

# 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) P.O. 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> American Postal Workers Union		Name of Employer	Date (month, day, year)
MAILING ADDRESS 1300 L St NW Ste 200		Transaction ID : VVBYHFVFH12	10/27/2018
CITY Washington	STATE DC	ZIP CODE 20005-4128	Amount 2000.00
<b>B. FULL NAME</b> Martin, Loren, , ,		Name of Employer N/A	Date (month, day, year)
MAILING ADDRESS 32656 S 4320 Rd		Transaction ID : VVBYHFVFGD4	10/28/2018
CITY Big Cabin	STATE OK	ZIP CODE 74332-8224	Amount 1000.00
<b>C. FULL NAME</b> UnitedHealth Group PAC		Name of Employer	Date (month, day, year)
MAILING ADDRESS 9900 Bren Rd E Ste 300W		Transaction ID : VVBYHFVFH20	10/27/2018
CITY Minnetonka	STATE MN	ZIP CODE 55343-4402	Amount 2500.00
<b>D. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS		Transaction ID	Amount
CITY	STATE	ZIP CODE	Occupation
<b>E. FULL NAME</b>		Name of Employer	Date (month, day, year)
MAILING ADDRESS		Transaction ID	Amount
CITY	STATE	ZIP CODE	Occupation
<b>SIGNATURE (optional)</b> May, Jennifer, M, ,		<b>DATE</b> 10/29/2018	<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
<i>[Electronically Filed]</i>			

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