

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

5723

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

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Amendment (Explain Below)

RECEIVED BY  
LOS ANGELES COUNTY  
7/31/23  
2023 AUG -3 PM 2:15

CAMPAIGN FINANCE  
DISCLOSURE SECTION

DATE STAMP

**CALIFORNIA FORM 470**

For Official Use Only

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1. Statement Covers Calendar Year 20 23.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

ABDALLAH FARRUKH

STREET ADDRESS

CITY

LANCASTER

AREA CODE/DAYTIME PHONE NUMBER

661-945-6931

STATE

CA

ZIP CODE

93534

OPTIONAL: FAX / E-MAIL ADDRESS

661-945-4592

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Antelope Valley Healthcare Board Of Directors

JURISDICTION (LOCATION)

LA 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 less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of California that the information provided in this statement is true and correct.

Executed on 07-31-2023  
DATE

RECEIVES A STIPEND ONLY OF \$100.00 PER MEETING.