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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 Dr. Raul Ruiz for	7							
ADDRESS (number and street) PO Box 3433						-		
сгтү Palm Desert		ZIP CODE 92261		_				
2. NAME OF CANDIDATE	3. OFFICE SOL	3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATION NUMBER			
Ruiz, Raul, , Dr.,	House				C00502575			
5. IS THIS AN AMENDMENT?	NO, THIS IS A I	NEW FILING	YES, IT AMEN	NDS THE N	OTICE FILED ON	//		
A. FULL NAME Kazi, Asma, , ,		Name of Employer Loma Linda Hospital			Amount			
MAILING ADDRESS 39601 Vista Dunes Rd	Transaction	Transaction ID : VVBYHQK62S5			2800.00			
CITY	STATE	ZIP CODE	Occupation					
Rancho Mirage	CA	92270-3277	Physician					
B. FULL NAME	Name of Empl	Name of Employer			Amount			
MAILING ADDRESS	_	-						
СІТҮ	STATE	ZIP CODE	Occupation	Occupation				
C. FULL NAME			Name of Empl	Name of Employer			Amount	
MAILING ADDRESS								
CITY	STATE	ZIP CODE	Occupation	Occupation				
D. FULL NAME	Name of Empl	oyer		Date (month, day, year)	Amount			
MAILING ADDRESS								
СІТҮ	STATE	ZIP CODE	Occupation	Occupation				
E. FULL NAME	Name of Empl	Name of Employer			Amount			
MAILING ADDRESS			_	-				
CITY	STATE	ZIP CODE	Occupation					
SIGNATURE (optional) Pinkney, John, , ,			[Electronically		<b>DATE</b> 02/29/2020	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		

		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.		RM (	_
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