

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

(Government Code Section 84206)

Type or print in ink.

11/29/21 5721 SHORT FORM

Date of election if applicable:
(Month, Day, Year)
11/6/2018

Amendment (Explain Below)

Date Stamp
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CAMPAIGN FINANCE

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1. Statement Covers Calendar Year 2021.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Phil Tuso MD

CITY STATE ZIP CODE
Lancaster CA 93534

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS
(661-341)-0675

3. Office Sought or Held

OFFICE SOUGHT OR HELD
AVH BOO

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Antelope Valley Health Care District

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
<u>Dr Tuso for Hospital Board 2018</u>	<u>Lancaster CA 93534</u>	<u>Kelly Lewis 209-656-1542 Company Manager Dra Mary (661-492-950)</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate th calendar year and that I have used all reasonable diligence in preparing this sta that the foregoing is true and correct.

Executed on 7/26/2021
DATE

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