Statement of Organization
Recipient Committee

Statement Type
☐ Initial
☐ Amendment
☐ Not yet qualified
☐ or

List I.D. number:
# 1294714

Date qualified as committee
___/___/___

Date qualified as committee (if applicable)
___/___/___

Date of Termination
03/28/07

1. Committee Information

NAME OF COMMITTEE
KOLLER FOR COUNCIL

STREET ADDRESS (NO P.O. BOX)
1200 N. FLORES ST. #309

CITY
WEST HOLLYWOOD
STATE
CA
ZIP CODE
90069

MAILING ADDRESS (IF DIFFERENT)
3531 Santa Monica Blvd #535 West Hollywood

CITY
CA
STATE
ZIP CODE
90069

OPTIONAL: FAX/E-MAIL ADDRESS
323 848 9790

COUNTY OF DOMICILE
Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER
TRIPP MAHAN

STREET ADDRESS
1200 N. FLORES ST. #309

CITY
WEST HOLLYWOOD
STATE
CA
ZIP CODE
90069

STREET ADDRESS

CITY
STATE
ZIP CODE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

EXECUTED ON
03/28/07

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

EXECUTED ON
03/28/07

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROONENT

EXECUTED ON

EXECUTED ON

FPPC Form 410 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/278-3772)
### Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**

| KOLLER FOR COUNCIL |

**I.D. NUMBER**

| 1294714 |

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### 4. Type of Committee

Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEVEN KOLLER</td>
<td>WEST HOLLYWOOD CITY COUNCIL</td>
<td>2007</td>
<td>Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELLS FARGO</td>
<td>310-855-7140</td>
<td>530677258</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8571 SANTA MONICA BLVD.</td>
<td>WEST HOLLYWOOD</td>
<td>CA</td>
<td>90069</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
4. Type of Committee  (Continued)

**General Purpose Committee**  Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
- ☐ CITY Committee
- ☐ COUNTY Committee
- ☐ STATE Committee

**Provide Brief Description of Activity**

**Sponsored Committee**  List additional sponsors on an attachment.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>NO. AND STREET</td>
</tr>
</tbody>
</table>

**Small Contributor Committee**  Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements  By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.