

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 09/16/2024	Report No. 6	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 1	Date Stamp <div>E-Filed 09/25/2024 10:52:09  Filing ID: 212155845</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
09/16/2024	KUZYK LAW LANCASTER, CA 93534	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		5,350.00 <div><input type="checkbox"/> Check if Loan _____% Provide interest rate</div>
09/16/2024	PARRIS LAW FIRM LANCASTER, CA 93534	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		21,000.00 <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>

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