

Officeholder and Candidate
Campaign Statement -
Short Form

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

Amendment (Explain Below)

FILED
JAN 27 2022
DEAN G. LOGAN, COUNTY CLERK
Debra J. [Signature] DEPUTY

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CAMPAIGN FINANCE

1. Statement Covers Calendar Year 2022.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Phil Tuso MD

CITY STATE ZIP CODE
Longster CA 93536

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

3. Office Sought or Held

OFFICE SOUGHT OR HELD
AVH BOB

JURISDICTION (LOCATION)
Antelope Valley
Healthcare District

DISTRICT NUMBER (IF APPLICABLE)

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>Longster CA 93534</u>	<u>Kelly Lawler 209-656-1542 Campaign Manager Drew Mercy 661 492 9503</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of th

Executed on 1/11/2022 DATE

By _____

uring the calendar year and that I have used nd correct.

OFFICEHOLDER OR CANDIDATE