 42393 Sultan Avenue

City State Zip Code  
Palm Desert CA 92211

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8867385**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Walter T. Clark**

Mailing Address 77-427 Mallorca Lane

City State Zip Code  
Indian Wells CA 92210

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

Name of Employer Occupation  
Walter Clark Legal Group Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 06 / 2013

**Transaction ID : C8853117**

Amount of Each Receipt this Period  
 2100.00

**C.** Full Name (Last, First, Middle Initial)  
**Walter T. Clark**

Mailing Address 77-427 Mallorca Lane

City State Zip Code  
Indian Wells CA 92210

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

Name of Employer Occupation  
Walter Clark Legal Group Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 06 / 2013

**Transaction ID : C8854990**

Amount of Each Receipt this Period  
 2600.00

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

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

5000.00

**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 19 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Amy Cohen**

Mailing Address 1700 S Araby Dr  
Apt 46D

City State Zip Code  
Palm Springs CA 92264-6814

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

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2013

**Transaction ID : C8850996**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Cohen**

Mailing Address 1800 S. Ocean Blvd.  
No. 1006

City State Zip Code  
Pompano Beach FL 33062

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2013

**Transaction ID : C8861839**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Anthony M. Colantino**

Mailing Address 308 Big Canyon Drive North

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Information Requested Occupation Information Requested

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  
05 / 14 / 2013

**Transaction ID : C8846841**

Amount of Each Receipt this Period  
250.00

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

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

1350.00

**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 20 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>John Cole</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2013
Mailing Address 8 Oakmont Dr		<b>Transaction ID : C8746502</b>
City Rancho Mirage	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer John Cole	Occupation none	Election Cycle-to-Date 350.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Arthur S. Copleston</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2013
Mailing Address 1581 Concha Cir		<b>Transaction ID : C8747263</b>
City Palm Springs	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Retired	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Arthur S. Copleston</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 1581 Concha Cir		<b>Transaction ID : C8850981</b>
City Palm Springs	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer none	Occupation Retired	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2350.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 21 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur S. Copleston**

Mailing Address 1581 Concha Cir

City State Zip Code  
Palm Springs CA 92264-9505

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

Name of Employer none Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2013

**Transaction ID : C8968702**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
**Arthur S. Copleston**

Mailing Address 1581 Concha Cir

City State Zip Code  
Palm Springs CA 92264-9505

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

Name of Employer none Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : C8855339**

Amount of Each Receipt this Period  
2200.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard D. Cordova**

Mailing Address 1212 S. El Molino Ave

City State Zip Code  
Pasadena CA 91106

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

Name of Employer Children's Hospital Los Angeles Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : C8714186**

Amount of Each Receipt this Period  
500.00

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

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

3100.00

**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 22 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Claire Ann Ann Cosgrove**

Mailing Address 57464 Interlachen

City La Quinta State CA Zip Code 92253

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2013

**Transaction ID : C8850866**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Claire Ann Ann Cosgrove**

Mailing Address 57464 Interlachen

City La Quinta State CA Zip Code 92253

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2013

**Transaction ID : C8850865**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Loretta M. Cotta**

Mailing Address 25129 Feijoa Ave  
Rear Unit

City Lomita State CA Zip Code 90717

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

Name of Employer Hawthorne High School Occupation Teacher

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  
 04 / 08 / 2013

**Transaction ID : C8714173**

Amount of Each Receipt this Period  
250.00

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

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

5450.00

**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 23 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alcedio Cruz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2013
Mailing Address 153 Parkside Dr		<b>Transaction ID : C8859505</b>
City Union	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ana Cuevas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2013
Mailing Address 915 Ocean Ave Apt 210		<b>Transaction ID : C8867369</b>
City Santa Monica	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Self Employed	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Alexandro A. Damiron</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2013
Mailing Address 3102 Kingsbridge Avenue Apt. 4E		<b>Transaction ID : C8968704</b>
City Bronx	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Corinthian Medical	Occupation Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 24 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alexandro A. Damiron**

Mailing Address 3102 Kingsbridge Avenue  
Apt. 4E

City State Zip Code  
Bronx NY 10463

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

Name of Employer Occupation  
Corinthian Medical Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2013

**Transaction ID : C8867367**

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
**Larry C. Davis**

Mailing Address 305 Via Don Bento

City State Zip Code  
Cathedral City CA 92234

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

Name of Employer Occupation  
finest Lawn Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2013

**Transaction ID : C8714174**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**John K. Delaney**

Mailing Address 8921 Durham Drive

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
United States Congress Congressman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2013

**Transaction ID : C8861840**

Amount of Each Receipt this Period  
1000.00

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

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

1850.00



**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 25 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ingrid M. Duran**

Mailing Address 3520 Maple Ct

City Falls Church State VA Zip Code 22041-2016

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

Name of Employer D&P Creative Strategies, LLC Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : C8860908**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Chris Duro**

Mailing Address 28670 Oak Ridge Rd

City Highland State CA Zip Code 92346-2722

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

Name of Employer San Manuel Occupation Tribal Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : C8855178**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**James S Eadie MD**

Mailing Address 201 N Lowell Ln

City Austin State TX Zip Code 78733-4223

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

Name of Employer Sante Health Ventures Occupation Physician / Venture Capitalist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 18 / 2013

**Transaction ID : C8856214**

Amount of Each Receipt this Period  
 500.00

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

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

3600.00

**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 26 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Falk**

Mailing Address 1770 Micanopy Ave

City Miami State FL Zip Code 33133-3323

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

Name of Employer Akerman Senterfitt Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8859723**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Roland Fargo**

Mailing Address 576 Sierra Meadows Dr.

City Sierra Madre State CA Zip Code 91024

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

Name of Employer White Memorial Medical Center Occupation Hospital Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2013

**Transaction ID : C8842106**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Farran**

Mailing Address 511 N Los Nietos

City Palm Springs State CA Zip Code 92262

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2013

**Transaction ID : C8846852**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

**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 27 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Manley B. Feinstein**

Mailing Address 1419 Tamarisk West St.

City Rancho Mirage State CA Zip Code 92270-2536

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

Name of Employer NA Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2013

**Transaction ID : C8856714**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**William Basil Felegi**

Mailing Address 731 Red Lion Way

City Bridgewater State NJ Zip Code 08807-1668

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

Name of Employer Morristown Mem Hosp Occupation ER doc

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2013

**Transaction ID : C8847421**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Wesley Fields M.D.**

Mailing Address 23913 Catamaran Way

City Laguna Niguel State CA Zip Code 92677-4213

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

Name of Employer WW Fields MD Inc. Occupation Emergency Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2013

**Transaction ID : C8847426**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

**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 28 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher Flores**

Mailing Address PO. Box 752

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Christopher V. Flores MD, A Medical Co Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : C8713793**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ruben Garcia**

Mailing Address 931 Roxbury Rd

City San Marino State CA Zip Code 91108-2442

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

Name of Employer Champion Broadband Occupation President & CEO

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  
 06 / 28 / 2013

**Transaction ID : C8860104**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Angela F. Gardner**

Mailing Address 1914 Fair Field Dr.

City Grapevine State TX Zip Code 76051

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

Name of Employer Self Occupation Physician

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  
 05 / 21 / 2013

**Transaction ID : C8847799**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 29 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James E. Garrison**

Mailing Address 1022 Matilija Road

City State Zip Code  
Glendale CA 91202

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

Name of Employer Occupation  
Pacific Federal President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2013

**Transaction ID : C8714184**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Hans Geisse**

Mailing Address 35998 Cortona Ct

City State Zip Code  
Murrieta CA 92562-4671

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

Name of Employer Occupation  
Southern California Pernanete Medical Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2013

**Transaction ID : C8860035**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph P. Giarrusso**

Mailing Address 38081 E. Bogert Trl.

City State Zip Code  
Palm Springs CA 92264-9683

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

Name of Employer Occupation  
GEP Administrative Services, Inc. Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2013

**Transaction ID : C8747275**

Amount of Each Receipt this Period  
250.00

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

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

2000.00

**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 30 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul D. Golden**

Mailing Address 44500 Grand Canyon Lane

City State Zip Code  
Palm Desert CA 92260

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

Name of Employer Occupation  
Self Employed Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2013

**Transaction ID : C8855354**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Cheng A. Gonjon**

Mailing Address 11 Laurel Ave

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2013

**Transaction ID : C8860078**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Diego R. Gonzalez MD**

Mailing Address 27872 Mazagon

City State Zip Code  
Mission Viejo CA 92692-1218

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2013

**Transaction ID : C8713284**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

**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 31 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

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

Mailing Address 22 Chicory Bend Ct

City Sacramento State CA Zip Code 95831-5769

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

Name of Employer JG & Associates Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 18 / 2013

**Transaction ID : C8715285**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jose A. Goris**

Mailing Address 435 Fort Washington Ave  
Apt. 1c

City New York State NY Zip Code 10033-3527

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

Name of Employer Self Occupation Medico

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8860074**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Christina Granillo**

Mailing Address 1792 Mendocino Way

City Redlands State CA Zip Code 92374-4916

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

Name of Employer CGranillo Consulting Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2013

**Transaction ID : C8858896**

Amount of Each Receipt this Period  
 300.00

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

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

1800.00

**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 32 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald Gregory**

Mailing Address 73550 Pinyon St

City State Zip Code  
Palm Desert CA 92260-4720

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

Name of Employer Occupation  
RONALD GREGORY ASSOCIATES LANDSCAPE ARCHITECT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 29 / 2013

**Transaction ID : C8747267**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jim Gross**

Mailing Address 1717 E Vista Chino Ste A7

City State Zip Code  
Palm Springs CA 92262-3599

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 29 / 2013

**Transaction ID : C8849980**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Edward L. Gubman**

Mailing Address 1607 E Via Estrella

City State Zip Code  
Palm Springs CA 92264-9538

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 29 / 2013

**Transaction ID : C8849982**

Amount of Each Receipt this Period  
1600.00

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

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

2600.00



**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 33 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edward L. Gubman**

Mailing Address 1607 E Via Estrella

City State Zip Code  
Palm Springs CA 92264-9538

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2013

**Transaction ID : C8852867**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Rachel Gubman**

Mailing Address 1607 E Via Estrella

City State Zip Code  
Palm Springs CA 92264-9538

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

Name of Employer Occupation  
none retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2013

**Transaction ID : C8853534**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas P. Hall**

Mailing Address 3080 Rio Road

City State Zip Code  
Carmel CA 93923

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : C8858114**

Amount of Each Receipt this Period  
250.00

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

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

3350.00

**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 34 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alice C. Halm**

Mailing Address 12 Jalkut Way

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 24 / 2013**

**Transaction ID : C8747074**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Alice C. Halm**

Mailing Address 12 Jalkut Way

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 12 / 2013**

**Transaction ID : C885351**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Muhammad M. Haque**

Mailing Address 565 West 125th Street

City New York State NY Zip Code 10027

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2013**

**Transaction ID : C8860075**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1200.00**

**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 35 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence Harkless**

Mailing Address 3622 Emory Way

City Pomona State CA Zip Code 91767-1109

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

Name of Employer Western University of Health Sciences Occupation Founding Dean of the College of Podiat

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  
 04 / 04 / 2013

**Transaction ID : C8712785**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**George Hatcher**

Mailing Address 25605 Brisbane Court

City Calabasas State CA Zip Code 91302

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

Name of Employer Wrongful Death Consultants, Inc Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 24 / 2013

**Transaction ID : C8747077**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Margaret Hensler**

Mailing Address 4447 Hawthorne St NW

City Washington State DC Zip Code 20016-3541

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

Name of Employer N/A Occupation housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8860742**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

**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 36 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ines M. Hernandez**

Mailing Address 25 Clarkson Ct.

City Paramus State NJ Zip Code 07652-5505

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

Name of Employer Academy Medical Care Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8860079**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary H. Hickox**

Mailing Address PO Box 1365

City Rancho Mirage State CA Zip Code 92270-1050

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

Name of Employer New Life Agency Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8859781**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Gary H. Hickox**

Mailing Address PO Box 1365

City Rancho Mirage State CA Zip Code 92270-1050

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

Name of Employer New Life Agency Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : C8860996**

Amount of Each Receipt this Period  
500.00

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

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

3000.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 37 OF 203

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Hugh hill III.**

Mailing Address 6915 Radnor Rd

City State Zip Code  
 Bethesda MD 20817-6328

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

Name of Employer Occupation  
 John Hopkins Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2013

**Transaction ID : C8847519**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary Hiller**

Mailing Address 1930 Bagley Ave

City State Zip Code  
 Los Angeles CA 90035

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

Name of Employer Occupation  
 Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8867371**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Scott Hines**

Mailing Address PO Box 2126

City State Zip Code  
 Palm Springs CA 92263-2126

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

Name of Employer Occupation  
 Hines Education Inc. Higher Education Administration

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2013

**Transaction ID : C8853091**

Amount of Each Receipt this Period  
 2600.00

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

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

4100.00

**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 38 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anita W. Hoag**

Mailing Address 112 Lakefront Way

City Rancho Mirage State CA Zip Code 92270-1334

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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2013**

**Transaction ID : C8855347**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Anita W. Hoag**

Mailing Address 112 Lakefront Way

City Rancho Mirage State CA Zip Code 92270-1334

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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2013**

**Transaction ID : C8858141**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Anita W. Hoag**

Mailing Address 112 Lakefront Way

City Rancho Mirage State CA Zip Code 92270-1334

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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2013**

**Transaction ID : C8860684**

Amount of Each Receipt this Period  
**25.00**

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

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

**575.00**

**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 39 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Hribar**

Mailing Address **PO Box 737**

City **Palmer** State **AK** Zip Code **99645-0737**

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

Name of Employer **Providence Extned Care** Occupation **R.N.**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 14 / 2013**

**Transaction ID : C8855542**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Pala Band Indian Tribe**

Mailing Address **35008 Pala Temecula Road  
PMB 50**

City **Pala** State **CA** Zip Code **92059**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 18 / 2013**

**Transaction ID : C8715286**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**Saginaw Chippewa Indian Tribe of Michigan**

Mailing Address **7070 E. Broadway**

City **Mt. Pleasant** State **MI** Zip Code **48858**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 19 / 2013**

**Transaction ID : C8856734**

Amount of Each Receipt this Period  
**2500.00**

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

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

**5200.00**

**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 40 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JoAnn Intili**

Mailing Address 4810 Trinidad Ave

City State Zip Code  
Oakland CA 94602-4150

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

Name of Employer Occupation  
Retired - self Educator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2013

**Transaction ID : C8858336**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth F. Irwin Sr.**

Mailing Address 1077 E Granvia Valmonte

City State Zip Code  
Palm Springs CA 92262-6104

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4850.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2013

**Transaction ID : C8846856**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth F. Irwin Sr.**

Mailing Address 1077 E Granvia Valmonte

City State Zip Code  
Palm Springs CA 92262-6104

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4850.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2013

**Transaction ID : C8853192**

Amount of Each Receipt this Period  
2000.00

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

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

2750.00



**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 41 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph C. Jackson**

Mailing Address 1726 Capri Cir.

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Occupation  
Retired 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  
 05 / 14 / 2013

**Transaction ID : C8846868**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter J. Jacoby**

Mailing Address 167 Sprain Brook Rd

City State Zip Code  
Woodbury CT 06798

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

Name of Employer Occupation  
SAINT MARY'S HOSPITAL Physician

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  
 05 / 21 / 2013

**Transaction ID : C8847798**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Courtney Johnson**

Mailing Address 1211 N Harrison St

City State Zip Code  
Arlington VA 22205-2434

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

Name of Employer Occupation  
Alpine Group, Inc. Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8860047**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

**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 42 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tim K Johnson**

Mailing Address 43101 Portola Ave  
Spc 131

City State Zip Code  
Palm Desert CA 92260-2506

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2013

**Transaction ID : C8846860**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Tim K Johnson**

Mailing Address 43101 Portola Ave  
Spc 131

City State Zip Code  
Palm Desert CA 92260-2506

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2013

**Transaction ID : C8855813**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Tim K Johnson**

Mailing Address 43101 Portola Ave  
Spc 131

City State Zip Code  
Palm Desert CA 92260-2506

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2013

**Transaction ID : C8860053**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

**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 43 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tim K Johnson**

Mailing Address 43101 Portola Ave  
Spc 131

City State Zip Code  
Palm Desert CA 92260-2506

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2013

**Transaction ID : C8860737**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Peter Joseph, M.D.**

Mailing Address 53 Summit Rd

City State Zip Code  
San Anselmo CA 94960-2240

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

Name of Employer none Occupation none

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  
06 / 26 / 2013

**Transaction ID : C8858878**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Steve Kaufer**

Mailing Address P.O. Box 1566

City State Zip Code  
Palm Springs CA 92263

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

Name of Employer Inter/Action Occupation owner

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  
05 / 16 / 2013

**Transaction ID : C8850867**

Amount of Each Receipt this Period  
250.00

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

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

600.00

**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 44 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Hal Keasler**

Mailing Address 275 Camino Norte

City State Zip Code  
Palm Springs CA 92262-4209

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

Name of Employer Occupation  
Sea View Inn at the Beach Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2013

**Transaction ID : C8860566**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Gerald Keller**

Mailing Address 12161 Saint Andrews Dr

City State Zip Code  
Rancho Mirage CA 92270-1507

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

Name of Employer Occupation  
Self Publisher/Restaurateur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 29 / 2013

**Transaction ID : C8747091**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Ann Kempiski**

Mailing Address 19 Wessex Rd

City State Zip Code  
Silver Spring MD 20910-5401

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

Name of Employer Occupation  
Kaiser Permanente lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2013

**Transaction ID : C8841188**

Amount of Each Receipt this Period  
500.00

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

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

4100.00

**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 45 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Terril S. Ketover**

Mailing Address 12122 Troon Circle

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 29 / 2013

**Transaction ID : C8747264**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward Kissam**

Mailing Address 4810 Trinidad Ave

City Oakland State CA Zip Code 94602-4150

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 21 / 2013

**Transaction ID : C8847740**

Amount of Each Receipt this Period  
 600.00

**C.** Full Name (Last, First, Middle Initial)  
**Alexander Koleszar**

Mailing Address 829 Spaulding Ln

City Palm Springs State CA Zip Code 92262-0550

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

Name of Employer Self Occupation Artist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 13 / 2013

**Transaction ID : C8846097**

Amount of Each Receipt this Period  
 600.00

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

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

1450.00

**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 46 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ross Koningstein**

Mailing Address 130 Selby Lane

City Atherton State CA Zip Code 94027

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

Name of Employer Google Inc Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2013**

**Transaction ID : C8858120**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Kuchinski**

Mailing Address 23 Woodland Ave

City Mountain Lakes State NJ Zip Code 07046-1407

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

Name of Employer Emergency Medicine Physicians Occupation Em Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 21 / 2013**

**Transaction ID : C8847597**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**David Lahti**

Mailing Address 1552 S Compadre Road

City Palm Springs State CA Zip Code 92264

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

Name of Employer BP Arco Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2013**

**Transaction ID : C8846853**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

**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 47 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Francisco Leal**

Mailing Address 427 S Arden Blvd

City Los Angeles State CA Zip Code 90020-4735

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

Name of Employer Leal-Trejo Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 05 / 2013

**Transaction ID : C8713282**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Alexander V. Leon**

Mailing Address 5844 Saint Francis Ct

City Loomis State CA Zip Code 95650

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

Name of Employer Vanir Construction Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8867373**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard E. LEVINE**

Mailing Address 48101 Via Hermosa Apt 1

City La Quinta State CA Zip Code 92253

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : C8855356**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

**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 48 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffery Liberman**

Mailing Address 4151 Prado De Los Zorros

City Calabasas State CA Zip Code 91302-3628

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

Name of Employer Entravision Communications Corporation Occupation Chief Operating Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8858949**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Alexis Lieser**

Mailing Address PO Box 51

City Georgetown State CA Zip Code 95634-0051

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

Name of Employer EMP Occupation Emergency Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2013

**Transaction ID : C8847657**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Luis Lopez**

Mailing Address 4843 Yosemite Way

City Los Angeles State CA Zip Code 90041

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

Name of Employer AltaMed Occupation Director, Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : C8714183**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 203  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Esteban Lopez Blanco**

Mailing Address 1112 Montana Ave

City Santa Monica State CA Zip Code 90403-1652

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

Name of Employer Entravision Occupation CSO

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : C8856398**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Pechanga Band of Luiseno Indians**

Mailing Address PO Box 1477

City Temecula State CA Zip Code 92593

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

Name of Employer N/A Occupation N/A

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : C8856733**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael L Lukschu**

Mailing Address 1889 E Desert Palms Drive

City Palm Springs State CA Zip Code 92262

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

Name of Employer SCPMG Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2013

**Transaction ID : C8846855**

Amount of Each Receipt this Period  
 500.00

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

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

4100.00

**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 50 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Navid Mahmoodzadegan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2013	
Mailing Address 1064 Amalfi Dr		<b>Transaction ID : C8860901</b>	
City Pacific Palisades	State CA	Zip Code 90272-4028	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer Moelis & Co.	Occupation Investment Banker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. John (Jack) Marco</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2013	
Mailing Address 2121 Noyes St		<b>Transaction ID : C8858583</b>	
City Evanston	State IL	Zip Code 60201-2557	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer Marco Consulting Group	Occupation Consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>C. Harry Marshak</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2013	
Mailing Address 1015 Tamarisk West		<b>Transaction ID : C8714177</b>	
City Rancho Mirage	State CA	Zip Code 92270	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 203  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Mason**

Mailing Address 1085 N Arquilla Rd

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer none Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2013

**Transaction ID : C8846857**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Nina Khin Maw Maw MD**

Mailing Address 35900 Bob Hope Dr Ste 230

City State Zip Code  
Rancho Mirage CA 92270-1767

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : C8713801**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Barry McCabe**

Mailing Address 2563 S Camino Real

City State Zip Code  
Palm Springs CA 92264-4021

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

Name of Employer NA Occupation retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : C8861027**

Amount of Each Receipt this Period  
 250.00

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

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

1500.00

**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 52 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edward McCutcheon MD, FACEP**

Mailing Address 4122 Apt E Bannockburn Place

City State Zip Code  
Charlotte NC 28211

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

Name of Employer Occupation  
EMP Emergency

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  
 05 / 21 / 2013

**Transaction ID : C8847800**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**William R. McLaughlin**

Mailing Address 15 McGill Dr.

City State Zip Code  
Rancho Mirage CA 92270

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

Name of Employer Occupation  
N/A Unemployed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2013

**Transaction ID : C8846846**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard McNew**

Mailing Address 29720 Calle Tampico

City State Zip Code  
Cathedral City CA 92234-4941

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

Name of Employer Occupation  
New Life Agency Utilization Review Manager

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  
 04 / 03 / 2013

**Transaction ID : C8712688**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

**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 53 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Moses Mercado**

Mailing Address 1333 Constitution Ave NE  
Apt A

City Washington State DC Zip Code 20002-6419

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

Name of Employer Ogilvy Occupation Managing Dir

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8860565**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**John Mesicek**

Mailing Address 526 N Sunset Way

City Palm Springs State CA Zip Code 92262-6220

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

Name of Employer Palm Springs Unified Schools Occupation teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : C8747107**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**John Mesicek**

Mailing Address 526 N Sunset Way

City Palm Springs State CA Zip Code 92262-6220

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

Name of Employer Palm Springs Unified Schools Occupation teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2013

**Transaction ID : C8850025**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

**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 54 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Mesicek</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2013	
Mailing Address 526 N Sunset Way		<b>Transaction ID : C8855585</b>	
City Palm Springs	State CA	Zip Code 92262-6220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Palm Springs Unified Schools	Occupation teacher		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>B. John Mesicek</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2013	
Mailing Address 526 N Sunset Way		<b>Transaction ID : C8860821</b>	
City Palm Springs	State CA	Zip Code 92262-6220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Palm Springs Unified Schools	Occupation teacher		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Richard J. Meyer</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2013	
Mailing Address PO Box 3046		<b>Transaction ID : C8867374</b>	
City Newport Beach	State CA	Zip Code 92658	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Self-Employed	Occupation Financial Manager		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 55 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Santa Ynez Band of Mission Indians**

Mailing Address PO Box 517

City Santa Ynez State CA Zip Code 93460-0517

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

Name of Employer N/A Occupation N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2013

**Transaction ID : C8861841**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Sonia E. Molina**

Mailing Address 427 S. Arden Blvd.

City Los Angeles State CA Zip Code 90020-4735

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

Name of Employer Molina Endodonticts Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : C8714185**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert L Moon**

Mailing Address 1196 Abrigo Rd

City Palm Springs State CA Zip Code 92262-4102

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : C8855353**

Amount of Each Receipt this Period  
 250.00

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

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

2250.00

**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 56 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Murphy**

Mailing Address 275 Camino Norte

City State Zip Code  
Palm Springs CA 92262-4209

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

Name of Employer Occupation  
Palm Springs A list Homes Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

**Transaction ID : C8860941**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Janis R Musante**

Mailing Address 7127 Tanager Dr

City State Zip Code  
Carlsbad CA 92011-5035

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

Name of Employer Occupation  
Retired Attorney

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  
06 / 14 / 2013

**Transaction ID : C8855818**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Steven S. Myers**

Mailing Address 1523 Dolphin Ter

City State Zip Code  
Corona Del Mar CA 92625-1733

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

Name of Employer Occupation  
Dolphin Capital Holdings, Inc. Chairman & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2013

**Transaction ID : C8860761**

Amount of Each Receipt this Period  
2600.00

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

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

3350.00



**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 57 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John C Nangle**

Mailing Address 3664 Date Palm Trl

City State Zip Code  
Palm Springs CA 92262-9768

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2013**

**Transaction ID : C8858712**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Chickasaw Nation**

Mailing Address 2020 Lonnie Abbott Blvd

City State Zip Code  
Ada OK 74820

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

Name of Employer N/A Occupation N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 20 / 2013**

**Transaction ID : C8857089**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**ronald nelsen**

Mailing Address 4046 Ponderosa Way

City State Zip Code  
Las Vegas NV 89118-3013

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

Name of Employer pioneer overhead door Occupation owner/manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 29 / 2013**

**Transaction ID : C8747093**

Amount of Each Receipt this Period  
**250.00**

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

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

**1500.00**

**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 58 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry Nelson**

Mailing Address 48230 Casita Dr.

City La Quinta State CA Zip Code 92253

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2013

**Transaction ID : C8842108**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Nelson**

Mailing Address 48230 Casita Dr.

City La Quinta State CA Zip Code 92253

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2013

**Transaction ID : C8842107**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Ira Nemeth**

Mailing Address 1408 Vermont St  
Apt A

City Houston State TX Zip Code 77006-1071

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2013

**Transaction ID : C8847583**

Amount of Each Receipt this Period  
250.00

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

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

5450.00

**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 59 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Raquel H. Newman</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2013	
Mailing Address 1333 Jones St Unit 1210		<b>Transaction ID : C8746637</b>	
City San Francisco	State CA	Zip Code 94109-4114	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer retired	Occupation consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Candido Norberto</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2013	
Mailing Address 106 Fort Washingtn Ave Ste. 1b		<b>Transaction ID : C8860073</b>	
City New York	State NY	Zip Code 10032	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mark A Notash M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2013	
Mailing Address 2100 Powell St Ste 920		<b>Transaction ID : C8746586</b>	
City Emeryville	State CA	Zip Code 94608-1844	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer CEP America	Occupation Partner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.42		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 60 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark A Notash M.D.**

Mailing Address 2100 Powell St  
Ste 920

City Emeryville State CA Zip Code 94608-1844

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

Name of Employer CEP America Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.42

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 21 / 2013

**Transaction ID : C8847805**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Marvin A. Nottingham**

Mailing Address 5001 W. Florida Ave  
#672

City Hemet State CA Zip Code 92545

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

Name of Employer N/A Occupation Retired Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 24 / 2013

**Transaction ID : C8747076**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Marvin A. Nottingham**

Mailing Address 5001 W. Florida Ave  
#672

City Hemet State CA Zip Code 92545

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

Name of Employer N/A Occupation Retired Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 18 / 2013

**Transaction ID : C8856716**

Amount of Each Receipt this Period  
100.00

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

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

700.00

**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 61 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Martin E Ogle M.D.**

Mailing Address 370 Ledroit St

City Laguna Beach State CA Zip Code 92651-1349

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

Name of Employer CEP America Occupation ED Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2013

**Transaction ID : C8846195**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard L. Olsson**

Mailing Address 54-591 Riviera

City La Quinta State CA Zip Code 92256

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

Name of Employer N/A 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  
 05 / 14 / 2013

**Transaction ID : C8846847**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard L. Olsson**

Mailing Address 54-591 Riviera

City La Quinta State CA Zip Code 92256

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

Name of Employer N/A 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  
 06 / 12 / 2013

**Transaction ID : C8855336**

Amount of Each Receipt this Period  
100.00

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

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

750.00

**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 62 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Luis Ontiveros**

Mailing Address 14342 Nubia St

City Baldwin Park State CA Zip Code 91706-1647

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

Name of Employer Self Occupation Physician

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  
 04 / 05 / 2013

**Transaction ID : C8713286**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**David C. Packo MD, FACEP**

Mailing Address 4535 Dressler Rd NW

City Canton State OH Zip Code 44718-2545

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

Name of Employer EMP Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2013

**Transaction ID : C8855383**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Bing S Pao M.D.**

Mailing Address 2100 Powell St Ste 920

City Emeryville State CA Zip Code 94608-1844

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

Name of Employer CEP America Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.42

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2013

**Transaction ID : C8858160**

Amount of Each Receipt this Period  
500.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 203  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Philip L. Patel MD**

Mailing Address 72128 Palm Haven Dr

City Rancho Mirage State CA Zip Code 92270-4040

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

Name of Employer Desert Cardiology Center Occupation Cardiologist

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : C8857456**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Derek R. Paulson**

Mailing Address PO Box 5838

City Palm Springs State CA Zip Code 92263

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 29 / 2013

**Transaction ID : C8747268**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Linda E. Pelegrino**

Mailing Address 74936 Live Oak St

City Indian Wells State CA Zip Code 92210-7234

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

Name of Employer none Occupation manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 23 / 2013

**Transaction ID : C8848186**

Amount of Each Receipt this Period  
 250.00

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

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

3850.00

**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 64 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Linda E. Pelegrino**

Mailing Address 74936 Live Oak St

City Indian Wells State CA Zip Code 92210-7234

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

Name of Employer none Occupation manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 12 / 2013**

**Transaction ID : C8855355**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert Perello**

Mailing Address 3332 Broadway

City New York State NY Zip Code 10031-8732

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

Name of Employer Pediatrics Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 27 / 2013**

**Transaction ID : C8859498**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Carley J. Pinkney**

Mailing Address 366 W. Camino Alturas

City Palm Springs State CA Zip Code 92264

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

Name of Employer Tahiti Waheenee, Inc Occupation CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 12 / 2013**

**Transaction ID : C8855341**

Amount of Each Receipt this Period  
**2600.00**

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

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

**3700.00**



**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 65 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Catherine Pino**

Mailing Address 3520 Maple Ct

City Falls Church State VA Zip Code 22041-2016

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

Name of Employer D&P Creative Strategies Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : C8860860**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Christopher M. Porter**

Mailing Address 3007 Wessynton Way

City Alexandria State VA Zip Code 22309

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

Name of Employer Your Congress Inc. Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8867366**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Greg Propper**

Mailing Address 1322 N Curson Ave

City Los Angeles State CA Zip Code 90046-3400

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

Name of Employer Propper Daley Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8860354**

