Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 1/1/2020
through 9/19/2020

Date of election if applicable:
(Month, Day, Year)
11/3/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee:
   All Committees – Complete Parts 1, 2, 3, and 4.
   [☑] Officerholder, Candidate Controlled Committee
       ○ State Candidate Election Committee
       ○ Recall
       (Also Complete Part 5)
   □ General Purpose Committee
       ○ Sponsored
       ○ Small Contributor Committee
       ○ Political Party/Central Committee
   □ Primarily Formed Ballot Measure Committee
       ○ Controlled
       ○ Sponsored
       (Also Complete Part 6)
   □ Primarily Formed Candidate/Officeholder Committee
       (Also Complete Part 7)

2. Type of Statement:
   [☑] Preliminary Statement
   □ Semi-annual Statement
   □ Termination Statement
   (Also file a Form 410 Termination)
   □ Amendment (Explain below)
   □ Quarterly Statement
   □ Special Odd-Year Report

   needed to add ID # and sch B part 1 address

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Crystal Ruiz for City Council 2020

   I.D. NUMBER
   1429375

   STREET ADDRESS (NO. PO. BOX)
   [Redacted]

   CITY
   San Jacinto

   STATE
   CA

   ZIP CODE
   92582

   AREA CODE/Phone
   714-476-5469

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   140 E Stetson Ave #232

   CITY
   Hemet

   STATE
   CA

   ZIP CODE
   92543

   AREA CODE/Phone

   OPTIONAL: FAX / E-MAIL ADDRESS

   TREASURER(S)

   NAME OF TREASURER
   Carlos Ruiz

   MAILING ADDRESS
   [Redacted]

   CITY
   Hemet

   STATE
   CA

   ZIP CODE
   92543

   AREA CODE/Phone
   714-350-5140

   NAME OF ASSISTANT TREASURER, IF ANY

   MAILING ADDRESS

   CITY

   STATE

   ZIP CODE

   AREA CODE/Phone

   OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

   I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Executed on 10/15/20
   Date

   Executed on 10/15/20
   Date

   Executed on
   Date

   Executed on
   Date

   By

   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By

   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   By

   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
Schedule B - Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/2020 through 9/19/2020

CALIFORNIA FORM 460

Page 5 of 7

NAME OF FILER
Crystal Ruiz for City Council 2020

I.D. NUMBER
1429375

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD
(b) AMOUNT RECEIVED THIS PERIOD
(c) AMOUNT PAID OR FORGIVEN THIS PERIOD
(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
(e) INTEREST PAID THIS PERIOD
(f) ORIGINAL AMOUNT OF LOAN
(g) CUMULATIVE CONTRIBUTIONS TO DATE

Crystal Ruiz
Medical Scheduling
Kaiser Permanente

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Subtotals

Schedule B Summary

1. Loans received this period
   (Total Column (b) plus unitemized loans of less than $100.)
   $ 1700.00

2. Loans paid or forgiven this period
   (Total Column (c) plus loans under $100 paid or forgiven)
   (Include loans paid by a third party that are also itemized on Schedule A)
   $ 0

3. Net change this period
   (Subtract Line 2 from Line 1)
   Enter the net here and on the Summary Page, Column A, Line 2.
   NET $ 1700.00

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fpcc.ca.gov (866/275-3772)
www.fpcc.ca.gov