Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)
   - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Controlled
     - [ ] Sponsored
     (Also Complete Part 6)

2. Type of Statement:
   - [ ] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)
     ________________________________

3. Committee Information
   I.D. NUMBER 1294714
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   KOLLER FOR COUNCIL
   STREET ADDRESS (NO P.O. BOX)
   1200 N. FLORES ST. #309
   CITY West Hollywood
   STATE CA
   ZIP CODE 90069
   AREA CODE/PHONE 310 497-8022
   MAILING ADDRESS
   1200 N. FLORES ST. #309
   West Hollywood, CA 90069
   PHONE 310 497-8022
   CITY West Hollywood
   STATE CA
   ZIP CODE 90069
   AREA CODE/PHONE 310 497-8022
   MAILING ADDRESS
   1200 N. FLORES ST. #309
   West Hollywood, CA 90069
   PHONE 310 497-8022
   CITY West Hollywood
   STATE CA
   ZIP CODE 90069
   AREA CODE/PHONE 310 497-8022
   OPTIONAL FAX / E-MAIL ADDRESS
   skoller@stevenkoller.com

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 and in the attached schedules 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.
   Executed on 02/22/07
   Date
   By ____________________________
   Signature of Treasurer or Assistant Treasurer
   Executed on 02/22/07
   Date
   By ____________________________
   Signature of Controlling Candidate, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   Executed on ____________________________
   Date
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent
   Executed on ____________________________
   Date
   By ____________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

STEVEN KOLLER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

WEST HOLLYWOOD CITY COUNCIL

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

1200 N. FLORES ST. #309  West Hollywood  CA  90069

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?

YES  NO

COMMITTEE ADDRESS  STREET ADDRESS (NO P.O. BOX)

CITY  STATE  ZIP CODE  AREA CODE/MONETH

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER  JURISDICTION  SUPPORT  OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, 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  SUPPORT  OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE  OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions .................................. Schedule A, Line 3 $ 0.00 $ 0.00
2. Loans Received ............................................. Schedule B, Line 3 $ 0.00 $ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ......................... Add Lines 1 + 2 $ 0.00 $ 0.00
4. Nonmonetary Contributions .................................. Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ....................... Add Lines 3 + 4 $ 0.00 $ 0.00

### Expenditures Made

6. Payments Made .............................................. Schedule E, Line 4 $ 475.00 $ 186.60
7. Loans Made ................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7 $ 475.00 $ 186.60
9. Accrued Expenses (Unpaid Bills) .......................... Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment .................................... Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ............................... Add Lines 8 + 9 + 10 $ 475.00 $ 186.60

### Current Cash Statement

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $ 286.00
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 $ 475.00
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 311.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
**Schedule A**
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

**Name of Filer**

**STEVEN KOLLER**

**Name of Filer**

**I.D. Number**

**1294714**

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor (If Committee also enter ID Number)</th>
<th>Contributor Code *</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
<th>Per Election to Date (If Required)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $

2. Amount received this period – unitemized monetary contributions of less than $100 .......... $

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $

**Contributor Codes**

IND – Individual
COM – Recipient Committee
(Other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

FPPC Form 460 (January/05)
Schedule B – Part 1
Loans Received

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 01-21-07 through 02-17-07

Page 5 of 12

Full Name, Street Address and Zip Code of Lender

<table>
<thead>
<tr>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

1. Loans received this period ................................................................. $ $ $ $ $ $ $ $ (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ................................................................. $ $ $ $ $ $ $ $ (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 $ $ $ $ $ $ $ $ (Enter (a) on Schedule E, Line 3)

SUBTOTALS $ $ $ $ $ $ $ $ $ (May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule C
Nonmonetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from 01-21-07 through 02-17-07

NAME OF FILER

STEVEN KOLLER

I.D. NUMBER

1294714

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
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<td>□ SCC</td>
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<td>□ OTH</td>
<td>□ PTY</td>
<td>□ SCC</td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule C Summary
1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) .................................................. $

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .................................. $

3. Total nonmonetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ................................... TOTAL $
Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .......................................................... $ ........................................

2. Unitemized contributions and independent expenditures made this period of under $100 ........................................................................ $ ........................................

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .......... TOTAL $ ........................................
Schedule E Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period
from 01-21-07
through 02-17-07

NAME OF FILER

STEVEN KOLLER

I.D. NUMBER
1294714

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RDF returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEVEN KOLLER</td>
<td>CMP</td>
<td></td>
<td>$190.00</td>
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<tr>
<td>1200 N. FLORES ST. #309</td>
<td>OFC</td>
<td></td>
<td>$172.00</td>
</tr>
<tr>
<td>West Hollywood, CA 90069</td>
<td>POS</td>
<td></td>
<td>$113.00</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL: $475.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 475.00
2. Unitemized payments made this period of under $100 ................................................................. $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................................................................. $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ........................................... TOTAL $ 475.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule F
**Accrued Expenses (Unpaid Bills)**

**Type or print in ink.**
**Amounts may be rounded to whole dollars.**

**Statement covers period**
from **01-21-07**
through **02-17-07**

**NAME OF FILER**

**Steven Koller**

**CALIFORNIA FORM 460**

**Page** **9** of **12**

**I.D. NUMBER** **1294714**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>MBR: member communications</th>
<th>RAD: radio airtime and production costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMP</td>
<td>campaign paraphernalia/misc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CTV</td>
<td>contribution (explain nonmonetary)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
<td></td>
<td></td>
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<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
<td></td>
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<tr>
<td>LT</td>
<td>campaign literature and mailings</td>
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</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MTO</td>
<td>meetings and appearances</td>
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<tr>
<td>OFC</td>
<td>office expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
<td></td>
<td></td>
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<tr>
<td>PHO</td>
<td>phone banks</td>
<td></td>
<td></td>
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<tr>
<td>POL</td>
<td>polling and survey research</td>
<td></td>
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<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
<td></td>
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<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
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<tr>
<td>PRT</td>
<td>print ads</td>
<td></td>
<td></td>
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<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
<td></td>
<td></td>
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<tr>
<td>RFD</td>
<td>returned contributions</td>
<td></td>
<td></td>
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<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
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<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
<td></td>
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<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
<td></td>
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<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
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<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
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<tr>
<td>VOT</td>
<td>voter registration</td>
<td></td>
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<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
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</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule F Summary**

1. 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 $**

2. 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 $**

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

**May be a negative number**

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

**NAME OF FILER**  
STEVEN KOLLER

**NAME OF AGENT OR INDEPENDENT CONTRACTOR**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
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<td>campaign paraphernalia/misc.</td>
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<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
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<tr>
<td>FIL</td>
<td>candidate filing/ballot fees</td>
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<tr>
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<td>fundraising events</td>
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</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
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<td>OFC</td>
<td>office expenses</td>
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<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
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<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
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<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
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<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
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<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
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<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
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</tbody>
</table>

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.*

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
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Attach additional information on appropriately labeled continuation sheets.

*Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.*

TOTAL* $ (Signature)

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Schedule H**

**Loans Made to Others**

Type or print in ink. Amounts may be rounded to whole dollars.

**Statement covers period**

from **01-21-07**

through **02-17-07**

**Page 11 of 12**

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**NAME OF FILER**

STEVEN KOLLER

I.D. NUMBER

1294714

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<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT LOANED THIS PERIOD</th>
<th>(c) REPAYMENT OR FORGIVENESS THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST RECEIVED</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE LOANS TO DATE</th>
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*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

**SUBTOTALS** $ $ $ $ 

**Schedule H Summary**

1. Loans made this period .................................................. $ ..........................................................  
   (Total Column (b) plus unitemized loans of less than $100.)  

2. Payments received on loans ........................................... $ ..................................................  
   (Total Column (c) plus unitemized payments of less than $100.)  

3. Net change this period. **(Subtract Line 2 from Line 1.)** ........................................... NET $ ..................................................  
   (Enter the net here and on the Summary Page, Column A, Line 7.)

**FPPC Form 460 (January/05)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule I Summary

1. Itemized increases to cash this period. .......................................................... $ 
2. Unitemized increases to cash of under $100 this period. ................................. $ 
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .......................................................... $ 
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .......................................................... $