

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 8

For Official Use Only

Date Stamp

E-Filed
09/26/2024
10:24:25

Filing ID:
212170533

Statement covers period

from 07/01/2024

through 09/21/2024

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

11/05/2024

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

Pending

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Palmdale CA 93551 (661)945-6931

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

asfarrukh1@gmail.com

Treasurer(s)

NAME OF TREASURER

Nancy Harris

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Lancaster CA 93534 (661)945-6931

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

(661)945-4592 / nancy@av-neuro.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/26/2024
Date

By Nancy Harris
Signature of Treasurer or Assistant Treasurer

Executed on 09/26/2024
Date

By ABDALLAH FARRUKH
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ABDALLAH FARRUKH

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Member, Board of Directors: Antelope Valley Health Care District

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Palmdale	CA	93551

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

SUMMARY PAGE

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>3</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER		Pending

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 55,000.00	\$ 55,000.00
2. Loans Received Schedule B, Line 3	25,500.00	25,500.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 80,500.00	\$ 80,500.00
4. Nonmonetary Contributions Schedule C, Line 3	26,350.00	26,350.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 106,850.00	\$ 106,850.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 39,445.81	\$ 39,445.81
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 39,445.81	\$ 39,445.81
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	26,350.00	26,350.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 65,795.81	\$ 65,795.81

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts Column A, Line 3 above	80,500.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	39,445.81
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 41,054.19

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 25,500.00

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER	I.D. NUMBER Pending
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/30/2024	ANTELOPE VALLEY NEUROSCIENCEMEDICAL GROUP Lancaster, CA 93534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20,000.00	20,000.00	02024 \$20,000.00
08/30/2024	CAESARS PLAZA IRVINE, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	10,000.00	02024 \$10,000.00
09/09/2024	COMMUNITY FAMILY CARE GARDENA, CA 90248	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	10,000.00	02024 \$10,000.00
09/09/2024	MOUSAI MANAGEMENT CO INC CHATSWORTH, CA 91311-8606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	10,000.00	02024 \$10,000.00
09/11/2024	HIGH DESERT MEDICAL GROUP LANCASTER, CA 93539	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	02024 \$5,000.00
SUBTOTAL \$				55,000.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 55,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 55,000.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through	09/21/2024	Page <u>5</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER

Pending

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Abdallah Farrukh MD INC Lancaster, CA 93534		\$ 0.00	\$ 25,500.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 25,500.00	_____% RATE	\$ 25,500.00	CALENDAR YEAR \$ 25,500.00 PER ELECTION** \$ _____ 08/09/2024 DATE INCURRED
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ DATE INCURRED
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ DATE INCURRED
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____% RATE	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ DATE INCURRED
SUBTOTALS \$			25,500.00 \$	0.00 \$	25,500.00 \$	0.00		

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 25,500.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 25,500.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†Contributor Codes
 IND – Individual
 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
 ** If required.

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>6</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER		Pending

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/16/2024	KUZYK LAW LANCASTER, CA 93534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		BILLBOARD	5,350.00	5,350.00	
09/16/2024	PARRIS LAW FIRM LANCASTER, CA 93534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		BILLBOARDS	21,000.00	21,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$** 26,350.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 26,350.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 26,350.00

*Contributor Codes
 IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page 7 of 8
NAME OF FILER		I.D. NUMBER
DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER		Pending

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LAMAR ADVERTISING LANCASTER, CA 93536	PRT		BILLBOARDS	25,500.00
DELUXE BUSINESS SYSTEMS CLEVELAND, OH 44181-8094			CAMPAIGN CHECK ORDER	257.81
HIGH DESERT BROADCASTING PALMDALE, CA 93550	RAD			1,984.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 27,741.81

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	39,433.81
2. Unitemized payments made this period of under \$100	\$	12.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>39,445.81</u>

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2024	
through	09/21/2024	Page <u>8</u> of <u>8</u>
NAME OF FILER		I.D. NUMBER
DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER		Pending

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LOS ANGELES COUNTY REGISTRARRECORDER COUNTY CLERK NORWALK, CA 90650			LATE FILING FEE FOR FORM 700	100.00
OUT FRONT MEDIA LOS ANGELES, CA 90031	PRT			6,930.00
HIGH DESERT BROADCASTING PALMDALE, CA 93550	RAD			4,662.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 11,692.00