Amount of Each Receipt this Period  
 750.00

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

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

1750.00

**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 66 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Greg Propper**

Mailing Address 1322 N Curson Ave

City Los Angeles State CA Zip Code 90046-3400

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

Name of Employer Propper Daley Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : C8860355**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jorge Puente**

Mailing Address 5 Pitch Pine Ct

City Northport State NY Zip Code 11768-2755

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

Name of Employer Pfizer Inc Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : C8851165**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Frank J. Quevado**

Mailing Address 35884 Matisse Dr

City Palm Desert State CA Zip Code 92211

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2013**

**Transaction ID : C8714180**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

**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 67 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Inez Quevado**

Mailing Address 3872 Cedron St

City Irvine State CA Zip Code 92606

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : C8714181**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank J. Quevedo**

Mailing Address 35884 Mattise Dr

City Palm Desert State CA Zip Code 92211-4550

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : C8861012**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Francisco Rasario**

Mailing Address 30 Bridle Way

City Fort Lee State NJ Zip Code 07024-6341

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

Name of Employer Hispaniolo Medical Care Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8859494**

Amount of Each Receipt this Period  
 1000.00

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

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

1750.00

**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 68 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael R. Reich**

Mailing Address 22 Dana St

City State Zip Code  
Brookline MA 02445-6847

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

Name of Employer Occupation  
Harvard University Educator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8860713**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Pedro Rincon**

Mailing Address 43798 Parkway Esplanade E

City State Zip Code  
La Quinta CA 92253-4017

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

Name of Employer Occupation  
OR, CPA CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : C8713766**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Curtis Ringness**

Mailing Address PO Box 6

City State Zip Code  
Rancho Mirage CA 92270

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

Name of Employer Occupation  
N/A 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  
 04 / 29 / 2013

**Transaction ID : C8747265**

Amount of Each Receipt this Period  
250.00

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

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

3350.00

**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 69 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Javier R. Rios**

Mailing Address 9939 Magnolia Ave

City Riverside State CA Zip Code 92503-3528

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : C8714171**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Tom Rivera Ph.D.**

Mailing Address 23170 Vista Grande Way

City Grand Terrace State CA Zip Code 92313-4938

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

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2013

**Transaction ID : C8858193**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Rolando Rodriguez**

Mailing Address 526 West 111th Street

City New York State NY Zip Code 10025-1976

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

Name of Employer Corinthian Medical IPA Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8860080**

Amount of Each Receipt this Period  
 1000.00

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

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

3500.00

**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 70 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jaime M. Rook**

Mailing Address P.O. Box 1024

City State Zip Code  
Palm Springs CA 92263

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

Name of Employer Occupation  
JMR Real Estate Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2013

**Transaction ID : C8846850**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ernesto C. Rosales**

Mailing Address PO Box 306

City State Zip Code  
Coachella CA 92236

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

Name of Employer Occupation  
Forest Lawn Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : C8714182**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert J Rosser MD**

Mailing Address 11 Mark Terrace

City State Zip Code  
Rancho Mirage CA 92270

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

Name of Employer Occupation  
Robert J Rosser, MD, apc Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 29 / 2013

**Transaction ID : C8747269**

Amount of Each Receipt this Period  
 1000.00

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

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

2000.00

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 203  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Osmundo R. Saguil**

Mailing Address 28 Lakeview Cir

City State Zip Code  
Palm Springs CA 92264-5508

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

Name of Employer Occupation  
DOHC Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 14 2013

**Transaction ID : C8846851**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Osmundo R. Saguil**

Mailing Address 28 Lakeview Cir

City State Zip Code  
Palm Springs CA 92264-5508

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

Name of Employer Occupation  
DOHC Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 14 2013

**Transaction ID : C8846861**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Osmundo R. Saguil**

Mailing Address 28 Lakeview Cir

City State Zip Code  
Palm Springs CA 92264-5508

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

Name of Employer Occupation  
DOHC Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 28 2013

**Transaction ID : C8849753**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 72 OF 203

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Osmundo R. Saguil**

Mailing Address 28 Lakeview Cir

City State Zip Code  
 Palm Springs CA 92264-5508

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

Name of Employer Occupation  
 DOHC Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8859819**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Anthony F. Sanchez III**

Mailing Address 8312 Fulton Ranch Street

City State Zip Code  
 Las Vegas NV 89131

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

Name of Employer Occupation  
 NV Energy Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2013

**Transaction ID : C8841245**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**sam sanders**

Mailing Address 6516 W Stanley Rd

City State Zip Code  
 Mount Morris MI 48458-9328

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

Name of Employer Occupation  
 gm Labor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2013

**Transaction ID : C8711442**

Amount of Each Receipt this Period  
 25.00

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

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

1025.00



**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 73 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. sam sanders</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 19 / 2013
Mailing Address 6516 W Stanley Rd		<b>Transaction ID : C8715254</b>
City Mount Morris	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer gm	Occupation Labor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260.00	

Full Name (Last, First, Middle Initial) <b>B. sam sanders</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2013
Mailing Address 6516 W Stanley Rd		<b>Transaction ID : C8715670</b>
City Mount Morris	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer gm	Occupation Labor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260.00	

Full Name (Last, First, Middle Initial) <b>C. sam sanders</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2013
Mailing Address 6516 W Stanley Rd		<b>Transaction ID : C8746561</b>
City Mount Morris	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer gm	Occupation Labor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 74 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>Sam Sanders</b>		Date of Receipt MM / DD / YYYY 05 / 28 / 2013
Mailing Address 6516 W Stanley Rd		<b>Transaction ID : C8849639</b>
City Mount Morris	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer gm	Occupation Labor	Amount of Each Receipt this Period 260.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Sam Sanders</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2013
Mailing Address 6516 W Stanley Rd		<b>Transaction ID : C8855591</b>
City Mount Morris	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer gm	Occupation Labor	Amount of Each Receipt this Period 260.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Sam Sanders</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2013
Mailing Address 6516 W Stanley Rd		<b>Transaction ID : C8855887</b>
City Mount Morris	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer gm	Occupation Labor	Amount of Each Receipt this Period 260.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 75 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**sam sanders**

Mailing Address 6516 W Stanley Rd

City State Zip Code  
Mount Morris MI 48458-9328

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

Name of Employer gm Occupation Labor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2013

**Transaction ID : C8856230**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
**sam sanders**

Mailing Address 6516 W Stanley Rd

City State Zip Code  
Mount Morris MI 48458-9328

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

Name of Employer gm Occupation Labor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2013

**Transaction ID : C8859972**

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
**Alfredo A. Sandoval**

Mailing Address 45510 Osage Ct.

City State Zip Code  
Indian Wells CA 92210

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

Name of Employer CREOSOTE PARTNERS Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2013

**Transaction ID : C8857090**

Amount of Each Receipt this Period  
1000.00

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

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

1020.00

**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 76 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tomas Saucedo MD**

Mailing Address 5190 Garrett Ct.

City Hidden Hills State CA Zip Code 91302

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

Name of Employer Eastside Orthopedic Medical Associates Occupation Sports Medicine, Total Joint Replaceme

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2013

**Transaction ID : C8747073**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lawrence Schapiro**

Mailing Address 173000 Halton Street

City Encino State CA Zip Code 91316

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

Name of Employer Self Employed Occupation Producer/Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : C8860890**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Shawn Sedaghat**

Mailing Address 1610 Argyle Ave

City Los Angeles State CA Zip Code 90028

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

Name of Employer Sedaghat Law Advocates and Counselors Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8867380**

Amount of Each Receipt this Period  
 2600.00

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

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

6200.00

**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 77 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shawn Sedaghat</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2013
Mailing Address 1610 Argyle Ave		<b>Transaction ID : C8867381</b>
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Sedaghat Law Advocates and Counselors	Occupation Attorney	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Debbie Shon</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2013
Mailing Address 1701 Kalorama Rd NW Apt 206		<b>Transaction ID : C8859675</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self	Occupation Lawyer	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Alan Sieroty</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2013
Mailing Address 6022 Wilshire Blvd Ste 201		<b>Transaction ID : C8747270</b>
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Sieroty Co. Inc	Occupation Real Estate Management	Election Cycle-to-Date 1750.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 78 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alan Sieroty</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2013
Mailing Address 6022 Wilshire Blvd Ste 201		<b>Transaction ID : C8855812</b>
City Los Angeles	State CA	
Zip Code 90036		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	Occupation Real Estate Management	Amount of Each Receipt this Period 1750.00
Name of Employer Sieroty Co. Inc	Election Cycle-to-Date	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Peter Spenuzza Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2013
Mailing Address 1128 Sherborn St.		<b>Transaction ID : C8747075</b>
City Corona	State CA	
Zip Code 92879		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Occupation Owner	Amount of Each Receipt this Period 500.00
Name of Employer Imperial Manufacturing Co.	Election Cycle-to-Date	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. jess stoddart</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 78893 Golden Reed Dr		<b>Transaction ID : C8850975</b>
City Palm Desert	State CA	
Zip Code 92211-1843		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C	Occupation none	Amount of Each Receipt this Period 550.00
Name of Employer none	Election Cycle-to-Date	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 79 OF 203
	<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	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**jess stoddart**

Mailing Address 78893 Golden Reed Dr

City State Zip Code  
Palm Desert CA 92211-1843

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

Name of Employer Occupation  
none none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 14 / 2013**

**Transaction ID : C8855586**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**jess stoddart**

Mailing Address 78893 Golden Reed Dr

City State Zip Code  
Palm Desert CA 92211-1843

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

Name of Employer Occupation  
none none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2013**

**Transaction ID : C8858390**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Corky Hale Stoller**

Mailing Address 9100 Oriole Way

City State Zip Code  
Los Angeles CA 90069-1125

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

Name of Employer Occupation  
Self employed Producer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 14 / 2013**

**Transaction ID : C8855824**

Amount of Each Receipt this Period  
**500.00**

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

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

**700.00**

**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 80 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alexandra Storm**

Mailing Address **PO Box 1958**

City **Breckenridge** State **CO** Zip Code **80424-1958**

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

Name of Employer **Storm Foundation** Occupation **Founder**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 22 / 2013**

**Transaction ID : C8857175**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**Alexandra Storm**

Mailing Address **PO Box 1958**

City **Breckenridge** State **CO** Zip Code **80424-1958**

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

Name of Employer **Storm Foundation** Occupation **Founder**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 22 / 2013**

**Transaction ID : C8859606**

Amount of Each Receipt this Period  
**2400.00**

**C.** Full Name (Last, First, Middle Initial)  
**Bruce M. Strathdee**

Mailing Address **37-086 Cathedral Canyon Dr**

City **Cathedral City** State **CA** Zip Code **92234**

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

Name of Employer **Self** Occupation **Dentist**

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  
**06 / 18 / 2013**

**Transaction ID : C8856712**

Amount of Each Receipt this Period  
**250.00**

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

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

**5250.00**



**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 81 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Maureen Strohm**

Mailing Address 45290 Vista Santa Rosa

City Indian Wells State CA Zip Code 92210-9164

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

Name of Employer Eisenhower Medical Center Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2013**

**Transaction ID : C8857230**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Linda S. Strome**

Mailing Address 416 Rio Vista Dr

City Palm Springs State CA Zip Code 92262

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

Name of Employer NOT EMPLOYED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 29 / 2013**

**Transaction ID : C8747276**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Norma Strouse**

Mailing Address 190 Nantmeal Rd

City Glenmoore State PA Zip Code 19343-2636

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 29 / 2013**

**Transaction ID : C8860563**

Amount of Each Receipt this Period  
**2600.00**

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

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

**3350.00**

**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 82 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anne Sutherland - DeRosa**

Mailing Address 26 Toscana Way W

City Rancho Mirage State CA Zip Code 92270-1978

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2013**

**Transaction ID : C8747078**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Richard L. Swig**

Mailing Address 400 Spear St

City San Francisco State CA Zip Code 94105-1686

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

Name of Employer RSBA & Associates Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 19 / 2013**

**Transaction ID : C8856412**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**Efrain Talamantes MD**

Mailing Address 2612 Westwood Blvd

City Los Angeles State CA Zip Code 90064-4230

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

Name of Employer UCLAVA Occupation Robert Wood Johnson Clinical Scholar

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  
**04 / 05 / 2013**

**Transaction ID : C8713281**

Amount of Each Receipt this Period  
**250.00**

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

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

**2950.00**

**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 83 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Juan Tapia**

Mailing Address 1380 Riverside Dr

City State Zip Code  
New York NY 10033-1001

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

Name of Employer Occupation  
Pediatrics 2000 Pediatrician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8859501**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Fernando T. Taveras**

Mailing Address 130 Irving St

City State Zip Code  
Leonia NJ 07605-1229

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

Name of Employer Occupation  
GroupMedico Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8860077**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph C Thompson**

Mailing Address 1675 Ridgmore Dr

City State Zip Code  
Palm Springs CA 92264-9620

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

Name of Employer Occupation  
So. Calif. Permanente Medical Group Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 13 / 2013

**Transaction ID : C8846008**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

**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 84 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marie S. Torres**

Mailing Address 2116 Joan Dr.

City: Hacienda Heights State: CA Zip Code: 91745

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

Name of Employer: Altamed Health Services Occupation: VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 04 / 08 / 2013

**Transaction ID : C8714187**

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
**John T. Trevino**

Mailing Address 2893 Medina Ct.

City: Palm Springs State: CA Zip Code: 92264-0417

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

Name of Employer: N/A Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 12 / 2013

**Transaction ID : C8855343**

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mashantucket Pequot Tribe of Connecticut**

Mailing Address P.O. Box 3008

City: Manshantucket State: CT Zip Code: 06338

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

Name of Employer: N/A Occupation: N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 19 / 2013

**Transaction ID : C8856732**

Amount of Each Receipt this Period: 1000.00

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

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

2250.00

**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 85 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ron L. Ulloa**

Mailing Address 11322 Chalon Rd

City Los Angeles State CA Zip Code 90049-1721

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

Name of Employer KXLA-TV Occupation TV Broadcast owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2013

**Transaction ID : C8850980**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ron L. Ulloa**

Mailing Address 11322 Chalon Rd

City Los Angeles State CA Zip Code 90049-1721

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

Name of Employer KXLA-TV Occupation TV Broadcast owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : C8850500**

Amount of Each Receipt this Period  
1600.00

**C.** Full Name (Last, First, Middle Initial)  
**Ron L. Ulloa**

Mailing Address 11322 Chalon Rd

City Los Angeles State CA Zip Code 90049-1721

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

Name of Employer KXLA-TV Occupation TV Broadcast owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4850.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : C8859722**

Amount of Each Receipt this Period  
1000.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 203  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Walter Ulloa**

Mailing Address 15304 W Sunset Blvd  
Ste 204

City Pacific Palisades State CA Zip Code 90272-3645

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

Name of Employer entravision Occupation media executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : C8861003**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Alberto Urena**

Mailing Address 19504 53rd Ave

City Fresh Meadows State NY Zip Code 11365-1733

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8859500**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Guillermo Valenzuela MD**

Mailing Address 1208 W Sunset Dr

City Redlands State CA Zip Code 92373-6505

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

Name of Employer Valley OB & Gyn Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8860648**

Amount of Each Receipt this Period  
1000.00

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

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

4100.00

**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 87 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gilbert R. Vasquez CPA**

Mailing Address 801 S Grand Ave  
Ste 400

City Los Angeles State CA Zip Code 90017-4646

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

Name of Employer Vasquez & Company LLP Occupation CPA, Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 07 / 2013

**Transaction ID : C8842109**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Gilbert R. Vasquez CPA**

Mailing Address 801 S Grand Ave  
Ste 400

City Los Angeles State CA Zip Code 90017-4646

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

Name of Employer Vasquez & Company LLP Occupation CPA, Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8970834**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Gilbert R. Vasquez CPA**

