

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

(Government Code Section 84208)

Type or print in ink.

SHORT FORM

<p>Date of election if applicable: (Month, Day, Year)</p> <p><u>6/6/06</u></p>	<p><input type="checkbox"/> Amendment (Explain Below)</p>	<p>Date Stamp</p> <p>04-6</p>	<p>CALIFORNIA FORM 470</p> <p>For Official Use Only</p>
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1. Statement Covers Calendar Year 20 06.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE
John Lower Taxes Loew

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE/DAYTIME PHONE NUMBER _____ OPTIONAL: FAX/E-MAIL ADDRESS _____

OFFICE SOUGHT OR HELD
Los Angeles County Assessor

JURISDICTION (LOCATION)
Los Angeles County

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>Lower Taxes Loew</u>	<u>1283688</u>	<u>John Loew</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 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 4/6/06 DATE

By John Lower Taxes Loew SIGNATURE OF OFFICEHOLDER OR CANDIDATE