

**Recipient Committee
Campaign Statement
Cover Page**

1/21/2021 (1)

2020-3
COVER PAGE

| | |
|--|---|
| Date Stamp RECEIVED BY LOS ANGELES COUNTY 2021 JAN 25 PM 4:29 CAMPAIGN FINANCE | CALIFORNIA FORM 460 |
| | Page 1 of 2 |
| | For Official Use Only 013780 C11352 |

Statement covers period
from 10/18/2020
through 12/31/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

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

3. Committee Information

I.D. NUMBER
1430714

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Dr Farrukh For AV Hospital 2020 Board Member

STREET ADDRESS (NO P.O. BOX)

| | | | |
|-----------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Palmdale</u> | <u>CA</u> | <u>93551</u> | <u>661-945-6931</u> |

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

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Lancaster</u> | <u>CA</u> | <u>93534</u> | <u>661-945-6931</u> |

OPTIONAL: FAX / E-MAIL ADDRESS

uuuu7doc@yahoo.com

Treasurer(s)

NAME OF TREASURER

Nancy Harris

MAILING ADDRESS

| | | | |
|------------------|-----------|--------------|---------------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| <u>Lancaster</u> | <u>CA</u> | <u>93534</u> | <u>661-945-6931</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

| | | | |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

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

Executed on 1/20/2021
Date

By _____

Executed on 1/20/2021
Date

By _____
Signature

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

T.M.

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Abdallah S Farrukh

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

Dr Farrukh For AV Hospital 2020 Board Member

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**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>10/18/2020</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2020</u> | |
| Page <u>1</u> of <u>1</u> | |
| I.D. NUMBER <u>1430714</u> | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr Farrukh For AV Hospital 2020 Board Member

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ 26500.00 | \$ 155251.00 |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | 0.00 | 39050.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ 26500.00 | \$ 194301.00 |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | 3958.00 | 8427.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ 30458.00 | \$ 202728.00 |

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ 29777.78 | \$ 189405.50 |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ 29777.78 | \$ 189405.50 |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | 0.00 | 0.00 |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | 3958.00 | 8427.00 |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ 103072.77 | \$ 164096.72 |

**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..... <i>Previous Summary Page, Line 16</i> | \$ 8173.28 |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | 26500.00 |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | 0.00 |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | 29777.78 |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 4895.50 |
| <i>If this is a termination statement, Line 16 must be zero.</i> | |
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ 0.00 |

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.

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ 0.00 |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ 39050.00 |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>1</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|-------------------------------|
| NAME OF FILER Dr Farrukh For AV Hospital 2020 Board Member | I.D. NUMBER 1430714 |
|--|-------------------------------|

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/22/2020 | Caesars Plaza, LLC 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 | 20,000.00 | |
| 10/26/2020 | High Desert Medical 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 | | 10,000.00 | 20,000.00 | |
| 10/27/2020 | Victor Nemr Hass Inc Fort Lauderdale, FL 33308-6510 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | anesthesiologist at Anelope Valley Hospital | 1,000.00 | 1,000.00 | |
| 10/30/2020 | Antelope Valley Emergency Medical Associates Inc Valencia, Ca. 91355-1610 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2,500.00 | 2,500.00 | |
| 11/04/2020 | Antelope Valley Cardiology Lancaster, Ca. 93534-4784 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 3,000.00 | 5,000.00 | |

SUBTOTAL \$ 26,500.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 26,500.00
- 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 \$** 26,500.00

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|--|---|
| Statement covers period from _____ through _____ | CALIFORNIA FORM 460 Page _____ of _____ |
|--|---|

| | |
|---|------------------------|
| NAME OF FILER Dr Farrukh For AV Hospital 2020 Board Member | I.D. NUMBER 1430714 |
|---|------------------------|

| 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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---|-----------------------------|--|---------------------------------------|
| | | <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 | | | | |
| | | <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 | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | | | |

*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 from <u>10/18/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>1</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|------------------------|
| NAME OF FILER Dr Farrukh For AV Hospital 2020 Board Member | I.D. NUMBER 1430714 |
|---|------------------------|

| 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 S Farrukh Palmdale, CA 93551 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Neurosurgeon Antelope Valley Neuroscience Medical Grp | \$ 34050.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 34050.00 DATE DUE | 0 % RATE \$ 0 | \$ 34050.00 08/17/20 DATE INCURRED | \$ 34050.00 CALENDAR YEAR PER ELECTION** |
| Abdallah S Farrukh Palmdale, CA 93551 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Neurosurgeon Antelope Valley Neuroscience Medical Grp | \$ 5000.00 | \$ 0.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 5,000.00 DATE DUE | 0 % RATE \$ 0 | \$ 5,000.00 08/20/20 DATE INCURRED | \$ 5,000.00 CALENDAR YEAR PER ELECTION** |
| † <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 \$ | \$ DATE DUE | % RATE \$ | \$ DATE INCURRED | \$ CALENDAR YEAR PER ELECTION** |
| SUBTOTALS | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 39,050.00 | \$ 0.00 | | |

