497 Contribution Report

Amounts may be rounded to whole dollars.

	<u> </u>		Amounts	nay be rounded to wi	noic dollars.		497 CC	NTRIBUTION REPORT
NAME OF FILER DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER				Date of This Filing 08/09/2024		Date Stamp	CALIFO FOR	
AREA CODE/PHONE NUMBER (661)945-6931		I.D. NUMBER (if applicable) Pending		Report No. 1		E-Filed 09/25/2024	For Official Use Only	
STREET ADDRESS						11:03:34 Filing ID: 212156138		
CITY	STATE ZIP CODE			(explain below) No. of Pages1				
Palmdale		CA	93551					
1. Contributi	ion(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
08/09/2024	Abdallah Farrukh M Lancaster, CA 935:				☐ IND☐ COM☐ OTH☐ PTY☐ SCC☐ IND☐ COM☐			25,550.00 Check if Loan ** Provide interest rate
					OTH PTY SCC			☐ Check if Loan
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan ———————————————————————————————————
Reason for Amer	ndment: LISTED LOAN AM	MOUNT WRONG SHOULI	D HAVE BEEN 25,500.	.00		*Contributor Codes IND – Individual COM – Recipient Cor OTH – Other (e.g., b PTY – Political Party SCC – Small Contribu	ousiness enti	ty)