

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

718/210

<p>Date of election if applicable: (Month, Day, Year)</p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp RECEIVED BY LOS ANGELES COU 2021 JUL 12 PM 2:33 CAMPAIGN FINANCE</p>	<p>CALIFORNIA FORM 470 For Official Use Only</p>
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1. Statement Covers Calendar Year 20 21.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Tony Fellow

STREET ADDRESS

CITY STATE ZIP CODE
Arcadia CA 91006

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
626-773-2405 anthonyfellow@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Upper San Gabriel Valley Municipal Water District

<p>JURISDICTION (LOCATION) _____</p>	<p>DISTRICT NUMBER (IF APPLICABLE) <u>Division 1</u></p>
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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
Friends of Tony Fellow 1245743	Arcadia, CA 91066	TBA

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 7, 2021
DATE

By _____

