



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**NICHOLAS RUIZ III FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	1748.73	36209.92
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1748.73	36209.92
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	3487.67	35214.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3487.67	35214.25
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	2402.61	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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

**NICHOLAS RUIZ III 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).....	455.00	14744.10
(ii) Unitemized.....	1293.73	21465.82
(iii) TOTAL of contributions from individuals ▶	1748.73	36209.92
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1748.73	36209.92
<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>	0.00	0.00
<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>	1748.73	36209.92

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3487.67	35214.25
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 .....	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3487.67	35214.25

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4141.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1748.73
25. SUBTOTAL (add Line 23 and Line 24).....	5890.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3487.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2402.61

**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 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**NICHOLAS RUIZ III FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Bannerman**

Mailing Address 176 Stanyan St.

City San Francisco State CA Zip Code 94118

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

Name of Employer St. Mary's Med. Ctr. Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2013

**Transaction ID : SA11AI.7870**

Amount of Each Receipt this Period  
 ab **25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Margaret Bannerman**

Mailing Address 176 Stanyan St.

City San Francisco State CA Zip Code 94118

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

Name of Employer St. Mary's Med. Ctr. Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2013

**Transaction ID : SA11AI.7870.0**

Amount of Each Receipt this Period  
 received via conduit - AB **0.00**

**[MEMO ITEM]**

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

Mailing Address 176 Stanyan St.

City San Francisco State CA Zip Code 94118

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

Name of Employer St. Mary's Med. Ctr. Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

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

**Transaction ID : SA11AI.7891**

Amount of Each Receipt this Period  
 ab **50.00**

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

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

**75.00**

**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 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**NICHOLAS RUIZ III FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Margaret Bannerman</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2013	
Mailing Address 176 Stanyan St.		<b>Transaction ID : SA11AI.7891.0</b>	
City San Francisco	State CA	Zip Code 94118	Amount of Each Receipt this Period _____ 0.00 received via conduit - AB  <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		C	
Name of Employer St. Mary's Med. Ctr.	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 275.00		

Full Name (Last, First, Middle Initial) <b>B. Margaret Bannerman</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2013	
Mailing Address 176 Stanyan St.		<b>Transaction ID : SA11AI.7903</b>	
City San Francisco	State CA	Zip Code 94118	Amount of Each Receipt this Period _____ 25.00 ab
FEC ID number of contributing federal political committee.		C	
Name of Employer St. Mary's Med. Ctr.	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>C. Margaret Bannerman</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2013	
Mailing Address 176 Stanyan St.		<b>Transaction ID : SA11AI.7903.0</b>	
City San Francisco	State CA	Zip Code 94118	Amount of Each Receipt this Period _____ 0.00 received via conduit - AB  <b>[MEMO ITEM]</b>
FEC ID number of contributing federal political committee.		C	
Name of Employer St. Mary's Med. Ctr.	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		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 25.00
<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 7 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**NICHOLAS RUIZ III FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Bannerman**

Mailing Address 176 Stanyan St.

City San Francisco State CA Zip Code 94118

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

Name of Employer St. Mary's Med. Ctr. 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 Y Y  
 09 / 02 / 2013

**Transaction ID : SA11AI.8012**

Amount of Each Receipt this Period  
 ab **50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Margaret Bannerman**

Mailing Address 176 Stanyan St.

City San Francisco State CA Zip Code 94118

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

Name of Employer St. Mary's Med. Ctr. 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 Y Y  
 09 / 02 / 2013

**Transaction ID : SA11AI.8012.0**

Amount of Each Receipt this Period  
 received via conduit - AB **0.00**

**[MEMO ITEM]**

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

Mailing Address 176 Stanyan St.

City San Francisco State CA Zip Code 94118

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

Name of Employer St. Mary's Med. Ctr. Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11AI.7950**

Amount of Each Receipt this Period  
 ab **50.00**

**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 8 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**NICHOLAS RUIZ III FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret Bannerman**

Mailing Address 176 Stanyan St.

City San Francisco State CA Zip Code 94118

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

Name of Employer St. Mary's Med. Ctr. Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : SA11AI.7950.0**

Amount of Each Receipt this Period  
**0.00**

received via conduit - AB

**[MEMO ITEM]**

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

Mailing Address 6768 Suen Suite B

City Isla Vista State CA Zip Code 93117

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

Name of Employer self Occupation meterologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 14 / 2013**

**Transaction ID : SA11AI.7859**

Amount of Each Receipt this Period  
**100.00**

ab

**C.** Full Name (Last, First, Middle Initial)  
**Arthur Kennedy**

Mailing Address 6768 Suen Suite B

City Isla Vista State CA Zip Code 93117

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

Name of Employer self Occupation meterologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 14 / 2013**

**Transaction ID : SA11AI.7859.0**

Amount of Each Receipt this Period  
**0.00**

received via conduit - AB

**[MEMO ITEM]**

**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 9 OF 14
	<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)  
**NICHOLAS RUIZ III FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Veronica McClaskey**

Mailing Address 6112 NW El Rey Dr.

