

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

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DISCLOSURE SECT

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

11/08/2022

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 23

2. Officeholder or Candidate Information

NAME OF OFFICERHOLDER OR CANDIDATE
Doddanna Krishna

STREET ADDRESS

CITY STATE ZIP CODE
Lancaster CA 93534

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
(661) 400-8000 dnickols7@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Antelope Valley Healthcare District Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Lancaster California

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
Dr Krishna for Hospital Board 2022 1451751	Lancaster CA 93534	Debby Nickols

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 31, 2023
DATE

By _____
SIGNATURE OF OFFICERHOLDER OR CANDIDATE

Clear Form **Print Form**