

# 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><br>A Whole Lot of People for Grijalva Congressional Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                               |                                                             |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>ADDRESS</b> (number and street) PO Box 1242                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                               |                                                             |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>CITY</b><br>Tucson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | <b>STATE</b><br>AZ            |                                                             | <b>ZIP CODE</b><br>85702              |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Grijalva, Raul, M, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House AZ 07 |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00374058            |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <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 ____ / ____ / ____                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                               |                                                             |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>A. FULL NAME</b><br/>Ruiz, Roberto, Corona, , </td> <td> Name of Employer<br/>N/A </td> <td> Date (month, day, year)<br/>10/28/2022 </td> <td> Amount<br/>1000.00 </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b><br/>7774 N Canyon Spirit Way </td> <td colspan="2"> <b>Transaction ID : 15696498</b> </td> <td></td> </tr> <tr> <td> <b>CITY</b><br/>Tucson </td> <td> <b>STATE</b><br/>AZ </td> <td> <b>ZIP CODE</b><br/>85718-7828 </td> <td colspan="3"> Occupation<br/>Not Employed </td> </tr> </table> |                    |                               |                                                             |                                       | <b>A. FULL NAME</b><br>Ruiz, Roberto, Corona, ,                                                                                                                |  |  | Name of Employer<br>N/A | Date (month, day, year)<br>10/28/2022 | Amount<br>1000.00 | <b>MAILING ADDRESS</b><br>7774 N Canyon Spirit Way |  |  | <b>Transaction ID : 15696498</b> |  |  | <b>CITY</b><br>Tucson | <b>STATE</b><br>AZ | <b>ZIP CODE</b><br>85718-7828 | Occupation<br>Not Employed |  |  |
| <b>A. FULL NAME</b><br>Ruiz, Roberto, Corona, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                               | Name of Employer<br>N/A                                     | Date (month, day, year)<br>10/28/2022 | Amount<br>1000.00                                                                                                                                              |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>MAILING ADDRESS</b><br>7774 N Canyon Spirit Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                               | <b>Transaction ID : 15696498</b>                            |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>CITY</b><br>Tucson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>STATE</b><br>AZ | <b>ZIP CODE</b><br>85718-7828 | Occupation<br>Not Employed                                  |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>B. FULL NAME</b> </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b> </td> <td colspan="3"></td> </tr> <tr> <td> <b>CITY</b> </td> <td> <b>STATE</b> </td> <td> <b>ZIP CODE</b> </td> <td colspan="3"> Occupation </td> </tr> </table>                                                                                                                                                                                            |                    |                               |                                                             |                                       | <b>B. FULL NAME</b>                                                                                                                                            |  |  | Name of Employer        | Date (month, day, year)               | Amount            | <b>MAILING ADDRESS</b>                             |  |  |                                  |  |  | <b>CITY</b>           | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                 |  |  |
| <b>B. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                                                                         |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                               |                                                             |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>C. FULL NAME</b> </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b> </td> <td colspan="3"></td> </tr> <tr> <td> <b>CITY</b> </td> <td> <b>STATE</b> </td> <td> <b>ZIP CODE</b> </td> <td colspan="3"> Occupation </td> </tr> </table>                                                                                                                                                                                            |                    |                               |                                                             |                                       | <b>C. FULL NAME</b>                                                                                                                                            |  |  | Name of Employer        | Date (month, day, year)               | Amount            | <b>MAILING ADDRESS</b>                             |  |  |                                  |  |  | <b>CITY</b>           | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                 |  |  |
| <b>C. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                                                                         |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                               |                                                             |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>D. FULL NAME</b> </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b> </td> <td colspan="3"></td> </tr> <tr> <td> <b>CITY</b> </td> <td> <b>STATE</b> </td> <td> <b>ZIP CODE</b> </td> <td colspan="3"> Occupation </td> </tr> </table>                                                                                                                                                                                            |                    |                               |                                                             |                                       | <b>D. FULL NAME</b>                                                                                                                                            |  |  | Name of Employer        | Date (month, day, year)               | Amount            | <b>MAILING ADDRESS</b>                             |  |  |                                  |  |  | <b>CITY</b>           | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                 |  |  |
| <b>D. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                                                                         |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                               |                                                             |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"> <b>E. FULL NAME</b> </td> <td> Name of Employer </td> <td> Date (month, day, year) </td> <td> Amount </td> </tr> <tr> <td colspan="3"> <b>MAILING ADDRESS</b> </td> <td colspan="3"></td> </tr> <tr> <td> <b>CITY</b> </td> <td> <b>STATE</b> </td> <td> <b>ZIP CODE</b> </td> <td colspan="3"> Occupation </td> </tr> </table>                                                                                                                                                                                            |                    |                               |                                                             |                                       | <b>E. FULL NAME</b>                                                                                                                                            |  |  | Name of Employer        | Date (month, day, year)               | Amount            | <b>MAILING ADDRESS</b>                             |  |  |                                  |  |  | <b>CITY</b>           | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                 |  |  |
| <b>E. FULL NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                               | Name of Employer                                            | Date (month, day, year)               | Amount                                                                                                                                                         |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                               |                                                             |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                                       |                                                                                                                                                                |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |
| <b>SIGNATURE (optional)</b><br>Grijalva, Lydia, e, ,<br><br><div style="text-align: right;">[Electronically Filed]</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                               |                                                             | <b>DATE</b><br>10/29/2022             | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |  |  |                         |                                       |                   |                                                    |  |  |                                  |  |  |                       |                    |                               |                            |  |  |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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)