

Image# 14952590589

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Dr. Raul Ruiz			2. Candidate's FEC Identification Number H2CA36439	
(b) Address (number and street) PO Box 3433		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Palm Desert CA 92261		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate CA 36		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Dr. Raul Ruiz for Congress		
(b) Address (number and street) PO Box 3433		
(c) City, State, and ZIP Code Palm Desert CA 92261		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Ruiz Victory Fund		
(b) Address (number and street) PO Box 3433		
(c) City, State, and ZIP Code Palm Desert CA 92261		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Dr. Raul Ruiz <i>[Electronically Filed]</i>	Date 11/17/2014
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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