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

Schedule B Summary

- Loans received this period \$ 0.00
(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** \$ 0.00
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 from <u>10/18/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>1</u> of <u>1</u> |
| I.D. NUMBER 1430714 | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Dr Farrukh For AV Hospital 2020 Board Member

| 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) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 11/19/20 | 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 | | Bill Board | 3958.00 | 3958.00 | |
| | | <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 | | | | | |
| | | <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 \$ 3958.00

Schedule C Summary

| | |
|---|-------------------------|
| 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)..... | \$ 3958.00 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ 00.00 |
| 3. 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 \$ 3958.00 |

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|--|----------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>1</u> | I.D. NUMBER 1430714 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr Farrukh For AV Hospital 2020 Board Member

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | |
| SUBTOTAL \$ | | | | | | |

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 0
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL.. \$** 0

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>2</u> | I.D. NUMBER 1430714 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr Farrukh For AV Hospital 2020 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 |
|---|---------|------------------------|-------------|
| Advanced Printing & Graphics, Inc. Lancaster, Ca. 93535 | PRT | | 21,020.00 |
| First Coast Consulting Grp Fernandina Beach, FL 32034 | CNS | | 5,000.00 |
| Harry Engel Lancaster, Ca. 93534 | SAL | | 630.00 |

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

SUBTOTAL \$ 26,650.00

Schedule E Summary

| | |
|--|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 26,650.00 |
| 2. Unitemized payments made this period of under \$100 | \$ 60.00 |
| 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 \$ 29,977.78 |

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|----------------------------|
| Statement covers period from 10/18/2020 through 12/31/2020 | CALIFORNIA FORM 460 |
| | Page 2 of 2 |
| | I.D. NUMBER 1430714 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr Farrukh For AV Hospital 2020 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 |
|---|---------|--|-------------|
| Harry Engel Lancaster, Ca. 93534 | POL | Reimburse for polling data research | 873.71 |
| Elmer Mestizo Palmdale, Ca. 93590-0057 | SAL | Removing campaign signs | 1625.00 |
| Antelope Valley Neuroscience Medical Group Lancaster, Ca. 93534 | OFC | Reimburse for lunches purchased for campaign workers | 569.07 |
| | | | |
| | | | |

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

SUBTOTAL \$ 3067.78

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 10/18/2020 through 12/31/2020
CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Dr Farrukh For AV Hospital 2020 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.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

Table with 6 columns: NAME AND ADDRESS OF CREDITOR, CODE OR DESCRIPTION OF PAYMENT, (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD, (b) AMOUNT INCURRED THIS PERIOD, (c) AMOUNT PAID THIS PERIOD, (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

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

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$ 0
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$ 0
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ 0

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

Statement covers period
 from 10/18/2020
 through 12/31/2020

SCHEDULE G
CALIFORNIA FORM 460
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 1430714

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Dr Farrukh For AV Hospital 2020 Board Member
 NAME OF AGENT OR INDEPENDENT CONTRACTOR

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) |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H
Loans Made to Others***

Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>10/18/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr Farrukh For AV Hospital 2020 Board Member

I.D. NUMBER

1430714

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
|---|---|---|---------------------------|--|---|----------------------------|---------------------------------|---|
| | | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT LOANED THIS PERIOD | REPAYMENT OR FORGIVENESS THIS PERIOD* | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST RECEIVED | ORIGINAL AMOUNT OF LOAN | CUMULATIVE LOANS TO DATE |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE _____ | _____% RATE \$ _____ | \$ _____ DATE INCURRED _____ | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| | | SUBTOTALS | \$ _____ | \$ _____ | \$ _____ | \$ _____ | | |

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

Schedule H Summary

- 1. Loans made this period.....\$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- 2. Payments received on loans.....\$ 0
(Total Column (c) plus unitemized payments of less than \$100.)
- 3. Net change this period. (Subtract Line 2 from Line 1.).....NET \$ 0
(Enter the net here and on the Summary Page, Column A, Line 7.)

****If Required**

(May be a negative number)

**Schedule I
Miscellaneous Increases to Cash**

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 10/18/2020
through 12/31/2020

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Dr Farrukh For AV Hospital 2020 Board Member

I.D. NUMBER

1430714

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| | | | |
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| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

- 1. Itemized increases to cash this period. \$ 0
- 2. Unitemized increases to cash of under \$100 this period. \$ 0
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 0