

**Recipient Committee
Campaign Statement
Cover Page**

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CAMPAIGN FINANCE
1/29/24 (FB)

COVER PAGE
CALIFORNIA FORM 460
Page 1 of 6
For Official Use Only
009050
C1796

Statement covers period
from 07/01/2023
through 12/31/2023

Date of Election if applicable
(Month, Day, Year)

1. Type of Recipient Committee

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
 General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee
 Controlled
 Sponsored
 Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

Pre-election Statement
 Semi-Annual Statement
 Termination Statement
 Amendment

Quarterly Statement
 Special Odd-Year Statement
 Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1450027

COMMITTEE NAME
Tony Fellow for Upper San Gabriel Valley Municipal Water District 2022

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501 951/742-7886

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS
/ jennifer@campaignfinanceservices.net

Treasurer(s)

NAME OF TREASURER
Jennifer Mitchell

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501 951/742-7886

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
/ jennifer@campaignfinanceservices.net

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 is true and complete. I certify under penalty of perjury under oath that the information contained herein is true and correct.

Executed on 1/15/2024 By _____
 Executed on 1-15-24 By _____
 Executed on _____ By _____
 Executed on _____ By _____

ASSISTANT TREASURER

MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

| | |
|---------------------------|-------------|
| Statement covers period | Page 2 of 6 |
| from <u>07/01/2023</u> | |
| through <u>12/31/2023</u> | |

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Anthony R Fellow

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Upper San Gabriel Valley Water District - District 1 Los

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Arcadia CA 91006

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 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 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 OR 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 |

**Campaign Disclosure Statement
Summary Page**

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | | Page 3 of 6 |
| | | I.D. NUMBER |
| | | 1450027 |

NAME OF FILER Tony Fellow for Upper San Gabriel Valley Municipal Water District 2022

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| Contributions Received | | |
| 1. Monetary Contributions Schedule A, Line 3 | \$ 0.00 | \$ 20.00 |
| 2. Loans Received Schedule B, Line 3 | 0.00 | 31,605.51 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 | \$ 0.00 | \$ 31,625.51 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 0.00 | \$ 31,625.51 |

**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 | | |
| 6. Payments Made Schedule E, Line 4 | \$ 0.00 | \$ 17,796.02 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 0.00 | \$ 17,796.02 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 0.00 | 208.10 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 0.00 | \$ 18,004.12 |

| | |
|---|----------|
| Current Cash Statement | |
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 92.77 |
| 13. Cash Receipts Column A, Line 3 above | 0.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 8 above | 0.00 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 92.77 |

| | |
|--|---------|
| 17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2 | \$ 0.00 |
|--|---------|

| | |
|---|--------------|
| Cash Equivalents and Outstanding Debts | |
| 18. Cash Equivalents | \$ 0.00 |
| 19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above | \$ 31,813.61 |

**Expenditure Limit Summary
for State Candidates**

22. Cumulative Expenditures Made *
(If Subject to Voluntary Expenditure Limits)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

* Amounts in this Section may be different from amounts reported in Column B.

**Schedule B - Part 1
Loans Received**

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page 4 of 6 |

| | |
|--|------------------------|
| NAME OF FILER Tony Fellow for Upper San Gabriel Valley Municipal Water District 2022 | I.D. NUMBER 1450027 |
|--|------------------------|

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER | IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER | (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 |
|---|---|--|------------------------------------|--|--|----------------------------------|--------------------------------------|---|
| Anthony R. Fellow Arcadia, CA 91006 Contributor Code: IND | Distinguished Professor Ret. CA State University Fullerton | 4,500.00 | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | 4500.00 DUE DATE 12/31/2022 | 0.00 INTEREST RATE 0.00 % | 4,500.00 DATE INCURRED 10/04/2022 | CALENDAR YEAR 17,831 PER ELECTION ** |
| Anthony R. Fellow Arcadia, CA 91006 Contributor Code: IND | Distinguished Professor Ret. CA State University Fullerton | 9,274.49 | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | 9274.49 DUE DATE 12/31/2022 | 0.00 INTEREST RATE 0.00 % | 9,274.49 DATE INCURRED 10/17/2022 | CALENDAR YEAR 17,831 PER ELECTION ** |
| Anthony R. Fellow Arcadia, CA 91006 Contributor Code: IND | Distinguished Professor Ret. CA State University Fullerton | 5,429.45 | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | 5429.45 DUE DATE / / | 0.00 INTEREST RATE 0.00 % | 5,429.45 DATE INCURRED 01/31/2023 | CALENDAR YEAR 17,831 PER ELECTION ** |

| | | | | | |
|---------------------|----------|----------|---------------|----------|--|
| SUBTOTALS \$ | (b) 0.00 | (c) 0.00 | (d) 19,203.94 | (e) 0.00 | |
|---------------------|----------|----------|---------------|----------|--|

Schedule B Summary

- 1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
- 2. 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.)
- 3. 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.

** Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule B - Part 1 (Continued)
Loans Received

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page 5 of 6 |

| | |
|--|------------------------|
| NAME OF FILER Tony Fellow for Upper San Gabriel Valley Municipal Water District 2022 | I.D. NUMBER 1450027 |
|--|------------------------|

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER | IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER | (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 |
|---|---|--|------------------------------------|--|--|----------------------------------|--|--|
| Anthony R. Fellow Arcadia, CA 91006 Contributor Code: IND | Distinguished Professor Ret. CA State University Fullerton | 12,351.57 | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | 12351.57 DUE DATE 12/31/2023 | INTEREST RATE 0.00 % | 12,351.57 DATE INCURRED 01/31/2023 | CALENDAR YEAR 17,831 PER ELECTION ** |

| | | | | | |
|---------------------|-------------|-------------|------------------|-------------|--|
| SUBTOTALS \$ | (b) 0.00 | (c) 0.00 | (d) 12,351.57 | (e) 0.00 | |
|---------------------|-------------|-------------|------------------|-------------|--|

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule F
Accrued Expenses (Unpaid Bills)**

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2023 | |
| through | 12/31/2023 | Page 6 of 6 |

| | |
|--|------------------------|
| NAME OF FILER Tony Fellow for Upper San Gabriel Valley Municipal Water District 2022 | I.D. NUMBER 1450027 |
|--|------------------------|

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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 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 |
|--|--------------------------------|---|------------------------------------|--------------------------------|--|
| Campaign Finance Services LLC Riverside, CA 92501 | PRO | 208.10 | 0.00 | 0.00 | 208.10 |

SUBTOTALS \$ 208.10 \$ 0.00 \$ 0.00 \$ 208.10

Schedule F Summary

- 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 \$ 0.00**
- 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 \$ 0.00**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET \$ 0.00**

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