Mailing Address 801 S Grand Ave  
Ste 400

City Los Angeles State CA Zip Code 90017-4646

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

Name of Employer Vasquez & Company LLP Occupation CPA, Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8860450**

Amount of Each Receipt this Period  
2350.00

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

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

2850.00

**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 88 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Randy Velarde**

Mailing Address 907 Peachwood Bend Dr

City Houston	State TX	Zip Code 77077-1556
-----------------	-------------	------------------------

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

Name of Employer The Plaza Group	Occupation President
-------------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2013

**Transaction ID : C8711477**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Villani**

Mailing Address 1028 E San Lorenzo Rd

City Palm Springs	State CA	Zip Code 92264-8114
----------------------	-------------	------------------------

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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2013

**Transaction ID : C8841281**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Villani**

Mailing Address 1028 E San Lorenzo Rd

City Palm Springs	State CA	Zip Code 92264-8114
----------------------	-------------	------------------------

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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : C8855345**

Amount of Each Receipt this Period  
150.00

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

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

850.00



**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 89 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alicia Villarreal**

Mailing Address 701 Loma Dr

City State Zip Code  
Hermosa Beach CA 90254-4656

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

Name of Employer Occupation  
U.S. Department of Labor Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2013

**Transaction ID : C8867383**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**David Vogel**

Mailing Address 1775 E Palm Canyon Dr  
Ste 110

City State Zip Code  
Palm Springs CA 92264-1623

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

Name of Employer Occupation  
none retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2013

**Transaction ID : C8856345**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Vivian Von Gruenigen**

Mailing Address 50 East Dr

City State Zip Code  
Hartville OH 44632-8890

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

Name of Employer Occupation  
Summa Health System Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2013

**Transaction ID : C8968703**

Amount of Each Receipt this Period  
2600.00

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

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

3600.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 90 OF 203

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vivian Von Gruenigen**  
 Mailing Address 50 East Dr  
 City State Zip Code  
 Hartville OH 44632-8890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Summa Health System Surgeon  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : C8859884**  
 Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Frances Walsh**  
 Mailing Address 61071 Avenida Romero  
 City State Zip Code  
 Indio CA 92201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coachella Valley Housing Coalition Project Manager  
 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  
 04 / 08 / 2013  
**Transaction ID : C8714192**  
 Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Yin Yan Wang**  
 Mailing Address 1055 E Colorado Blvd  
 Ste 225  
 City State Zip Code  
 Pasadena CA 91106-2370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Velocity Int'l Career College Chairman  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : C8746685**  
 Amount of Each Receipt this Period  
 500.00

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

3350.00

**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 91 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brad Watling MD, FACEP,**

Mailing Address 109 Viewpoint Ln

City Mooresville State NC Zip Code 28117-7558

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

Name of Employer EMP Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : C8859497**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**rick J. weingard**

Mailing Address 3674 E Bogert Trl

City Palm Springs State CA Zip Code 92264-9646

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

Name of Employer Promotivators Ltd Occupation sales/marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 18 / 2013

**Transaction ID : C8715292**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**rick J. weingard**

Mailing Address 3674 E Bogert Trl

City Palm Springs State CA Zip Code 92264-9646

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

Name of Employer Promotivators Ltd Occupation sales/marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2013

**Transaction ID : C8851003**

Amount of Each Receipt this Period  
 50.00

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

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

500.00

**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 92 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**rick J. weingard**

Mailing Address 3674 E Bogert Trl

City State Zip Code  
Palm Springs CA 92264-9646

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

Name of Employer Occupation  
Promotivators Ltd sales/marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : C8855346**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**rick J. weingard**

Mailing Address 3674 E Bogert Trl

City State Zip Code  
Palm Springs CA 92264-9646

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

Name of Employer Occupation  
Promotivators Ltd sales/marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 14 / 2013

**Transaction ID : C8855825**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**rick J. weingard**

Mailing Address 3674 E Bogert Trl

City State Zip Code  
Palm Springs CA 92264-9646

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

Name of Employer Occupation  
Promotivators Ltd sales/marketing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8860750**

Amount of Each Receipt this Period  
100.00

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

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

500.00

**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 93 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles H. Wenner**

Mailing Address 505 N. Los Nietos Road

City State Zip Code  
Palm Springs CA 92262

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2013

**Transaction ID : C8846870**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert J. Westwood**

Mailing Address 24 Chandra Ln

City State Zip Code  
Rancho Mirage CA 92270-2102

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

Name of Employer Occupation Information Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2013

**Transaction ID : C8715291**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert J. Westwood**

Mailing Address 24 Chandra Ln

City State Zip Code  
Rancho Mirage CA 92270-2102

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

Name of Employer Occupation Information Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : C8854996**

Amount of Each Receipt this Period  
1000.00

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

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

1600.00

**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 94 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard White**

Mailing Address 5035 Macomb St NW

City Washington State DC Zip Code 20016-2674

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

Name of Employer Roberti+White, LLC Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 15 / 2013

**Transaction ID : C8846666**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**David Wolfe**

Mailing Address 407 N Orchid Tree Ln

City Palm Springs State CA Zip Code 92262-6568

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

Name of Employer David Wolfe Occupation Retired Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : C8713796**

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**David Wolfe**

Mailing Address 407 N Orchid Tree Ln

City Palm Springs State CA Zip Code 92262-6568

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

Name of Employer David Wolfe Occupation Retired Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8860550**

Amount of Each Receipt this Period

50.00

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

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

800.00

**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 95 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Wong**

Mailing Address 847 N Topaz Cir

City State Zip Code  
Palm Springs CA 92262-4328

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

Name of Employer Occupation  
Integrated Wealth Management Chief Operating Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2013

**Transaction ID : C8846103**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Lan Sing Wu**

Mailing Address PO Box 2853

City State Zip Code  
Palm Springs CA 92263-2853

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

Name of Employer Occupation  
N/A Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 21 / 2013

**Transaction ID : C8858135**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Tim Yehl**

Mailing Address 228 E Street, NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation  
Hart Health Strategies Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2013

**Transaction ID : C8714437**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

**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 96 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roy T. Young MD**

Mailing Address 12168 Turnberry Dr

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer Eisenhower Medical Center Occupation Internal Medicine

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 14 / 2013

**Transaction ID : C8846871**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Seymour Mehr Young MD**

Mailing Address 847 N Topaz Cir

City Palm Springs State CA Zip Code 92262-4328

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

Name of Employer Desert Oasis Healthcare Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 13 / 2013

**Transaction ID : C8846104**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Seymour Mehr Young MD**

Mailing Address 847 N Topaz Cir

City Palm Springs State CA Zip Code 92262-4328

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

Name of Employer Desert Oasis Healthcare Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 13 / 2013

**Transaction ID : C8847465**

Amount of Each Receipt this Period  
 400.00

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

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

3500.00



**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 97 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>Rebecca Zapanta</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2013
Mailing Address 5830 Beverly Hills Dr		<b>Transaction ID : C8860569</b>
City Whittier	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unemployed	Occupation Housewife	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Richard Zapanta MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 05 / 2013
Mailing Address 5830 Beverly Hills Dr		<b>Transaction ID : C8713287</b>
City Whittier	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Richard Zapanta,MD.Inc	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>Richard Zapanta MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2013
Mailing Address 5830 Beverly Hills Dr		<b>Transaction ID : C8853569</b>
City Whittier	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer Richard Zapanta,MD.Inc	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 98 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paul A. Zevnik</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2013
Mailing Address 2930 44th St NW		<b>Transaction ID : C8859828</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Morgan, Lewis & Bockius LLP	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>B. CEP America</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2013
Mailing Address 2100 Powell St Ste 920		<b>Transaction ID : C8851670</b>
City Emeryville	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial) <b>C. Mark A Notash M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 31 / 2013
Mailing Address 2100 Powell St Ste 920		<b>Transaction ID : C8852074</b>
City Emeryville	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.42
Name of Employer CEP America	Occupation Partner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.42	<b>[MEMO ITEM]</b> *

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 99 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Martin E Ogle M.D.**

Mailing Address 370 Ledroit St

City Laguna Beach State CA Zip Code 92651-1349

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

Name of Employer CEP America Occupation ED Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.42**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : C8852412**

Amount of Each Receipt this Period  
**0.42**

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Bing S Pao M.D.**

Mailing Address 2100 Powell St Ste 920

City Emeryville State CA Zip Code 94608-1844

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

Name of Employer CEP America Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.42**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : C8852086**

Amount of Each Receipt this Period  
**0.42**

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**thomas J sugarman MD, FACEP**

Mailing Address 1563 Solano Ave # 463

City Berkeley State CA Zip Code 94707-2116

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

Name of Employer CEP America Occupation Emergency Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.42**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : C8852333**

Amount of Each Receipt this Period  
**0.42**

**[MEMO ITEM]**  
\*

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

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

**0.00**

**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 100 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eric Haley**

Mailing Address 426 Elsmere Dr.

City: Riverside State: CA Zip Code: 92506

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

Name of Employer: Haley Associates LLC Occupation: Transportation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 606.00

Date of Receipt: 04 / 03 / 2013

**Transaction ID : C8714548A**

Amount of Each Receipt this Period: 100.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City: Cambridge State: MA Zip Code: 02238-2110

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 706.85

Date of Receipt: 04 / 07 / 2013

**Transaction ID : C8714548AB**

Amount of Each Receipt this Period: 100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Eric Haley**

Mailing Address 426 Elsmere Dr.

City: Riverside State: CA Zip Code: 92506

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

Name of Employer: Haley Associates LLC Occupation: Transportation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 606.00

Date of Receipt: 04 / 28 / 2013

**Transaction ID : C8840742A**

Amount of Each Receipt this Period: 1.00

\* Earmarked Contribution: See Below

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

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

101.00

**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 101 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 706.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : C8840742AB**  
 Amount of Each Receipt this Period  
 1.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Eric Haley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 426 Elsmere Dr.  
 City State Zip Code  
 Riverside CA 92506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Haley Associates LLC Transportation Consultant  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 606.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2013  
**Transaction ID : C8846056A**  
 Amount of Each Receipt this Period  
 100.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 706.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2013  
**Transaction ID : C8846056AB**  
 Amount of Each Receipt this Period  
 100.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**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 102 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eric Haley**

Mailing Address 426 Elsmere Dr.

City Riverside State CA Zip Code 92506

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

Name of Employer Haley Associates LLC Occupation Transportation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **606.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : C8853687A**

Amount of Each Receipt this Period  
**125.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **706.85**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2013**

**Transaction ID : C8853687AB**

Amount of Each Receipt this Period  
**125.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Eric Haley**

Mailing Address 426 Elsmere Dr.

City Riverside State CA Zip Code 92506

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

Name of Employer Haley Associates LLC Occupation Transportation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **606.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : C8970404A**

Amount of Each Receipt this Period  
**125.00**

\* Earmarked Contribution: See Below

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

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

**250.00**

**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 103 OF 203
	<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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
706.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : C8970404AB**

Amount of Each Receipt this Period  
125.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** 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

**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).....

0.00

241786.00

**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 104 OF 203
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
281.39

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2013

**Transaction ID : C8970547**

Amount of Each Receipt this Period  
50.24

\* In-Kind: In-Kind Catering

**B.** Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
281.39

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2013

**Transaction ID : C8970548**

Amount of Each Receipt this Period  
27.28

\* In-Kind: In-Kind Catering

**C.** Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
281.39

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2013

**Transaction ID : C8970546**

Amount of Each Receipt this Period  
5.61

\* In-Kind: In-Kind Catering

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

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

83.13



**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 105 OF 203
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
281.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2013

**Transaction ID : C8970549**

Amount of Each Receipt this Period  
198.26

\* In-Kind: In-Kind Catering

**B.** 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**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 M / D 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).....

198.26

281.39

**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 106 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AFLAC**

Mailing Address **Worldwide Headquarters**  
**1932 WYNNNTON ROAD**

City **Columbus** State **GA** Zip Code **31999-0001**

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2013**

**Transaction ID : C8850078**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Amalgamated Transit Union -COPE**

Mailing Address **5025 WISCONSIN AVE NW**

City **WASHINGTON** State **DC** Zip Code **20016**

FEC ID number of contributing federal political committee. **C C00032995**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : C8970981**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**American Association for the Justice PAC (AAJ PAC)**

Mailing Address **777 6th St NW**  
**Ste 200**

City **Washington** State **DC** Zip Code **20001-3707**

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 14 / 2013**

**Transaction ID : C8855830**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

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

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

\_\_\_\_\_

**3000.00**

\_\_\_\_\_

**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 107 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Association of Neurological Surgeons (NeurosurgeryPAC)**

Mailing Address 725 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-2152

FEC ID number of contributing federal political committee. **C C00413955**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2013

**Transaction ID : C8714440**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**American Association of Orthopaedic Surgeons PAC**

Mailing Address 317 Massachusetts Ave NE  
Fl 1

City Washington State DC Zip Code 20002-5769

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2013

**Transaction ID : C8856719**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**American Society of Cataract and Refractive Surgery (EYEpac)**

Mailing Address 4000 Legato Rd  
Ste 700

City Fairfax State VA Zip Code 22033-4055

FEC ID number of contributing federal political committee. **C C00171504**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2013

**Transaction ID : C8714438**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

**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 108 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American College of Radiology**

Mailing Address 1891 Preston White Dr

City Reston State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 02 / 2013

**Transaction ID : C8809375**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**American College of Surgeons Professional Assn. PAC**

Mailing Address 20 F St NW  
ATTN: SARA MORSE

City Washington State DC Zip Code 20001-6701

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : C8808947**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Congress of Obstetricians and Gynecologists**

Mailing Address 409 12th St SW

City Washington State DC Zip Code 20024-2125

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8861837**

Amount of Each Receipt this Period  
 2500.00

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

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

6000.00

**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 109 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Crystal Sugar Company**

Mailing Address 101 NORTH 3RD STREET

City: MOORHEAD State: MN Zip Code: 56560

FEC ID number of contributing federal political committee: **C C00110338**

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 13 / 2013

**Transaction ID : C8855506**

Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Dental Association**

Mailing Address 1111 14th St NW  
Ste 1100

City: Washington State: DC Zip Code: 20005-5627

FEC ID number of contributing federal political committee: **C C00000729**

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 06 / 12 / 2013

**Transaction ID : C8855329**

Amount of Each Receipt this Period: 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF TEACHERS, AFL-CIO COMMITTEE ON POLITICAL EDUCATION**

Mailing Address 555 New Jersey Ave NW

City: Washington State: DC Zip Code: 20001-2029

FEC ID number of contributing federal political committee: **C C00028860**

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 05 / 2013

**Transaction ID : C8853087**

Amount of Each Receipt this Period: 5000.00

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

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

11500.00

**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 110 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Health Care Association**

Mailing Address **PO Box 70980**

City **Washington** State **DC** Zip Code **20024-0980**

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 30 / 2013**

**Transaction ID : C8808948**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Nurses Association**

Mailing Address **8515 GEORGIA AVENUE SUITE 400**

City **SILVER SPRING** State **MD** Zip Code **20910**

FEC ID number of contributing federal political committee. **C C00017525**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 26 / 2013**

**Transaction ID : C8747080**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Osteopathic Information Association PAC**

Mailing Address **1090 Vermont Ave NW Ste 500**

City **Washington** State **DC** Zip Code **20005-4905**

FEC ID number of contributing federal political committee. **C C00113803**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 12 / 2013**

**Transaction ID : C8855330**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

**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 111 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Postal Workers Union**

Mailing Address 1300 L St NW

City Washington State DC Zip Code 20005-4107

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8861836**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE POLITICAL ACTION COMMITTEE (FKA ASMT/PAC)**

Mailing Address 1861 International Dr Ste 200

City Tysons Corner State VA Zip Code 22102-4412

FEC ID number of contributing federal political committee. **C** C00034645

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2013

**Transaction ID : C8747081**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC**

Mailing Address 8280 Willow Oaks Corporate Dr Ste 500

City Fairfax State VA Zip Code 22031-4514

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2013

**Transaction ID : C8809376**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

**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 112 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Urological Association**

