

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 Congress			
ADDRESS (number and street) PO Box 1566			
CITY Indio	STATE CA	ZIP CODE 92202	
2. NAME OF CANDIDATE Ruiz, Raul, , Dr.,		3. OFFICE SOUGHT (State and District) House CA 25	
4. FEC IDENTIFICATION NUMBER C00502575			
5. IS THIS AN AMENDMENT? <input type="checkbox"/> NO, THIS IS A NEW FILING <input checked="" type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON <u>10</u> / <u>22</u> / <u>2022</u>			
A. FULL NAME American Society of Anesthesiologists Political Action Committee (ASA PAC)		Name of Employer	Date (month, day, year)
MAILING ADDRESS 1061 American Ln		Transaction ID : VVBYHT6JEN8	10/20/2022
CITY Schaumburg	STATE IL	ZIP CODE 60173-4973	Amount 5000.00
B. FULL NAME Molina Healthcare, Inc. PAC		Name of Employer	Date (month, day, year)
MAILING ADDRESS 200 Oceangate Ste 100		Transaction ID : VVBYHT6SGG6	10/20/2022
CITY Long Beach	STATE CA	ZIP CODE 90802-4317	Amount 2000.00
C. FULL NAME		Name of Employer	Date (month, day, year)
MAILING ADDRESS			
CITY	STATE	ZIP CODE	Amount
D. FULL NAME		Name of Employer	Date (month, day, year)
MAILING ADDRESS			
CITY	STATE	ZIP CODE	Amount
E. FULL NAME		Name of Employer	Date (month, day, year)
MAILING ADDRESS			
CITY	STATE	ZIP CODE	Amount
SIGNATURE (optional) Pinkney, John, , ,		DATE 11/02/2022	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

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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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F6A
Transaction ID :

Amending to include an additional contribution received during the reporting period.

Form/Schedule:
Transaction ID: