Major Donor and Independent Expenditure Committee Campaign Statement

Independent Expenditure Com Campaign Statement	mittee	LOS ANGELES, COUNTY FORM 46			
	Statement covers period from 10/01/2021	Date of election if applicable 22 JAN 20 AM II: 34 (Month, Day, Year)	Page of For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through	CAMPAIGN FINANCE			
1. Name and Address of Filer NAME OF FILER Lowe Robert/Lowe Enterprise, Inc.		Summary (Amounts may be rounded to whole dollars.) Expenditures and contributions (including loans) of \$100 or more			
RESIDENTIAL OR MAILING ADDRESS CITY Los Angeles	(NO. AND STREET) STATE ZIP CODE CA 90049	2. Unitemized expenditures and contributions (including loans) under \$100 made this period			
RESPONSIBLE OFFICER (If filer is other than an individual) Robert Lowe	AREA CODE/DAYTIME PHONE (310) 820-6661	Total expenditures and contributions made this period. (Add Lines 1 + 2.)	SUBTOTAL \$ 10,000.00		
2. Nature and Interests of Filer (CA A FILER WHO IS AN INDIVIDUAL MUST LIST THE OF EMPLOYER OR, IF SELF-EMPLOYED, THE N NAME OF EMPLOYER/BUSINESS Lowe Enterprises, Inc. ADDRESS OF EMPLOYER/BUSINESS		made from prior statement. (Enter			
■ A FILER THAT IS AN ASSOCIATION MUST PROV		I have used all reasonable diligence in preparing the reviewed the statement and to the best of my know contained herein is true and complete. I certify und the laws of the State of California that the foregoing January 7, 2021	ledge the information der penalty of perjury under		
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS COMMON ECONOMIC INTEREST OF THE GROU	EENTITY, OR ASSOCIATION MUST DESCRIBE THI JP OR ENTITY	DATE RESPONSIBLE OFFICE	IVIDUAL DONOR OR ER, IF OTHER THAN AN INDIVIDUAL FPPC Form 461 (Jan/2016)		

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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Amounts may be rounded to whole dollars.

Statement covers period from	CALIFORNIA 461		
through	Page of		

SEE INSTRU NAME OF FIL	CTIONS ON REVERSE LER	through	Pag	e of		
	ributions (Including Loans, Forgiver		, and Loan Guara	ntees) and Expenditure	s Made	
DATE	NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE OR COMMITTEE
12/13/2021	Recall District Attorney George Gascon c/o Vandenberg & Associates, Inc.	Monetary Contribution Loan Non-Monetary			10,000	

Contribution 1440808 Independent ✓ Support ☐ Oppose Expenditure Monetary Contribution Loan Non-Monetary Contribution ☐ Independent ☐ Oppose ☐ Support Expenditure Monetary Contribution Loan ☐ Non-Monetary Contribution ☐ Independent ☐ Support □ Oppose Expenditure Monetary Contribution ☐ Loan ■ Non-Monetary Contribution Independent ☐ Support ☐ Oppose Expenditure SUBTOTAL \$ 10,000.00