Mailing Address 1100 E Woodfield Rd  
Ste 520

City Schaumburg State IL Zip Code 60173-5125

FEC ID number of contributing federal political committee. **C C00273003**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2013

**Transaction ID : C8714439**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1910 SUNDERLAND PLACE, NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00114132**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2013

**Transaction ID : C8858107**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee. **C C00271338**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2013

**Transaction ID : C8856721**

Amount of Each Receipt this Period  
5000.00

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

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

8500.00



**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 113 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A. CALIFORNIA ASSOCIATION OF MARRIAGE & FAMILY THERAPISTS PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 555 Capitol Mall  
Ste 1425

City Sacramento State CA Zip Code 95814-4602

FEC ID number of contributing federal political committee. **C C00346619**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 29 / 2013

**Transaction ID : C8747280**

Amount of Each Receipt this Period  
 1000.00

**B. California Medical Association PAC - Federal**

Full Name (Last, First, Middle Initial)  
Mailing Address 1201 J St

City Sacramento State CA Zip Code 95814-2949

FEC ID number of contributing federal political committee. **C C00003194**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8867389**

Amount of Each Receipt this Period  
 2500.00

**C. Castro For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292-0544

FEC ID number of contributing federal political committee. **C C00497933**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8970979**

Amount of Each Receipt this Period  
 500.00

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

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

4000.00

**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 114 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Committee for Hispanic Causes/Building our Leadership Diversity PAC (CHC BOLD PAC)

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024-0980

FEC ID number of contributing federal political committee. **C** C00365536

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8968659**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Committee on Letter Carriers Political Education (Letter Carriers Political Action Fund)

Mailing Address 100 Indiana Ave NW

City Washington State DC Zip Code 20001-2143

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8970982**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Cooperative of American Physicians

Mailing Address 333 S Hope St  
FI 8

City Los Angeles State CA Zip Code 90071-3001

FEC ID number of contributing federal political committee. **C** C00161604

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2013

**Transaction ID : C8715295**

Amount of Each Receipt this Period  
 2500.00

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

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

8500.00

**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 115 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A. Cooperative of American Physicians**

Full Name (Last, First, Middle Initial)  
Mailing Address 333 S Hope St  
FI 8  
City Los Angeles State CA Zip Code 90071-3001

FEC ID number of contributing federal political committee. **C C00161604**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : C8858108**

Amount of Each Receipt this Period  
2500.00

**B. Democrats of the Desert**

Full Name (Last, First, Middle Initial)  
Mailing Address 1581 Concha Cir  
City Palm Springs State CA Zip Code 92264-9505

FEC ID number of contributing federal political committee. **C C00422428**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2013

**Transaction ID : C8855829**

Amount of Each Receipt this Period  
1600.00

**C. Democrats of the Desert**

Full Name (Last, First, Middle Initial)  
Mailing Address 1581 Concha Cir  
City Palm Springs State CA Zip Code 92264-9505

FEC ID number of contributing federal political committee. **C C00422428**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2013

**Transaction ID : C8855828**

Amount of Each Receipt this Period  
2600.00

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

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

6700.00

**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 116 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Democrats Reshaping America**

Mailing Address 50 E St SE  
Ste 1

City Washington State DC Zip Code 20003-2620

FEC ID number of contributing federal political committee. **C** C00423079

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : C8856722**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Democrats Win Seats (DWS PAC)**

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326-2828

FEC ID number of contributing federal political committee. **C** C00425470

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8968658**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE**

Mailing Address 801 Main Ave

City Norwalk State CT Zip Code 06851-1127

FEC ID number of contributing federal political committee. **C** C00034470

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
337.27

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 22 / 2013

**Transaction ID : C8970550**

Amount of Each Receipt this Period  
337.27

\* In-Kind: Event Space and Beverages

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

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

3337.27

**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 117 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Distilled Spirits PAC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2013
Mailing Address 1250 I St NW Ste 400		<b>Transaction ID : C8846660</b>
City Washington State DC Zip Code 20005-5977	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00030734</b>	Name of Employer Occupation	Amount of Each Receipt this Period 500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. DOYLE FOR CONGRESS COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2013
Mailing Address 205 Hawthorne Ct		<b>Transaction ID : C8860086</b>
City Pittsburgh State PA Zip Code 15221-4400	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00290064</b>	Name of Employer Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. FEDERATION OF AMERICAN HOSPITALS PAC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2013
Mailing Address 750 9th St NW Ste 600		<b>Transaction ID : C8867365</b>
City Washington State DC Zip Code 20001-4595	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00002261</b>	Name of Employer Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

**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 118 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JIM CLYBURN**

Mailing Address **POST OFFICE BOX 12567**

City **COLUMBIA** State **SC** Zip Code **29211**

FEC ID number of contributing federal political committee. **C C00255562**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : C8867363**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**General Electric**

Mailing Address **1299 Pennsylvania Ave NW  
Ste 900**

City **Washington** State **DC** Zip Code **20004-2414**

FEC ID number of contributing federal political committee. **C C00492223**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 26 / 2013**

**Transaction ID : C8747082**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Grassroots Organizing Acting & Leading PAC - GOALPAC**

Mailing Address **PO Box 30344**

City **Bethesda** State **MD** Zip Code **20824-0344**

FEC ID number of contributing federal political committee. **C C00381996**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : C8867364**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

**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 119 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Hoyer for Congress**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee. **C C00140715**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : C8856728**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Human Rights Campaign**

Mailing Address 1640 RHODE ISLAND AVENUE NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C70004569**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 14 / 2013

**Transaction ID : C8855831**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Humana Inc.**

Mailing Address 975 F St NW  
Ste 550

City Washington State DC Zip Code 20004-1458

FEC ID number of contributing federal political committee. **C C00271007**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 29 / 2013

**Transaction ID : C8850079**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

**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 120 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. INTEGRATED CARE DELIVERY FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 555 S Flower St Ste 4210		<b>Transaction ID : C8746686</b>
City Los Angeles	State CA Zip Code 90071-2439	
FEC ID number of contributing federal political committee. <b>C C00472571</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. International Association of Fire Fighters</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2013
Mailing Address 1750 New York Ave NW		<b>Transaction ID : C8858128</b>
City Washington	State DC Zip Code 20006-5305	
FEC ID number of contributing federal political committee. <b>C C00029447</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>C. International Brotherhood of Boilermakers Campaign</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2013
Mailing Address 753 State Ave Ste 565		<b>Transaction ID : C8853494</b>
City Kansas City	State KS Zip Code 66101-2511	
FEC ID number of contributing federal political committee. <b>C C00005157</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____



**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 121 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Judy Chu for Congress**

Mailing Address 6380 Wilshire Blvd  
Ste 1612

City Los Angeles State CA Zip Code 90048-5018

FEC ID number of contributing federal political committee. **C C00458125**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8861830**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**K&L GATES LLP POLITICAL ACTION COMMITTEE (DC)**

Mailing Address 1601 K St NW

City Washington State DC Zip Code 20006-1682

FEC ID number of contributing federal political committee. **C C00213173**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8861849**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Karen Bass for Congress**

Mailing Address 777 S Figueroa St  
Ste 4050

City Los Angeles State CA Zip Code 90017-5864

FEC ID number of contributing federal political committee. **C C00476523**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013

**Transaction ID : C8856729**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 203  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LARSON FOR CONGRESS**

Mailing Address **PO BOX 479**

City **GLASTONBURY** State **CT** Zip Code **06033**

FEC ID number of contributing federal political committee. **C C00330142**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : C8861856**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**LEADERSHIP OF TODAY AND TOMORROW**

Mailing Address **700 13th St NW Ste 600**

City **Washington** State **DC** Zip Code **20005-3960**

FEC ID number of contributing federal political committee. **C C00299149**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 19 / 2013**

**Transaction ID : C8856724**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Leadership Responsibility and Action PAC AKA LRA PAC**

Mailing Address **6 E St SE**

City **Washington** State **DC** Zip Code **20003-2611**

FEC ID number of contributing federal political committee. **C C00530774**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 27 / 2013**

**Transaction ID : C8860084**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 203  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lofgren for Congress**

Mailing Address 123 E San Carlos St  
# 531

City San Jose State CA Zip Code 95112-3680

FEC ID number of contributing federal political committee. **C** C00289603

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 19 / 2013

**Transaction ID : C8856731**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Machinists Non Partisan Political League of the International Association of Machinists and Aerospace Workers

Mailing Address 9000 Machinists Place

City Upper Marlboro State MD Zip Code 20772

FEC ID number of contributing federal political committee. **C** c00002469

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2013

**Transaction ID : C8856720**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**MATSUI FOR CONGRESS**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812-1738

FEC ID number of contributing federal political committee. **C** C00409219

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : C8858103**

Amount of Each Receipt this Period  
1000.00

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

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

8000.00

**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 124 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A. McNerney For Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 690371  
 City Stockton State CA Zip Code 95269-0371  
 FEC ID number of contributing federal political committee. **C C00398644**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 24 / 2013  
**Transaction ID : C8858104**  
 Amount of Each Receipt this Period  
 1000.00

**B. Nancy Pelosi for Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 13th St NW Ste 600  
 City Washington State DC Zip Code 20005-3960  
 FEC ID number of contributing federal political committee. **C C00213512**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : C8856730**  
 Amount of Each Receipt this Period  
 2000.00

**C. Napolitano For Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 Capitol Mall Ste 1425  
 City Sacramento State CA Zip Code 95814-4602  
 FEC ID number of contributing federal political committee. **C C00334706**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : C8713851**  
 Amount of Each Receipt this Period  
 1000.00

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

4000.00

**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 125 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Air Traffic Controllers Association PAC**

Mailing Address 1325 Massachusetts Ave NW

City Washington State DC Zip Code 20005-4171

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2013**

**Transaction ID : C8846659**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF SPINE SPECIALISTS**

Mailing Address 7075 Veterans Blvd

City Burr Ridge State IL Zip Code 60527-5614

FEC ID number of contributing federal political committee. **C C00349225**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 07 / 2013**

**Transaction ID : C8842110**

Amount of Each Receipt this Period  
**1500.00**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON**

Mailing Address P.O. BOX 2995

City CORDOVA State TN Zip Code 38088

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 24 / 2013**

**Transaction ID : C8858127**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3500.00**

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 203  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PAC**

Mailing Address 630 Morrison Rd  
Ste 110

City State Zip Code  
Gahanna OH 43230-5318

FEC ID number of contributing federal political committee. **C C00488262**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2013

**Transaction ID : C8861852**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**New York Jobs PAC**

Mailing Address PO Box 763

City State Zip Code  
Deer Park NY 11729-0763

FEC ID number of contributing federal political committee. **C C00413716**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2013

**Transaction ID : C8861850**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**New York Life Insurance Company**

Mailing Address 51 Madison Ave  
Rm 1109

City State Zip Code  
New York NY 10010-1603

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2013

**Transaction ID : C8808949**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

**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 127 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A. PAC for a Change**

Full Name (Last, First, Middle Initial)  
Mailing Address 777 S Figueroa St  
Ste 4050

City Los Angeles State CA Zip Code 90017-5864

FEC ID number of contributing federal political committee. **C C00342048**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2013

**Transaction ID : C8747279**

Amount of Each Receipt this Period  
 1000.00

**B. PFIZER INC. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 235 E 42nd St

City New York State NY Zip Code 10017-5703

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2013

**Transaction ID : C8853089**

Amount of Each Receipt this Period  
 2000.00

**C. PG&E Corporation Employees Energy PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 77 Beale St

City San Francisco State CA Zip Code 94177

FEC ID number of contributing federal political committee. **C C00177469**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2013

**Transaction ID : C8855832**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

**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 128 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Planned Parenthood Action Fund INC. PAC**

Mailing Address 434 W 33rd St

City State Zip Code  
New York NY 10001-2601

FEC ID number of contributing federal political committee. **C C00314617**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8867390**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**RICHMOND FOR CONGRESS**

Mailing Address 1631 Elysian Fields Ave Ste 150

City State Zip Code  
New Orleans LA 70117-8208

FEC ID number of contributing federal political committee. **C C00451336**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : C8861857**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Sheet Metal Workers International Association Political Action League**

Mailing Address 1750 New York Ave NW

City State Zip Code  
Washington DC 20006-5305

FEC ID number of contributing federal political committee. **C C00007542**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : C8867391**

Amount of Each Receipt this Period  
3000.00

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

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

5000.00



**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 129 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A. Solidarity PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 13th St NW  
 Ste 600  
 City Washington State DC Zip Code 20005-3960  
 FEC ID number of contributing federal political committee. **C C00360388**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 27 / 2013  
**Transaction ID : C8860083**  
 Amount of Each Receipt this Period  
 5000.00

**B. The Doctors Company Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 185 Greenwood Rd  
 City Napa State CA Zip Code 94558-6270  
 FEC ID number of contributing federal political committee. **C C00300376**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 05 / 2013  
**Transaction ID : C8853088**  
 Amount of Each Receipt this Period  
 1000.00

**C. THE SERVICEMASTER COMPANY PAC (SERVEPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 860 Ridge Lake Blvd  
 City Memphis State TN Zip Code 38120-9434  
 FEC ID number of contributing federal political committee. **C C00331363**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : C8861853**  
 Amount of Each Receipt this Period  
 1000.00

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

7000.00

**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 130 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Time Warner Cable**

Mailing Address 901 F STREET, NW  
SUITE 800

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00431551**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2013

**Transaction ID : C8855833**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Turquoise PAC**

Mailing Address 1050 17th St NW  
Ste 590

City State Zip Code  
Washington DC 20036-5592

FEC ID number of contributing federal political committee. **C C00517235**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2013

**Transaction ID : C8861851**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)**

Mailing Address 24950 COUNTRY CLUB BLVD, STE 340

City State Zip Code  
NORTH OLMSTED OH 44070

FEC ID number of contributing federal political committee. **C C00001636**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2013

**Transaction ID : C8861854**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

**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 131 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A. Univision Communications Inc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 S Grand Ave  
 Ste 700  
 City Los Angeles State CA Zip Code 90071-2665  
 FEC ID number of contributing federal political committee. **C** C00435735  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2013  
**Transaction ID : C8855507**  
 Amount of Each Receipt this Period  
 1000.00  
 2000.00

**B. US Oncology Network**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10101 Woodloch Forest Dr  
 City The Woodlands State TX Zip Code 77380-1975  
 FEC ID number of contributing federal political committee. **C** C00339655  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2013  
**Transaction ID : C8850869**  
 Amount of Each Receipt this Period  
 1000.00  
 1000.00

**C. Victory In November Election (VINEPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 13th St NW  
 Ste 600  
 City Washington State DC Zip Code 20005-3960  
 FEC ID number of contributing federal political committee. **C** C00378695  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : C8856725**  
 Amount of Each Receipt this Period  
 1000.00  
 4000.00

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

3000.00

**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 132 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vision For America**

Mailing Address 20 Park Rd  
Ste E

City State Zip Code  
Burlingame CA 94010-4443

FEC ID number of contributing federal political committee. **C C00486332**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : C8858109**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 805 15th St NW  
Ste 430

City State Zip Code  
Washington DC 20005-2273

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2013

**Transaction ID : C8856726**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Hospital Association**

Mailing Address 325 SEVENTH STREET, NW  
SUITE 700

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 20 / 2013

**Transaction ID : C8858126A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

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

4000.00

**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 133 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A. Democratic Congressional Campaign Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 S Capitol St SE  
FI 2  
City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
16246.32

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : C8858126AB**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B. Engineers Political Education Committee (EPEC)/International Union of Operating Engineers**

Full Name (Last, First, Middle Initial)  
Mailing Address 1125 17th St NW  
City Washington State DC Zip Code 20036-4709

