

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 3433			
CITY Palm Desert	STATE CA	ZIP CODE 92261	
2. NAME OF CANDIDATE Ruiz, Raul, , Dr.,		3. OFFICE SOUGHT (State and District) House CA 36	
4. FEC IDENTIFICATION NUMBER C00502575			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME LUCHADORA PAC			
MAILING ADDRESS 1840 SOUTH GAFFEY STREET #421		Name of Employer Date (month, day, year) Amount	
CITY SAN PEDRO	STATE CA	ZIP CODE 90731	05/29/2018 2700.00
		Transaction ID : C11278092	
		Occupation	
B. FULL NAME Brinkman, David, , ,			
MAILING ADDRESS 1011 W Cielo Dr		Name of Employer Date (month, day, year) Amount	
CITY Palm Springs	STATE CA	ZIP CODE 92262	05/30/2018 1000.00
		Transaction ID : C11278290	
		Occupation	
		CEO	
C. FULL NAME Hensler, Margaret, , ,			
MAILING ADDRESS 4447 Hawthorne St NW		Name of Employer Date (month, day, year) Amount	
CITY Washington	STATE DC	ZIP CODE 20016-3541	05/30/2018 2700.00
		Transaction ID : C11278288	
		Occupation	
		Homemaker	
D. FULL NAME International Brotherhood of Electrical Workers Political Action Committee			
MAILING ADDRESS 900 7th St NW		Name of Employer Date (month, day, year) Amount	
CITY Washington	STATE DC	ZIP CODE 20001-3886	05/29/2018 5000.00
		Transaction ID : C11278093	
		Occupation	
E. FULL NAME Shekar, M.D., Chandra, , Dr., MD			
MAILING ADDRESS 75277 Skylark Trl		Name of Employer Date (month, day, year) Amount	
CITY Indian Wells	STATE CA	ZIP CODE 92210-8337	05/30/2018 1000.00
		Transaction ID : C11278289	
		Occupation	
		Physician	
SIGNATURE (optional) May, Jennifer, , ,		DATE 05/30/2018	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
[Electronically Filed]			

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.

FEC FORM 6
(Revised 03/2016)

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1. NAME OF COMMITTEE IN FULL Dr. Raul Ruiz for Congress		continuation page	
ADDRESS (number and street) PO Box 3433			
CITY, STATE, and ZIP CODE Palm Desert CA 92261			
2. NAME OF CANDIDATE Ruiz, Raul, , Dr.,	3. OFFICE SOUGHT (State and District) House CA 36	4. FEC IDENTIFICATION NUMBER C00502575	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Society of Thoracic Surgeons Political Action Committee 20 F St NW Ste 310C Washington DC 20001-6700	Name of Employer Transaction ID : C11278091 Occupation	Date (month, day, year) 05/29/2018	Amount 2000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount