

# 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.

<b>1. NAME OF COMMITTEE IN FULL</b> Dr. Raul Ruiz for Congress			
ADDRESS (number and street) PO Box 3433			
CITY Palm Desert		STATE CA	ZIP CODE 92261
<b>2. NAME OF CANDIDATE</b> Ruiz, Raul, , Dr.,		<b>3. OFFICE SOUGHT</b> (State and District) House CA 36	
<b>4. FEC IDENTIFICATION NUMBER</b> C00502575			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> Barbour, Clayton, O., , II			
MAILING ADDRESS 68815 Los Gatos Rd		Name of Employer Borrego Health	
CITY Cathedral City		STATE CA	ZIP CODE 92234-3720
		Occupation Physician	
		<b>Transaction ID : C10728150</b>	
		Date (month, day, year) 10/27/2016	Amount 1000.00
<b>B. FULL NAME</b> Floyd, Todd, , ,			
MAILING ADDRESS 3409 Ridge Meadow St		Name of Employer TD 11 LLC	
CITY Las Vegas		STATE NV	ZIP CODE 89135-7826
		Occupation Consultant	
		<b>Transaction ID : C10728153</b>	
		Date (month, day, year) 10/27/2016	Amount 1000.00
<b>C. FULL NAME</b> Hill, Hugh, F, , III., MD			
MAILING ADDRESS 6915 Radnor Rd		Name of Employer Johns Hopkins	
CITY Bethesda		STATE MD	ZIP CODE 20817-6328
		Occupation Physician	
		<b>Transaction ID : C10728149</b>	
		Date (month, day, year) 10/27/2016	Amount 1700.00
<b>D. FULL NAME</b> Keller, Barbara, , ,			
MAILING ADDRESS 12161 Saint Andrews Dr		Name of Employer Keller International Publishing	
CITY Rancho Mirage		STATE CA	ZIP CODE 92270-1507
		Occupation Writer	
		<b>Transaction ID : C10728148</b>	
		Date (month, day, year) 10/27/2016	Amount 1500.00
<b>E. FULL NAME</b> Manley, Tiffany, , ,			
MAILING ADDRESS 3708 Happy Ln		Name of Employer Clark County School District	
CITY Las Vegas		STATE NV	ZIP CODE 89120-2906
		Occupation Substitute Teacher	
		<b>Transaction ID : C10728154</b>	
		Date (month, day, year) 10/27/2016	Amount 1000.00
<b>SIGNATURE (optional)</b> Pinkney, John, , ,			<b>DATE</b> 10/28/2016
<i>[Electronically Filed]</i>			<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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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.

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<b>1. NAME OF COMMITTEE IN FULL</b> Dr. Raul Ruiz for Congress		<b>continuation page</b>	
ADDRESS (number and street) PO Box 3433			
CITY, STATE, and ZIP CODE Palm Desert CA 92261			
<b>2. NAME OF CANDIDATE</b> Ruiz, Raul, , Dr.,	<b>3. OFFICE SOUGHT</b> (State and District) House CA 36	<b>4. FEC IDENTIFICATION NUMBER</b> C00502575	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Murphy, James, , , 275 Camino Norte Palm Springs CA 92262-4209	Name of Employer Palm Springs A List Homes <b>Transaction ID : C10728147</b> Occupation Owner	Date (month, day, year) 10/27/2016	Amount 1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> O'Reilly, Sarah, , , 2151 N Beachwood Dr Los Angeles CA 90068-3403	Name of Employer N/A <b>Transaction ID : C10728155</b> Occupation Retired	Date (month, day, year) 10/27/2016	Amount 1500.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Read, Sandra, , , 6915 Radnor Rd Bethesda MD 20817-6328	Name of Employer Sandra Read <b>Transaction ID : C10728151</b> Occupation Dermatologist	Date (month, day, year) 10/27/2016	Amount 1000.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Tudor, George, , , 93-400 Hammond Rd Mecca CA 92254	Name of Employer Tudor Ranch <b>Transaction ID : C10728156</b> Occupation	Date (month, day, year) 10/27/2016	Amount 1000.00
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> Younes, Bachir, Khalil, Dr., MD 46 East Sutton Place Palm Desert CA 92211	Name of Employer Self-Employed <b>Transaction ID : C10728152</b> Occupation Physician	Date (month, day, year) 10/27/2016	Amount 2700.00

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**FEC FORM 6**  
(Revised 07/2011)