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2013

**Transaction ID : C8856723A**

Amount of Each Receipt this Period  
5000.00

\* Earmarked Contribution: See Below

**C. Democratic Congressional Campaign Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 S Capitol St SE  
FI 2  
City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
16246.32

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2013

**Transaction ID : C8856723AB**

Amount of Each Receipt this Period  
5000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

5000.00

**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 134 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address **101 Constitution Ave NW  
SUITE 500 WEST**

City **Washington** State **DC** Zip Code **20001-2133**

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5746.32**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 24 / 2013**

**Transaction ID : C8861848A**

Amount of Each Receipt this Period  
**3746.32**

\* Earmarked Contribution: See Below

**B. Democratic Congressional Campaign Committee**

Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Committee**

Mailing Address **430 S Capitol St SE  
FI 2**

City **Washington** State **DC** Zip Code **20003-4024**

FEC ID number of contributing federal political committee. **C C00000935**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**16246.32**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 28 / 2013**

**Transaction ID : C8861848AB**

Amount of Each Receipt this Period  
**3746.32**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C. National Emergency Medicine PAC NEMPAC**

Full Name (Last, First, Middle Initial)  
**National Emergency Medicine PAC NEMPAC**

Mailing Address **1125 Executive Cir**

City **Irving** State **TX** Zip Code **75038-2522**

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 12 / 2013**

**Transaction ID : C8858129A**

Amount of Each Receipt this Period  
**2500.00**

\* Earmarked Contribution: See Below

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

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

**6246.32**

**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 135 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A. Democratic Congressional Campaign Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 S Capitol St SE  
FI 2  
City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C C00000935**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**16246.32**

Date of Receipt  
**06 / 24 / 2013**

**Transaction ID : C8858129AB**

Amount of Each Receipt this Period  
**2500.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B. Oracle**

Full Name (Last, First, Middle Initial)  
Mailing Address 1015 15th St NW  
Ste 200  
City Washington State DC Zip Code 20005-2635

FEC ID number of contributing federal political committee. **C C00323048**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**06 / 20 / 2013**

**Transaction ID : C8858130A**

Amount of Each Receipt this Period  
**1000.00**

\* Earmarked Contribution: See Below

**C. Democratic Congressional Campaign Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 S Capitol St SE  
FI 2  
City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C C00000935**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**16246.32**

Date of Receipt  
**06 / 24 / 2013**

**Transaction ID : C8858130AB**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

**1000.00**

**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 136 OF 203	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**VICTORY NOW PAC**

Mailing Address 10537 Saint Paul St

City Kensington State MD Zip Code 20895-2625

FEC ID number of contributing federal political committee. **C C00416743**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2013

**Transaction ID : C8968657A**

Amount of Each Receipt this Period  
**1000.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE  
FI 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C C00000935**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**16246.32**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2013

**Transaction ID : C8968657AB**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 SW 8th St

City Bentonville State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		09		2013

**Transaction ID : C8847807A**

Amount of Each Receipt this Period  
**2000.00**

\* Earmarked Contribution: See Below

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

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

**3000.00**



**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 137 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A. Democratic Congressional Campaign Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 S Capitol St SE  
FI 2  
City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C C00000935**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**16246.32**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 / 21 / 2013**

**Transaction ID : C8847807AB**

Amount of Each Receipt this Period  
**2000.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B. BRINGING LEADERSHIP BACK PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1050 17th St NW  
Ste 590  
City Washington State DC Zip Code 20036-5592

FEC ID number of contributing federal political committee. **C C00448472**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : C8968660A**

Amount of Each Receipt this Period  
**1000.00**

\* Earmarked Contribution: See Below

**C. AMERIPAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 13th St NW  
Ste 600  
City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee. **C C00271338**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2013**

**Transaction ID : C8968660AB**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

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

**1000.00**

**148283.59**

**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 138 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**County of Riverside Registrar of Voters**

Mailing Address 2724 Gateway Dr

City Riverside State CA Zip Code 92507-0918

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3267.37**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 07 / 2013**

**Transaction ID : C8842148**

Amount of Each Receipt this Period  
**3123.53**

Election Filing Fee Refund

**B.** Full Name (Last, First, Middle Initial)  
**Paychex**

Mailing Address 911 Panorama Trail Street

City Rochester State NY Zip Code 14625-0397

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1269.19**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 02 / 2013**

**Transaction ID : C8715216**

Amount of Each Receipt this Period  
**1023.75**

Paychex - Taxes Refund

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

Mailing Address 911 Panorama Trail Street

City Rochester State NY Zip Code 14625-0397

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1269.19**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 02 / 2013**

**Transaction ID : C8715217**

Amount of Each Receipt this Period  
**88.02**

Paychex - Worker's Compensation Refund

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

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

**4235.30**

**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 139 OF 203
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>Paychex</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 08 / 2013
Mailing Address 911 Panorama Trail Street		<b>Transaction ID : C8715218</b>
City Rochester	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.03
Name of Employer	Occupation	Paychex - Worker's Compensation Refund
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1269.19	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.03
<b>TOTAL</b> This Period (last page this line number only).....	4235.33

**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 140 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 79.40
City Cambridge	State MA	
Zip Code 02138-5106		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 1.20
City Cambridge	State MA	
Zip Code 02138-5106		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 4.15
City Cambridge	State MA	
Zip Code 02138-5106		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 003
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	84.75
<b>TOTAL</b> 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 141 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.56 <b>Transaction ID : D501709</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Category/ Type 003
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>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.04 <b>Transaction ID : D501948</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Category/ Type 003
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>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 3.95 <b>Transaction ID : D502181</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Category/ Type 003
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4.55
<b>TOTAL</b> 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 142 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period ..... 1.80
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	<b>Transaction ID : D503792</b>
Candidate Name	003 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>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period ..... 0.04
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	<b>Transaction ID : D503945</b>
Candidate Name	003 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>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period ..... 4.94
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	<b>Transaction ID : D504384</b>
Candidate Name	003 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 6.78
<b>TOTAL</b> 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 143 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.99 <b>Transaction ID : D505362</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Category/ Type 003
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>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 3.23 <b>Transaction ID : D507055</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit Card Processing Fees	Category/ Type 003
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>c. Alaska Air</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 19300 International Blvd		Amount of Each Disbursement this Period 456.70 <b>Transaction ID : D489220</b>
City Seatac	State WA	
Zip Code 98188-5304	Purpose of Disbursement Travel	Category/ Type 002
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	460.92
<b>TOTAL</b> 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 144 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alaska Air</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 11 / 2013</b>
Mailing Address <b>19300 International Blvd</b>		Amount of Each Disbursement this Period <b>456.70</b>
City <b>Seatac</b> State <b>WA</b> Zip Code <b>98188-5304</b>	Purpose of Disbursement <b>Travel</b> <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : D489221</b>
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>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 03 / 2013</b>
Mailing Address <b>4255 Amon Carter Boulevard</b>		Amount of Each Disbursement this Period <b>162.80</b>
City <b>Fort Worth</b> State <b>TX</b> Zip Code <b>76155</b>	Purpose of Disbursement <b>Travel</b> <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : D501950</b>
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>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2013</b>
Mailing Address <b>4255 Amon Carter Boulevard</b>		Amount of Each Disbursement this Period <b>135.90</b>
City <b>Fort Worth</b> State <b>TX</b> Zip Code <b>76155</b>	Purpose of Disbursement <b>Travel</b> <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : D501757</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>755.40</b>
<b>TOTAL</b> 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 145 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 17 / 2013</b>
Mailing Address <b>4255 Amon Carter Boulevard</b>		Amount of Each Disbursement this Period <b>121.90</b>
City <b>Fort Worth</b>	State <b>TX</b>	
Zip Code <b>76155</b>	Purpose of Disbursement <b>Travel</b>	<b>Transaction ID : D505357</b>
Candidate Name	Category/Type <b>002</b>	
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>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 17 / 2013</b>
Mailing Address <b>4255 Amon Carter Boulevard</b>		Amount of Each Disbursement this Period <b>35.45</b>
City <b>Fort Worth</b>	State <b>TX</b>	
Zip Code <b>76155</b>	Purpose of Disbursement <b>Travel Insurance</b>	<b>Transaction ID : D505358</b>
Candidate Name	Category/Type <b>002</b>	
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>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 17 / 2013</b>
Mailing Address <b>4255 Amon Carter Boulevard</b>		Amount of Each Disbursement this Period <b>21.88</b>
City <b>Fort Worth</b>	State <b>TX</b>	
Zip Code <b>76155</b>	Purpose of Disbursement <b>Travel Insurance</b>	<b>Transaction ID : D505359</b>
Candidate Name	Category/Type <b>002</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>179.23</b>
<b>TOTAL</b> 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 146 OF 203		
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2013
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 149.00 <b>Transaction ID : D505363</b>
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement Travel Candidate Name Category/Type 002	
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>B. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2013
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 8.50 <b>Transaction ID : D505364</b>
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement Travel Insurance 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>C. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2013
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 82.00 <b>Transaction ID : D505365</b>
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement Travel Candidate Name Category/Type 002	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	239.50
<b>TOTAL</b> 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 147 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2013
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 8.50
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement Travel Insurance Candidate Name Category/Type 002	
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:	<b>Transaction ID : D505366</b>

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2013
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 498.00
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement Travel Candidate Name Category/Type 002	
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:	<b>Transaction ID : D502717</b>

