

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER DR FARRUKH FOR AV HOSPITAL 2024 BOARD MEMBER			Date of This Filing 09/12/2024	Report No. 5	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	Date Stamp <div>E-Filed 09/12/2024 13:10:59 Filing ID: 212078769</div>	CALIFORNIA FORM 497 For Official Use Only	
AREA CODE/PHONE NUMBER (661)945-6931		I.D. NUMBER (if applicable) Pending							
STREET ADDRESS									
CITY Palmdale	STATE CA	ZIP CODE 93551							

1. Contribution(s) Received

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
09/11/2024	HIGH DESERT MEDICAL GROUP LANCASTER, CA 93539	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		5,000.00 <div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>
		<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>
		<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		<div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>

Reason for Amendment: _____

*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