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## 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN	FULL				$\neg$		
Dr Raul Ruiz for Congress							
ADDRESS (number and stre	et) PO Box 1566						
CITY		STATE		ZIP CODE	_		
Indio				92202			
2. NAME OF CANDIDATE		l	3. OFFICE SOI	UGHT (State and District)	4. FEC IDENTIFICATION	NUMBER	
Ruiz, Raul, , Dr.,			House	CA 25	C00502575		
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING			YES, IT AMEI	YES, IT AMENDS THE NOTICE FILED ON			
A. FULL NAME Pediatrix Medical Grou	p, Inc. Political Actio	on Committee	Name of Empl	Name of Employer		Amount	
MAILING ADDRESS						2500.00	
1301 Concord Ter			Transaction	Transaction ID: 5494167			
CITY	STATE	ZIP CODE	Occupation	Occupation			
Sunrise	FL	33323-2843	3				
B. FULL NAME			Name of Empl	Name of Employer		Amount	
MAILING ADDRESS							
CITY	STATE	ZIP CODE	Occupation	Occupation			
C. FULL NAME		I	Name of Empl	Name of Employer		Amount	
MAILING ADDRESS							
CITY	STATE	ZIP CODE	Occupation				
D. FULL NAME			Name of Empl	Name of Employer		Amount	
MAILING ADDRESS							
CITY	STATE	ZIP CODE	Occupation	Occupation			
E. FULL NAME			Name of Empl	Name of Employer		Amount	
MAILING ADDRESS							
CITY	STATE	ZIP CODE	Occupation	Occupation			
SIGNATURE (optional)  Pinkney, John, , ,			1	<b>DATE</b> 02/18/2024	contact the Feder	For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov	

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