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2013
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 316.00
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement Travel Candidate Name Category/Type 002	
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:	<b>Transaction ID : D502718</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	822.50
<b>TOTAL</b> 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 148 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2013
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 316.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement Travel	<b>Transaction ID : D502719</b>
Candidate Name	Category/Type 002	
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>B. Amtrak</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2013
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 17.00
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement Travel Insurance	<b>Transaction ID : D502720</b>
Candidate Name	Category/Type 002	
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>C. Amtrak</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2013
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 8.50
City Washington	State DC	
Zip Code 20002-4285	Purpose of Disbursement Travel Insurance	<b>Transaction ID : D502721</b>
Candidate Name	Category/Type 002	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	341.50
<b>TOTAL</b> 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 149 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2013
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 149.00
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement Travel Category/Type 002	
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)	Transaction ID : D507053
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2013
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 8.50
City Washington State DC Zip Code 20002-4285	Purpose of Disbursement Travel Insurance 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)	Transaction ID : D507054
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Roy Behr</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2013
Mailing Address 1838 Westholme Ave Unit 303		Amount of Each Disbursement this Period 2369.48
City Los Angeles State CA Zip Code 90025-8319	Purpose of Disbursement Reimbursement (vendors that aggregate over \$200 listed below) 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)	Transaction ID : D502723
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2526.98
<b>TOTAL</b> 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 150 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cafe Bernardo</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2013
Mailing Address 2726 Capitol Ave		Amount of Each Disbursement this Period 669.55 <b>Transaction ID : D489234</b>
City Sacramento	State CA Zip Code 95816-6005	
Purpose of Disbursement Meals	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>B. Capitol Hill Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2013
Mailing Address 200 C St SE		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : D489235</b>
City Washington	State DC Zip Code 20003-1909	
Purpose of Disbursement Event Expenses	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>c. Connectivia</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 314 Carroll St NW Apt 410		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : D489317</b>
City Washington	State DC Zip Code 20012-2058	
Purpose of Disbursement Consultant - Fundraising	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6369.55
<b>TOTAL</b> 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 151 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Connectivia</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2013
Mailing Address 314 Carroll St NW Apt 410		Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20012-2058	Purpose of Disbursement Consultant - Fundraising	Transaction ID : D501711
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>B. Connectivia</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013
Mailing Address 314 Carroll St NW Apt 410		Amount of Each Disbursement this Period 2500.00
City Washington	State DC	
Zip Code 20012-2058	Purpose of Disbursement Consultant - Fundraising	Transaction ID : D505354
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>c. Rebecca Cooke</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 1534 50th St		Amount of Each Disbursement this Period 74.90
City Eau Claire	State WI	
Zip Code 54703-6813	Purpose of Disbursement Mileage Reimbursement	Transaction ID : D489215
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7574.90
<b>TOTAL</b> 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 152 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2013
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 590.80
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Travel	<b>Transaction ID : D505355</b>
Candidate Name	Category/Type 002	
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>B. Democratic Congressional Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2013
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 50.24
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement In-Kind Catering	<b>Transaction ID : D508684</b>
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)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Democratic Congressional Campaign Committee</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2013
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period 27.28
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement In-Kind Catering	<b>Transaction ID : D508685</b>
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)	* In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	668.32
<b>TOTAL</b> 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 153 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 17 / 2013</b>
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period <b>198.26</b>
City Washington State DC Zip Code 20003-4024	Purpose of Disbursement In-Kind Catering	<b>Transaction ID : D508687</b>
Candidate Name	Category/Type	* In-Kind Received
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>B. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 06 / 2013</b>
Mailing Address 430 S Capitol St SE FI 2		Amount of Each Disbursement this Period <b>5.61</b>
City Washington State DC Zip Code 20003-4024	Purpose of Disbursement In-Kind Catering	<b>Transaction ID : D508653</b>
Candidate Name	Category/Type	* In-Kind Received
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>C. DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 22 / 2013</b>
Mailing Address 801 Main Ave		Amount of Each Disbursement this Period <b>337.27</b>
City Norwalk State CT Zip Code 06851-1127	Purpose of Disbursement Event Space and Beverages	<b>Transaction ID : D508690</b>
Candidate Name	Category/Type	* In-Kind Received
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>541.14</b>
<b>TOTAL</b> 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 154 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 81942 US Highway 111		Amount of Each Disbursement this Period 153.38 <b>Transaction ID : D502805</b>
City Indio	State CA	
Zip Code 92201-5419	Purpose of Disbursement Food for Volunteers	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>B. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 81942 US Highway 111		Amount of Each Disbursement this Period 153.38 <b>Transaction ID : D502806</b>
City Indio	State CA	
Zip Code 92201-5419	Purpose of Disbursement Food for Volunteers	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>C. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 81942 US Highway 111		Amount of Each Disbursement this Period 131.50 <b>Transaction ID : D502807</b>
City Indio	State CA	
Zip Code 92201-5419	Purpose of Disbursement Food for Volunteers	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	438.26
<b>TOTAL</b> 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 155 OF 203		
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 81942 US Highway 111		Amount of Each Disbursement this Period 127.26 <b>Transaction ID : D502808</b>
City Indio	State CA	
Purpose of Disbursement Food for Volunteers		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>B. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 81942 US Highway 111		Amount of Each Disbursement this Period 123.78 <b>Transaction ID : D502809</b>
City Indio	State CA	
Purpose of Disbursement Food for Volunteers		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>C. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 725 W Hobsonway		Amount of Each Disbursement this Period 120.90 <b>Transaction ID : D502810</b>
City Blythe	State CA	
Purpose of Disbursement Food for Volunteers		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	371.94
<b>TOTAL</b> 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 156 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 725 W Hobsonway		Amount of Each Disbursement this Period 120.90 <b>Transaction ID : D502811</b>
City Blythe	State CA Zip Code 92225-1514	
Purpose of Disbursement Food for Volunteers		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>B. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 725 W Hobsonway		Amount of Each Disbursement this Period 118.32 <b>Transaction ID : D502812</b>
City Blythe	State CA Zip Code 92225-1514	
Purpose of Disbursement Food for Volunteers		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>C. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 725 W Hobsonway		Amount of Each Disbursement this Period 109.98 <b>Transaction ID : D502813</b>
City Blythe	State CA Zip Code 92225-1514	
Purpose of Disbursement Food for Volunteers		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	349.20
<b>TOTAL</b> 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 157 OF 203		
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 725 W Hobsonway		Amount of Each Disbursement this Period 91.60 <b>Transaction ID : D502814</b>
City Blythe	State CA Zip Code 92225-1514	
Purpose of Disbursement Food for Volunteers	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 725 W Hobsonway		Amount of Each Disbursement this Period 91.60 <b>Transaction ID : D502815</b>
City Blythe	State CA Zip Code 92225-1514	
Purpose of Disbursement Food for Volunteers	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 725 W Hobsonway		Amount of Each Disbursement this Period 91.60 <b>Transaction ID : D502816</b>
City Blythe	State CA Zip Code 92225-1514	
Purpose of Disbursement Food for Volunteers	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	274.80
<b>TOTAL</b> 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 158 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Domino's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2013
Mailing Address 81942 US Highway 111		Amount of Each Disbursement this Period 132.20
City Indio	State CA	
Zip Code 92201-5419	Purpose of Disbursement Food for Volunteers	Transaction ID : D503721
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>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013
Mailing Address 42335 Washington St Ste F		Amount of Each Disbursement this Period 33.22
City Palm Desert	State CA	
Zip Code 92211-8031	Purpose of Disbursement Shipping	Transaction ID : D505360
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>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013
Mailing Address 42335 Washington St Ste F		Amount of Each Disbursement this Period 12.83
City Palm Desert	State CA	
Zip Code 92211-8031	Purpose of Disbursement Shipping	Transaction ID : D505361
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	178.25
<b>TOTAL</b> 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 159 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2013
Mailing Address 42335 Washington St Ste F		Amount of Each Disbursement this Period 25.94
City Palm Desert	State CA	
Zip Code 92211-8031	Purpose of Disbursement Shipping	Transaction ID : D504379
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>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 42335 Washington St Ste F		Amount of Each Disbursement this Period 6.91
City Palm Desert	State CA	
Zip Code 92211-8031	Purpose of Disbursement Shipping	Transaction ID : D504381
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>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 42335 Washington St Ste F		Amount of Each Disbursement this Period 56.37
City Palm Desert	State CA	
Zip Code 92211-8031	Purpose of Disbursement Shipping	Transaction ID : D489222
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	89.22
<b>TOTAL</b> 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 160 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 42335 Washington St Ste F		Amount of Each Disbursement this Period 5.40
City Palm Desert	State CA	
Zip Code 92211-8031	Purpose of Disbursement Shipping	Transaction ID : D489223
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>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2013
Mailing Address 42335 Washington St Ste F		Amount of Each Disbursement this Period 14.01
City Palm Desert	State CA	
Zip Code 92211-8031	Purpose of Disbursement Shipping	Transaction ID : D489224
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>C. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2013
Mailing Address 42335 Washington St Ste F		Amount of Each Disbursement this Period 37.74
City Palm Desert	State CA	
Zip Code 92211-8031	Purpose of Disbursement Shipping	Transaction ID : D489240
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	57.15
<b>TOTAL</b> 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 161 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2013
Mailing Address 42335 Washington St Ste F		Amount of Each Disbursement this Period 31.97
City Palm Desert	State CA	
Zip Code 92211-8031	Purpose of Disbursement Shipping	Transaction ID : D489241
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>B. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2013
Mailing Address 42335 Washington St Ste F		Amount of Each Disbursement this Period 21.15
City Palm Desert	State CA	
Zip Code 92211-8031	Purpose of Disbursement Shipping	Transaction ID : D489242
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>c. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 1887.08
City Atlanta	State GA	
Zip Code 30342-4799	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : D489245
Candidate Name	Category/ Type 003	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1940.20
<b>TOTAL</b> 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 162 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. First Data</b>		M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period
City Atlanta	State GA	Zip Code 30342-4799
Purpose of Disbursement Credit Card Processing Fees	Category/Type 003	2014.17
Candidate Name	Office Sought:	Transaction ID : D501949
State:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
District:	Disbursement For: 2014	
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. First Data</b>		M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period
City Atlanta	State GA	Zip Code 30342-4799
Purpose of Disbursement Credit Card Processing Fees	Category/Type 003	961.95
Candidate Name	Office Sought:	Transaction ID : D503977
State:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
District:	Disbursement For: 2014	
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Hilton Hotel</b>		M M / D D / Y Y Y Y 05 / 15 / 2013
Mailing Address 7930 Jones Branch Dr Ste 1100		Amount of Each Disbursement this Period
City Mc Lean	State VA	Zip Code 22102-3313
Purpose of Disbursement Lodging	Category/Type 002	404.54
Candidate Name	Office Sought:	Transaction ID : D502709
State:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
District:	Disbursement For: 2014	
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3380.66
<b>TOTAL</b> 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 163 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hyatt Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 1209 L St		Amount of Each Disbursement this Period 171.79
City Sacramento	State CA	
Zip Code 95814-3936	Purpose of Disbursement Lodging	<b>Transaction ID : D489227</b>
Candidate Name	002 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>B. Hyatt Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 1209 L St		Amount of Each Disbursement this Period 171.79
City Sacramento	State CA	
Zip Code 95814-3936	Purpose of Disbursement Lodging	<b>Transaction ID : D489228</b>
Candidate Name	002 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>c. Hyatt Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2013
Mailing Address 1209 L St		Amount of Each Disbursement this Period 64.06
City Sacramento	State CA	
Zip Code 95814-3936	Purpose of Disbursement Lodging	<b>Transaction ID : D505368</b>
Candidate Name	002 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	407.64
<b>TOTAL</b> 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 164 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. La Quinta Inn &amp; Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2013
Mailing Address 7401 NW 36th St		Amount of Each Disbursement this Period 9,999,999.99 163.85 <b>Transaction ID : D503985</b>
City Miami	State FL	
Zip Code 33166-6706	Purpose of Disbursement Lodging	Category/ Type 002
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>B. Las Placitas</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address 517 8th St SE		Amount of Each Disbursement this Period 9,999,999.99 400.00 <b>Transaction ID : D502177</b>
City Washington	State DC	
Zip Code 20003-2835	Purpose of Disbursement Catering for Event	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>c. Lulu California Bistro</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 200 S Palm Canyon Dr		Amount of Each Disbursement this Period 9,999,999.99 400.00 <b>Transaction ID : D504537</b>
City Palm Springs	State CA	
Zip Code 92262-6312	Purpose of Disbursement Event Catering	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	963.85
<b>TOTAL</b> 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 165 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ann Muller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2013
Mailing Address 1333 S Belardo Rd Apt 504		Amount of Each Disbursement this Period 238.55 <b>Transaction ID : D508867</b>
City Palm Springs	State CA	
Zip Code 92264-8312	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ann Muller</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2013
Mailing Address 1333 S Belardo Rd Apt 504		Amount of Each Disbursement this Period 2530.75 <b>Transaction ID : D508908</b>
City Palm Springs	State CA	
Zip Code 92264-8312	Purpose of Disbursement Win Bonus	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Next Level Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013
Mailing Address 410 1st St SE Suite 310		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : D505353</b>
City Washington	State DC	
Zip Code 20003-1819	Purpose of Disbursement Consultant - 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4519.30
<b>TOTAL</b> 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 167 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Khoa Nguyen</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2013
Mailing Address 31800 Avenida Ximino		Amount of Each Disbursement this Period 2575.58 <b>Transaction ID : D508909</b>
City Cathedral City	State CA	
Zip Code 92234	Purpose of Disbursement Win Bonus	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 667.55 <b>Transaction ID : D508910</b>
City Rochester	State NY	
Zip Code 14625-0397	Purpose of Disbursement Payroll - Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 779.00 <b>Transaction ID : D508911</b>
City Rochester	State NY	
Zip Code 14625-0397	Purpose of Disbursement Payroll - Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4022.13
<b>TOTAL</b> 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 168 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 279.73 <b>Transaction ID : D489394</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Taxes Candidate Name Category/Type 001	
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>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 633.43 <b>Transaction ID : D501790</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Taxes Candidate Name Category/Type 001	
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>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 52.91 <b>Transaction ID : D501791</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Invoice Candidate Name Category/Type 001	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	966.07
<b>TOTAL</b> 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 169 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 7,050.00 Transaction ID : D501792
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Worker's Compensation Candidate Name Category/Type 001	
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>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 633.43 Transaction ID : D489230
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Taxes 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>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 52.91 Transaction ID : D489231
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Invoice 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	705.45
<b>TOTAL</b> 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 170 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 878.30 <b>Transaction ID : D489232</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Worker's Compensation	
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>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 157.42 <b>Transaction ID : D489236</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Worker's Compensation	
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>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 701.77 <b>Transaction ID : D489237</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Taxes	
Candidate Name	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	878.30
<b>TOTAL</b> 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 171 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 52.90 <b>Transaction ID : D489238</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Invoice Candidate Name Category/Type 001	
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>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 19.11 <b>Transaction ID : D489239</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Worker's Compensation Candidate Name Category/Type 001	
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>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 633.43 <b>Transaction ID : D502696</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Taxes 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	705.44
<b>TOTAL</b> 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 172 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 55.24
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Invoice	
Candidate Name	Category/Type	<b>Transaction ID : D502697</b>
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>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 19.11
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Worker's Compensation	
Candidate Name	Category/Type	<b>Transaction ID : D502698</b>
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>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 633.43
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Taxes	
Candidate Name	Category/Type 001	<b>Transaction ID : D503942</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	707.78
<b>TOTAL</b> 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 173 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 55.24 <b>Transaction ID : D503943</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Invoice	
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>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 15.25 <b>Transaction ID : D503944</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Worker's Compensation	
Candidate Name	Category/Type 001	
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>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 633.43 <b>Transaction ID : D505349</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Taxes	
Candidate Name	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	703.92
<b>TOTAL</b> 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 174 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 55.24
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll - Invoice 001 Category/Type	
Candidate Name		<b>Transaction ID : D505350</b>
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>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 19.10
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Worker's Compensation Category/Type	
Candidate Name		<b>Transaction ID : D505351</b>
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>C. Priceline.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period 48.00
City Norwalk State CT Zip Code 06854-1631	Purpose of Disbursement Travel 002 Category/Type	
Candidate Name		<b>Transaction ID : D489225</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	122.34
<b>TOTAL</b> 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 175 OF 203		
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Priceline.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period 17.00 <b>Transaction ID : D489395</b>
City Norwalk	State CT	
Zip Code 06854-1631	Purpose of Disbursement Travel	Category/ Type 002
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>B. Priceline.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2013
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period 17.00 <b>Transaction ID : D501758</b>
City Norwalk	State CT	
Zip Code 06854-1631	Purpose of Disbursement Travel	Category/ Type 002
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>C. Priceline.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2013
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period 17.00 <b>Transaction ID : D501759</b>
City Norwalk	State CT	
Zip Code 06854-1631	Purpose of Disbursement Travel	Category/ Type 002
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	51.00
<b>TOTAL</b> 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 176 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Promotivators, LTD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2013
Mailing Address 3674 E Bogert Trl		Amount of Each Disbursement this Period 111.77
City Palm Springs	State CA	
Zip Code 92264-9646	Purpose of Disbursement Printing of Campaign Materials	Transaction ID : D501760
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>B. Promotivators, LTD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 3674 E Bogert Trl		Amount of Each Disbursement this Period 3870.80
City Palm Springs	State CA	
Zip Code 92264-9646	Purpose of Disbursement Printing of Campaign Materials	Transaction ID : D501764
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>C. Promotivators, LTD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2013
Mailing Address 3674 E Bogert Trl		Amount of Each Disbursement this Period 104.97
City Palm Springs	State CA	
Zip Code 92264-9646	Purpose of Disbursement Printing of Campaign Materials	Transaction ID : D505367
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4087.54
<b>TOTAL</b> 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 177 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Monica Rivers</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 73373 Country Club Dr Apt 1606		Amount of Each Disbursement this Period 96.95 <b>Transaction ID : D489213</b>
City Palm Desert	State CA	
Zip Code 92260-8667	Purpose of Disbursement Mileage Reimbursement	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>B. Southern California Edison</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2013
Mailing Address PO Box 800		Amount of Each Disbursement this Period 79.63 <b>Transaction ID : D501710</b>
City Rosemead	State CA	
Zip Code 91770-0800	Purpose of Disbursement Utilities	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>C. Southern California Edison</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2013
Mailing Address PO Box 800		Amount of Each Disbursement this Period 99.22 <b>Transaction ID : D504387</b>
City Rosemead	State CA	
Zip Code 91770-0800	Purpose of Disbursement Utilities	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	275.80
<b>TOTAL</b> 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 178 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 2702 Love Field Dr		Amount of Each Disbursement this Period 248.90 <b>Transaction ID : D489393</b>
City Dallas State TX Zip Code 75235-1908	Purpose of Disbursement Travel Candidate Name Category/Type 002	
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>B. Spirit Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2013
Mailing Address 2800 Executive Way		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : D489368</b>
City Miramar State FL Zip Code 33316	Purpose of Disbursement Travel Candidate Name Category/Type 002	
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>c. Spirit Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2013
Mailing Address 2800 Executive Way		Amount of Each Disbursement this Period 221.89 <b>Transaction ID : D489369</b>
City Miramar State FL Zip Code 33316	Purpose of Disbursement Travel Candidate Name Category/Type 002	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	484.79
<b>TOTAL</b> 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 179 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2013
Mailing Address 72811 Highway 111		Amount of Each Disbursement this Period 66.41
City Palm Desert	State CA	
Zip Code 92260-3312	Purpose of Disbursement Office Supplies	Transaction ID : D489246
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>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2013
Mailing Address 72811 Highway 111		Amount of Each Disbursement this Period 230.00
City Palm Desert	State CA	
Zip Code 92260-3312	Purpose of Disbursement Office Supplies	Transaction ID : D502033
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>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 72811 Highway 111		Amount of Each Disbursement this Period 50.75
City Palm Desert	State CA	
Zip Code 92260-3312	Purpose of Disbursement Office Supplies	Transaction ID : D504538
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	347.16
<b>TOTAL</b> 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 180 OF 203		
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 11 / 2013</b>
Mailing Address <b>72811 Highway 111</b>		Amount of Each Disbursement this Period <b>81.78</b>
City <b>Palm Desert</b> State <b>CA</b> Zip Code <b>92260-3312</b>	Purpose of Disbursement <b>Office Supplies</b>	
Candidate Name	Category/Type	<b>Transaction ID : D504539</b>
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>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 31 / 2013</b>
Mailing Address <b>72811 Highway 111</b>		Amount of Each Disbursement this Period <b>305.26</b>
City <b>Palm Desert</b> State <b>CA</b> Zip Code <b>92260-3312</b>	Purpose of Disbursement <b>Office Supplies</b>	
Candidate Name	Category/Type	<b>Transaction ID : D503947</b>
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>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 22 / 2013</b>
Mailing Address <b>PO Box 66100</b>		Amount of Each Disbursement this Period <b>20.13</b>
City <b>Chicago</b> State <b>IL</b> Zip Code <b>60666-0100</b>	Purpose of Disbursement <b>Travel Insurance</b>	
Candidate Name	Category/Type <b>002</b>	<b>Transaction ID : D502722</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>407.17</b>
<b>TOTAL</b> 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 181 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2013
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 340.20 <b>Transaction ID : D501761</b>
City Chicago State IL Zip Code 60666-0100	Purpose of Disbursement Travel Candidate Name Category/Type 002	
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 330.80 <b>Transaction ID : D489391</b>
City Chicago State IL Zip Code 60666-0100	Purpose of Disbursement Travel Candidate Name Category/Type 002	
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 214.90 <b>Transaction ID : D489392</b>
City Chicago State IL Zip Code 60666-0100	Purpose of Disbursement Travel Candidate Name Category/Type 002	
Office Sought: House Senate President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	885.90
<b>TOTAL</b> 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 182 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service (USPS)</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address 51321 Avenida Bermudas		Amount of Each Disbursement this Period ..... 15.47
City La Quinta State CA Zip Code 92253-3068	Purpose of Disbursement Stamps	
Candidate Name		Transaction ID : D502032
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>B. United States Postal Service (USPS)</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013
Mailing Address 51321 Avenida Bermudas		Amount of Each Disbursement this Period ..... 47.19
City La Quinta State CA Zip Code 92253-3068	Purpose of Disbursement Stamps	
Candidate Name		Transaction ID : D505352
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>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 42335 Washington St		Amount of Each Disbursement this Period ..... 460.00
City Palm Desert State CA Zip Code 92211-8004	Purpose of Disbursement Stamps	
Candidate Name		Transaction ID : D503946
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 522.66
<b>TOTAL</b> 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 183 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2013
Mailing Address 42335 Washington St		Amount of Each Disbursement this Period 46.00
City Palm Desert	State CA	
Zip Code 92211-8004	Purpose of Disbursement Stamps	Transaction ID : D502694
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>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address 42335 Washington St		Amount of Each Disbursement this Period 5.60
City Palm Desert	State CA	
Zip Code 92211-8004	Purpose of Disbursement Stamps	Transaction ID : D489362
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>c. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2013
Mailing Address 78995 Highway 111		Amount of Each Disbursement this Period 228.10
City La Quinta	State CA	
Zip Code 92253	Purpose of Disbursement Cell Phone Service	Transaction ID : D501762
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	279.70
<b>TOTAL</b> 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 184 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2013
Mailing Address 78995 Highway 111		Amount of Each Disbursement this Period 50.00
City La Quinta	State CA	
Zip Code 92253	Purpose of Disbursement Cell Phone Service	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>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2013
Mailing Address 78995 Highway 111		Amount of Each Disbursement this Period 50.00
City La Quinta	State CA	
Zip Code 92253	Purpose of Disbursement Cell Phone Service	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>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2013
Mailing Address 78995 Highway 111		Amount of Each Disbursement this Period 228.10
City La Quinta	State CA	
Zip Code 92253	Purpose of Disbursement Cell Phone Service	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	328.10
<b>TOTAL</b> 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 185 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 78995 Highway 111		Amount of Each Disbursement this Period 2678.10 <b>Transaction ID : D503978</b>
City La Quinta	State CA	
Zip Code 92253	Purpose of Disbursement Cell Phone Service	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>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2013
Mailing Address 78995 Highway 111		Amount of Each Disbursement this Period 228.10 <b>Transaction ID : D507057</b>
City La Quinta	State CA	
Zip Code 92253	Purpose of Disbursement Cell Phone Service	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>C. Yegsigian Investment Properties</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address 25411 Cabot Rd Ste 211		Amount of Each Disbursement this Period 2400.00 <b>Transaction ID : D502178</b>
City Laguna Hills	State CA	
Zip Code 92653-5525	Purpose of Disbursement Office Rent	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2678.10
<b>TOTAL</b> 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 186 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial)  
**A. Paychex**

Mailing Address 911 Panorama Trail Street

City Rochester State NY Zip Code 14625-0397

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2013

Amount of Each Disbursement this Period: 5519.57

Transaction ID : D489209

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**B. Rebecca Cooke**

Mailing Address 1534 50th St

City Eau Claire State WI Zip Code 54703-6813

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2013

Amount of Each Disbursement this Period: 1519.57

Transaction ID : D501802

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**c. amy Strathdee**

Mailing Address 908 3rd St NE

City Washington State DC Zip Code 20002-3506

Purpose of Disbursement Consultant - Fundraising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 01 / 2013

Amount of Each Disbursement this Period: 4000.00

Transaction ID : D501805

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 5519.57

**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 187 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. Raul Ruiz MD</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address PO Box 6116		Amount of Each Disbursement this Period 760.14 <b>Transaction ID : D489212</b>
City La Quinta	State CA	
Zip Code 92253	Purpose of Disbursement Reimbursement (vendors that aggregate over \$200 listed below)	Category/ Type
Candidate Name <b>Dr. Raul Ruiz MD</b>	Office Sought: <input checked="" 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: CA District: 36	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 4255 Amon Carter Boulevard		Amount of Each Disbursement this Period 20.99 <b>Transaction ID : D503803</b>
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Travel	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:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. Biltmore Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 1200 Anastasia Ave		Amount of Each Disbursement this Period 391.77 <b>Transaction ID : D503853</b>
City Coral Gables	State FL	
Zip Code 33134-6339	Purpose of Disbursement Travel	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:	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	760.14
<b>TOTAL</b> 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 188 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. La Quinta Inn &amp; Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 7401 NW 36th St		Amount of Each Disbursement this Period 163.85
City Miami	State FL	
Zip Code 33166-6706		
Purpose of Disbursement Lodging		Category/ Type 001
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>B. Rebecca Cooke</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 1534 50th St		Amount of Each Disbursement this Period 1140.92
City Eau Claire	State WI	
Zip Code 54703-6813		
Purpose of Disbursement Reimbursement (vendors that aggregate over \$200 listed below)		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>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 72811 Highway 111		Amount of Each Disbursement this Period 212.07
City Palm Desert	State CA	
Zip Code 92260-3312		
Purpose of Disbursement Office Supplies		Category/ Type 001
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1140.92
<b>TOTAL</b> 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 189 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 72811 Highway 111		Amount of Each Disbursement this Period 230.00
City Palm Desert	State CA	
Zip Code 92260-3312	Purpose of Disbursement Office Supplies	Transaction ID : D503849 <b>[MEMO ITEM]</b>
Candidate Name	001 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>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 72811 Highway 111		Amount of Each Disbursement this Period 230.00
City Palm Desert	State CA	
Zip Code 92260-3312	Purpose of Disbursement Office Supplies	Transaction ID : D503850 <b>[MEMO ITEM]</b>
Candidate Name	001 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>c. United States Postal Service (USPS)</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 51321 Avenida Bermudas		Amount of Each Disbursement this Period 414.00
City La Quinta	State CA	
Zip Code 92253-3068	Purpose of Disbursement Postage	Transaction ID : D503848 <b>[MEMO ITEM]</b>
Candidate Name	001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 190 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 1519.57 <b>Transaction ID : D489229</b>
City Rochester State NY Zip Code 14625-0397	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
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>B. Rebecca Cooke</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 1534 50th St		Amount of Each Disbursement this Period 1519.57 <b>Transaction ID : D501803</b> <b>[MEMO ITEM]</b>
City Eau Claire State WI Zip Code 54703-6813	Purpose of Disbursement Payroll 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>c. amy Strathdee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013
Mailing Address 908 3rd St NE		Amount of Each Disbursement this Period 1075.05 <b>Transaction ID : D489243</b>
City Washington State DC Zip Code 20002-3506	Purpose of Disbursement Reimbursement (vendors that aggregate over \$200 listed below) 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2594.62
<b>TOTAL</b> 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 191 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Johnny's Half Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013
Mailing Address 400 N Capitol St NW		Amount of Each Disbursement this Period 395.20
City Washington	State DC	
Zip Code 20001-1511	Purpose of Disbursement Catering for Event	Transaction ID : D501809
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 588.50
City Washington	State DC	
Zip Code 20003-4006	Purpose of Disbursement Catering for Event	Transaction ID : D501810
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Christina Haley</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 314 Carroll St NW Apt 410		Amount of Each Disbursement this Period 896.69
City Washington	State DC	
Zip Code 20012-2058	Purpose of Disbursement Reimbursement (vendors that aggregate over \$200 listed below)	Transaction ID : D489327
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	896.69
<b>TOTAL</b> 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 192 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Yellow Cab</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 1406 Hays St		Amount of Each Disbursement this Period 20.00
City Houston State TX Zip Code 77009-6418	Purpose of Disbursement Cab Fare	
Candidate Name	001 Category/ Type	Transaction ID : D503858  [MEMO ITEM]
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>B. Yellow Cab</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 1406 Hays St		Amount of Each Disbursement this Period 20.00
City Houston State TX Zip Code 77009-6418	Purpose of Disbursement Cab Fare	
Candidate Name	001 Category/ Type	Transaction ID : D503862  [MEMO ITEM]
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>c. Yellow Cab</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 1406 Hays St		Amount of Each Disbursement this Period 99.00
City Houston State TX Zip Code 77009-6418	Purpose of Disbursement Cab Fare	
Candidate Name	001 Category/ Type	Transaction ID : D503863  [MEMO ITEM]
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 193 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Yellow Cab</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 1406 Hays St		Amount of Each Disbursement this Period 90.75
City Houston State TX Zip Code 77009-6418	Purpose of Disbursement Cab Fare	
Candidate Name	Category/Type 001	Transaction ID : D503912 <b>[MEMO ITEM]</b>
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>B. Yellow Cab</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 1406 Hays St		Amount of Each Disbursement this Period 41.55
City Houston State TX Zip Code 77009-6418	Purpose of Disbursement Cab Fare	
Candidate Name	Category/Type 001	Transaction ID : D503913 <b>[MEMO ITEM]</b>
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>c. Yellow Cab</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 1406 Hays St		Amount of Each Disbursement this Period 49.55
City Houston State TX Zip Code 77009-6418	Purpose of Disbursement Cab Fare	
Candidate Name	Category/Type 001	Transaction ID : D503914 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 194 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Yellow Cab</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 1406 Hays St		Amount of Each Disbursement this Period 51.54
City Houston State TX Zip Code 77009-6418	Purpose of Disbursement Cab Fare	
Candidate Name	Category/Type 001	Transaction ID : D503915 <b>[MEMO ITEM]</b>
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>B. amy Strathdee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2013
Mailing Address 908 3rd St NE		Amount of Each Disbursement this Period 1420.06
City Washington State DC Zip Code 20002-3506	Purpose of Disbursement Reimbursement (vendors that aggregate over \$200 listed below)	
Candidate Name	Category/Type	Transaction ID : D501712
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>c. DC Taste Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2013
Mailing Address		Amount of Each Disbursement this Period 541.54
City Washington State DC Zip Code 20001	Purpose of Disbursement Event Catering	
Candidate Name	Category/Type	Transaction ID : D502017 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1420.06
<b>TOTAL</b> 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 195 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lavagna</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2013
Mailing Address 539 8th St SE		Amount of Each Disbursement this Period 403.00
City Washington	State DC	
Zip Code 20003-2835	Purpose of Disbursement Catering for Event	Transaction ID : D502015
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2013
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 176.63
City Washington	State DC	
Zip Code 20003-4006	Purpose of Disbursement Membership	Transaction ID : D501812
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 5519.57
City Rochester	State NY	
Zip Code 14625-0397	Purpose of Disbursement Payroll	Transaction ID : D501789
Candidate Name	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5519.57
<b>TOTAL</b> 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 196 OF 203	
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rebecca Cooke</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2013
Mailing Address 1534 50th St		Amount of Each Disbursement this Period 1519.57
City Eau Claire	State WI	
Zip Code 54703-6813	Purpose of Disbursement Payroll	Transaction ID : D501804
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. amy Strathdee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2013
Mailing Address 908 3rd St NE		Amount of Each Disbursement this Period 4000.00
City Washington	State DC	
Zip Code 20002-3506	Purpose of Disbursement Consultant - Fundraising	Transaction ID : D501806
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 1519.57
City Rochester	State NY	
Zip Code 14625-0397	Purpose of Disbursement Payroll	Transaction ID : D502695
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1519.57
<b>TOTAL</b> 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 197 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rebecca Cooke</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013
Mailing Address 1534 50th St		Amount of Each Disbursement this Period 1519.57
City Eau Claire	State WI	
Zip Code 54703-6813	Purpose of Disbursement Payroll	Transaction ID : D508648
Candidate Name	001 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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 5519.57
City Rochester	State NY	
Zip Code 14625-0397	Purpose of Disbursement Payroll	Transaction ID : D503941
Candidate Name	001 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>c. Rebecca Cooke</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013
Mailing Address 1534 50th St		Amount of Each Disbursement this Period 1519.57
City Eau Claire	State WI	
Zip Code 54703-6813	Purpose of Disbursement Payroll	Transaction ID : D508323
Candidate Name	001 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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5519.57
<b>TOTAL</b> 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 198 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. amy Strathdee</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013
Mailing Address 908 3rd St NE		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20002-3506	Purpose of Disbursement Consultant - Fundraising	
Candidate Name	Category/Type 001	Transaction ID : D508325  [MEMO ITEM]
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>B. Dr. Raul Ruiz MD</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2013
Mailing Address PO Box 6116		Amount of Each Disbursement this Period 96.00
City La Quinta State CA Zip Code 92253	Purpose of Disbursement Reimbursement (vendors that aggregate over \$200 listed below)	
Candidate Name <b>Dr. Raul Ruiz MD</b>	Category/Type	Transaction ID : D504388
Office Sought: <input checked="" 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: CA District: 36	

Full Name (Last, First, Middle Initial) <b>c. amy Strathdee</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 908 3rd St NE		Amount of Each Disbursement this Period 566.00
City Washington State DC Zip Code 20002-3506	Purpose of Disbursement Reimbursement (vendors that aggregate over \$200 listed below)	
Candidate Name	Category/Type	Transaction ID : D504845
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	662.00
<b>TOTAL</b> 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 199 OF 203			
	<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)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bull Feathers</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 410 1st St SE		Amount of Each Disbursement this Period 520.00
City Washington	State DC	
Zip Code 20003-1819	Purpose of Disbursement Event Space and Catering	Transaction ID : D508762
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2013
Mailing Address 911 Panorama Trail Street		Amount of Each Disbursement this Period 1519.57
City Rochester	State NY	
Zip Code 14625-0397	Purpose of Disbursement Payroll	Transaction ID : D505348
Candidate Name	Category/Type 001	
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>c. Rebecca Cooke</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2013
Mailing Address 1534 50th St		Amount of Each Disbursement this Period 1519.57
City Eau Claire	State WI	
Zip Code 54703-6813	Purpose of Disbursement Payroll	Transaction ID : D508321
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1519.57
<b>TOTAL</b> This Period (last page this line number only).....	85978.12

**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 200 OF 203			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gregorio Sandoval</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2013	
Mailing Address 1641 Borden Rd			Amount of Each Disbursement this Period 900.00	
City Escondido	State CA	Zip Code 92026-2100	Transaction ID : D502161	
Purpose of Disbursement Contribution Refund		010 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>B.</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) <b>C.</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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	900.00



**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 201 OF 203	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Dr. Raul Ruiz for Congress**

Full Name (Last, First, Middle Initial) <b>A. Latino Network</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 11 / 2013</b>
Mailing Address PO Box 20615		Amount of Each Disbursement this Period <b>1000.00</b>
City Riverside	State CA	
Zip Code 92516-0615	Purpose of Disbursement Donation	<b>Transaction ID : D508669</b>
Candidate Name	<b>012</b> 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>B.</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	
Candidate Name	Category/ Type	
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) <b>C.</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	
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1000.00</b>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Dr. Raul Ruiz for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ann Muller</b>		Nature of Debt (Purpose): Reimbursement
Mailing Address 1333 S Belardo Rd Apt 504		
City State	Zip Code	
Palm Springs CA	92264-8312	

Outstanding Balance Beginning This Period	<b>Transaction ID : D475810</b>	
<input type="text" value="238.55"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="238.55"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ann Muller</b>		Nature of Debt (Purpose): Win Bonus
Mailing Address 1333 S Belardo Rd Apt 504		
City State	Zip Code	
Palm Springs CA	92264-8312	

Outstanding Balance Beginning This Period	<b>Transaction ID : D475815</b>	
<input type="text" value="2530.75"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2530.75"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Khoa Nguyen</b>		Nature of Debt (Purpose): Win Bonus
Mailing Address 31800 Avenida Ximino		
City State	Zip Code	
Cathedral City CA	92234	

Outstanding Balance Beginning This Period	<b>Transaction ID : D475813</b>	
<input type="text" value="2575.58"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2575.58"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Dr. Raul Ruiz for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Paychex**

Mailing Address 911 Panorama Trail Street

City State Zip Code  
Rochester NY 14625-0397

Nature of Debt (Purpose):  
Payroll Tax on Win Bonuses

Outstanding Balance Beginning This Period **1446.55** **Transaction ID : D475811**

Amount Incurred This Period **0.00** Payment This Period **1446.55** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>0.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<b>0.00</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	