City Camas State WA Zip Code 98607

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

Name of Employer none Occupation mom/homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2013

**Transaction ID : SA11A1.7871**

Amount of Each Receipt this Period  
 100.00

ab

**B.** Full Name (Last, First, Middle Initial)  
**Veronica McClaskey**

Mailing Address 6112 NW El Rey Dr.

City Camas State WA Zip Code 98607

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

Name of Employer none Occupation mom/homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2013

**Transaction ID : SA11A1.7871.0**

Amount of Each Receipt this Period  
 0.00

received via conduit (ActBlue - AB)

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Veronica McClaskey**

Mailing Address 6112 NW El Rey Dr.

City Camas State WA Zip Code 98607

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

Name of Employer none Occupation mom/homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : SA11A1.7940**

Amount of Each Receipt this Period  
 55.00

ab

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

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

**155.00**

**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 14
	<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)  
**NICHOLAS RUIZ III FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Veronica McClaskey**

Mailing Address 6112 NW El Rey Dr.

City Camas State WA Zip Code 98607

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

Name of Employer none Occupation mom/homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2013**

**Transaction ID : SA11AI.7940.0**

Amount of Each Receipt this Period  
 received via conduit - AB  
**0.00**

**[MEMO ITEM]**

**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**

**455.00**

**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 11 OF 14	
	<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)  
**NICHOLAS RUIZ III FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Amazon</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2013
Mailing Address 1516 2nd Ave.		Amount of Each Disbursement this Period 174.31
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement advert/marketing supplies	Transaction ID : SB17.8071
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. Amazon</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2013
Mailing Address 1516 2nd Ave.		Amount of Each Disbursement this Period 25.55
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement office supplies	Transaction ID : SB17.8065
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. Brighthouse Media</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2013
Mailing Address 1475 S. Nova Rd.		Amount of Each Disbursement this Period 360.00
City Daytona Beach	State FL	
Zip Code 32114	Purpose of Disbursement advert	Transaction ID : SB17.8070
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).....	559.86
<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 12 OF 14			
	<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)  
**NICHOLAS RUIZ III FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Brighthouse Media</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013		
Mailing Address 1475 S. Nova Rd.			Amount of Each Disbursement this Period 288.00		
City Daytona Beach	State FL	Zip Code 32114	Transaction ID : SB17.8028		
Purpose of Disbursement advert		Category/ Type			
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. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013		
Mailing Address 156 University Ave.			Amount of Each Disbursement this Period 18.00		
City Palo Alta	State CA	Zip Code 94301-1605	Transaction ID : SB17.8034		
Purpose of Disbursement advert		Category/ Type			
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. Danielle Ruiz</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2013		
Mailing Address PO 1372			Amount of Each Disbursement this Period 500.00		
City New Smyrna Beach	State FL	Zip Code 32170	Transaction ID : SB17.8084		
Purpose of Disbursement acct./mgmt./compliance		Category/ Type			
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).....	806.00
<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 13 OF 14			
	<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)  
**NICHOLAS RUIZ III FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Danielle Ruiz</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2013
Mailing Address PO 1372		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.8069</b>
City New Smyrna Beach	State FL	
Zip Code 32170	Purpose of Disbursement acct./mgmt/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:	

Full Name (Last, First, Middle Initial) <b>B. Danielle Ruiz</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2013
Mailing Address PO 1372		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.8033</b>
City New Smyrna Beach	State FL	
Zip Code 32170	Purpose of Disbursement accting/mgmt/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:	

Full Name (Last, First, Middle Initial) <b>c. SendGrid</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address 929 Pearl St.#200		Amount of Each Disbursement this Period 9.95 <b>Transaction ID : SB17.8087</b>
City Boulder	State CO	
Zip Code 80302	Purpose of Disbursement mail svc.	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).....	1009.95
<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 14 OF 14			
	<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)  
**NICHOLAS RUIZ III FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SendGrid</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2013
Mailing Address 929 Pearl St.#200		Amount of Each Disbursement this Period 11.02
City Boulder	State CO	
Zip Code 80302	Purpose of Disbursement mail svc.	<b>Transaction ID : SB17.8073</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SendGrid</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2013
Mailing Address 929 Pearl St.#200		Amount of Each Disbursement this Period 26.28
City Boulder	State CO	
Zip Code 80302	Purpose of Disbursement mail svc.	<b>Transaction ID : SB17.8036</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)	
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).....	37.30
<b>TOTAL</b> This Period (last page this line number only).....	2413.11