

**Officeholder and Candidate
Campaign Statement –
Short Form**

7/25/22 (1)

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ABDALLAH S FARRUKH

STREET ADDRESS

CITY

STATE

ZIP CODE

LANCASTER

CA

93534

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

661-945-6931

661-945-4592

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Antelope Valley Healthcare Board Of Directors

JURISDICTION (LOCATION)

L.A. COUNTY

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law that I have used

Executed on 07-22-2022
DATE

RECEIVES A STIPEN ONLY OF \$100.00 PER MEETING.