

Image# 202411219720010392

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Ruiz, Raul, , Dr.,			2. Candidate's FEC Identification Number H2CA36439	
(b) Address (number and street) PO Box 1566		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Indio CA 92202		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate CA 25		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Dr. Raul Ruiz for Congress		
(b) Address (number and street) PO Box 1566		
(c) City, State, and ZIP Code Indio CA 92202		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Ruiz Victory Fund		
(b) Address (number and street) PO Box 1566		
(c) City, State, and ZIP Code Indio CA 92202		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Ruiz, Raul, , Dr.,	Date 11/21/2024
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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