

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Raul Ruiz

Status: Member State/District: CA36

FILING INFORMATION

Filing Type: Amendment Report

Filing Year: 2013

Filing Date: 06/23/2016

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
EMP PS/401(K) Plan \Rightarrow Fidelity Advisor Freedom 2035 Fund - Institutional Class (FITHX)		\$100,001 - \$250,000	None		V
Personal Bank of America Accounts		\$1,001 - \$15,000	Interest	\$1 - \$200	П
$TradePMR \Rightarrow$ Apple Inc. (AAPL)		\$50,001 - \$100,000	None		
$TradePMR \Rightarrow$ Automatic Data Processing, Inc. (ADP)		\$15,001 - \$50,000	None		
TradePMR ⇒ Berkshire Hathaway Inc. New (BRK.B)		\$15,001 - \$50,000	None		
TradePMR ⇒ Coca-Cola Company (KO)		\$15,001 - \$50,000	None		
TradePMR ⇒ iShares Silver Trust (SLV)		\$1,001 - \$15,000	None		П

Asset	Owner Value of Asset	Income Type(s)	Income Tx. > \$1,000?
TradePMR ⇒ Microsoft Corporation (MSFT)	\$15,001 - \$50,000	None	
$TradePMR \Rightarrow$ Money Market Fund - BDC	\$1,001 - \$15,000	None	П
TradePMR ⇒ Precision Castparts Corporation (PCP)	\$15,001 - \$50,000	None	П
TradePMR ⇒ SPDR Gold Trust (GLD)	\$1,001 - \$15,000	None	П
TradePMR ⇒ Visa Inc. (V)	\$50,001 - \$100,000	None	П
UC Retirement Savings Plan ⇒ UC Savings Fund (Bond Fund)	\$1,001 - \$15,000	None	

^{*} Asset class details available at the bottom of this form.

SCHEDULE B: TRANSACTIONS

Asset	Owner Date	Tx. Type	Amount	Cap. Gains > \$200?
EMP PS/401(K) Plan ⇒ FA Freedom 2035 I (FITHX)	05/3/2013	P	\$1,001 - \$15,000	
EMP PS/401(K) Plan ⇒ FA Freedom 2035 I (FITHX)	12/27/2013	P	\$1,001 - \$15,000	

 $[\]ensuremath{^*}$ Asset class details available at the bottom of this form.

SCHEDULE C: EARNED INCOME

Source	Туре	Amount
Emergency Medicine Physicians	Payout of vested "equity" in company	\$13,163.88
UPMC GME	Refund of FICA taxes withheld during filer's medical residency in 2003-2005	\$8,026.42
UC Riverside	Deferred compensation from medical school	\$4,018.62

SCHEDULE D: LIABILITIES

Owner Creditor	Date Incurred	Туре	Amount of Liability
American Education Services	August 2005	Student Loan	\$100,001 - \$250,000

SCHEDULE E: Positions

Position	Name of Organization
President	Raul Ruiz MD and Associates
Board Member	Dr. Carreon Foundation
Board Member	Volunteers in Medicine
Director	Coachella Valley Healthcare Initiative
Member of the Advisory Board	Health Career Connections
Senior Advisor / Mentor	Future Physician Leaders

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
December 2012	University of California Riverside School of Medicine	Two year leave of absence without pay for Dr. Raul Ruiz, Senior Associate Dean for Community Partnership & Engagement, and Health Services Clinical Professor. Effective January 1, 2013 - December 31, 2014
June 2012	Emergency Medicine Physicians	Agreed to move from full-time to part-time status w/ per diem hourly wages, no benefits, and only medical liability coverage while working. The agreement also includes a monthly payment of 1,069.99 (26,327.70) to payout a 30% vested equity interest in EMP LLC. That payment began on 4/25/2012, and will end on March 25, 2014.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

Trip Details		Inclusions					
Source	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
American Israel Education Foundation	08/4/2013		Palm Springs - Tel Aviv - Palm Springs		<u> </u>	V	

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

SCHEDULE A AND B ASSET CLASS DETAILS

0	EMP	PS,	401	(K)	Plan
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- TradePMR
- o UC Retirement Savings Plan

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

○ Yes ○ No

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

© Yes © No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

∇es No

CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Raul Ruiz, 06/23/2016