

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

5724

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

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2024 AUG 19 AM 11:14
CAMPAIGN FINANCE
8/16/24

CALIFORNIA FORM 470
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013780

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ABDALLAH 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) DISTRICT NUMBER (IF APPLICABLE)
LA COUNTY

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

have used

Executed on 8-16 2024
DATE

RECEIVES A STIPEN ONLY OF \$100.00 PER MEETING.