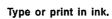
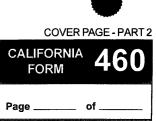
				R PAGE
Recipient Committee	Type or print in i	nk.	Date Stamp	CALIFORNIA 160
Campaign Statement			RECEIVED	
Cover Page		CIT	Y OF WEST HOLLY	WOM
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:		Page of
	01-01-07	(Month, Day, Year)	07 JAN 25 PM 5:	For Official Use Only
	from O( O( O )		,	
SEE INSTRUCTIONS ON REVERSE	through 01-20-07	03/06/07 05	ICE OF THE CITY (	CLERK
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	•	
Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	Preelection Statement		Quarterly Statement
State Candidate Election Committee	Committee	Semi-annual Statement		Special Odd-Year Report
	Controlled	☐ Termination Statement	$\overline{\sqcap}$ :	Supplemental Preelection
	Sponsored Also Complete Part 6)	(Also file a Form 410 Te	ermination)	Statement - Attach Form 495
General Purpose Committee		Amendment (Explain b	elow)	
	Primarily Formed Candidate/ Officeholder Committee			
( ) Small Continuoloi Committee	Also Complete Part 7)			
O T ORIGINAL DOMINING				
3. Committee Information	D. NUMBER AUTHER RECT	D Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	' 54	NAME OF TREASURER		
•	lait		PP MAHAN	<b>、</b>
KOLLER FOR COUN	Jeil	MAILING ADDRESS	I T TO(MINIT	·
•		1200 N.FL	DRES ST.	#309
STREET ADDRESS (NO P.O. BOX)		CITY		IP CODE AREA CODE/PHONE
1200 N. FLORES ST	: #3o9	West Itally	<i>1</i> - ^	90069 310497 802
CITY STATE ZIP CO		NAME OF ASSISTANT TREASUL		1000 / 0. (11 8 9
West Hollnwood CA	90069 310 927 07	42.		
West Hollywood CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E 8581 Sonta Morica	30× 1 # 530	MAILING ADDRESS		
8581 Sonta Morica	Slud. #535			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE Z	IP CODE AREA CODE/PHONE
West Holywood CA	90069			
OPTIONAL. FAX / E-MAIL ADDRESS		OPTIONAL FAX / E-MAIL ADDR	RESS	
skoller p stevenkoller	r. com			
4. Verification				
I have used all reasonable diligence in preparing and reviewing	g this statement and to the best of my kno	wledge the information contained he	rein and in the attached sch	nedules is true and complete. I certify
under penalty of perjury under the laws of the State of Californi	a that the foregoing is true and correct.	1 1		•
Executed on 01-25-07  Executed on -01-25-07	By ()	my lan		
Date	Бу	Signature of Treasurer or Assistant	Treasurer	
Executed on	Ву	Tolle	<u> </u>	
Date	Signature of Conf	rollins Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Spo	nsor
Executed on	Ву	)		
Date		Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	<del>_</del>
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Si	tate Measure Proponent	
	•	orgeniance of controlling officeriolider, Carididate, 5	nate measure Fropultifil	

ponent FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California



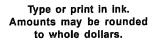






	and the state of t						was the management of the latest and
Officeholder or Candidate Cont	trolled Committee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	**************************************		NAME OF BALLOT MEASURE		······································		
STEVEN KOL	LER						
OFFICE SOUGHT OR HELD (INCLUDE LOCA	TION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
WEST HOLLYWO	OR CITY COUNCIL						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A							
1200 AL FLADEL ST	- #309 W. Hollywood CA	90069	Identify the controlling of	ficeholder, ca	andidate, or st	ate measure	proponent, if a
1= 10:10:00:00	o / willingweig Gr	/***/	NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not Includ	led in this Statement: List any committees						
not included in this statement that are co	ontrolled by you or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
contributions or make expenditures on b	pehalf of your candidacy.		•				
COMMITTEE NAME	I.D. NUMBER						<del></del>
KOLLER							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car	didate/Offi	ceholder Co	mmittee L	ist names of
	☐ YES ☐ NO		officeholder(s) or candidate(		iis commiπee is	primarily form	1ea. 
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
							OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
							OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
							OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOLL	GHT OR HELD	
	☐ YES ☐ NO		OF OFFICERORDER OR	OMIDIDATE	OFFICE 300	GIT ON NELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET AD	DRESS (NO P.O. BOX)			· · · · · · · · · · · · · · · · · · ·			
CITY	STATE ZIP CODE AREA CODE/PHONE						

## Campaign Disclosure Statement Summary Page





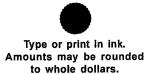
Statement covers period from O(-0(-07	CALIFORNIA 460
through 0(-20-07	Page of
	1.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

STEVEN KOLLER

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ \frac{1}{10}\$ \$ \frac{1}{10}\$ \$ \frac{1}{10}\$ \$ \frac{1}{10}\$	\$ \\ \theta \\ \	General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made	\$ 656°° \$ 656°° \$ 656°° \$ 656°°	\$ 656°° \$ 656°° \$ 656°° \$ 656°°	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	\$ 212°°	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2  Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</del>	carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)







CALIFORNIA 460

Statement covers period

SCHEDULE A

		10 1	to whole deliated		from 01-01-07 through 01-20-07		FORM 400		
EE INSTRUCTIO	DNS ON REVERSE			through 01-2	0-07	Page	of		
AME OF FILER	STEVEN KOLLER					I.D. NU	IMBER NYR		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)		
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
			SUBTOTAL	\$	277623				
<ol> <li>Amount re (Include a</li> <li>Amount re</li> <li>Total mone</li> </ol>	A Summary ecceived this period – itemized monetary contributions. ill Schedule A subtotals.) ecceived this period – unitemized monetary contributions etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	s of less than \$	\$100\$		IND COM OTH PTY	other) I – Other – Politica	ent Committee than PTY or SCC) (e.g., business entity)		
(Mud Lille:	5 Tand 2. Enter here and on the odifficary Fage, ook	mirt, Line (.)	IVIAL \$	FPPC`	Toll-Free Helplin		C Form 460 (January/05) SK-FPPC (866/275-3772)		



## Schedule B - Part 1 Loans Received

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

\*\* If required.



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

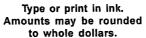
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CHEDI	П	=	<b>D</b> .	D/

Statement covers period

SCHEDU	LÉB-PART1
CALIFORNIA FORM	460

Loans Received	to whole dollars.				from 01-0	1-07	FORM 460		
SEE INSTRUCTIONS ON REVERSE					from 0(-0	20-07	Page	of	
	J KOLLER						NY	R	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
				☐ PAID				CALENDAR YEAR	
				\$ FORGIVEN	\$	% RATE	s	\$ PER ELECTION**	
† IND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				PAID				CALENDAR YEAR	
				\$FORGIVEN	_ \$	RATE %	\$	\$PER ELECTION **	
†   IND   COM   OTH   PTY   SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
				☐ PAID				CALENDAR YEAR	
				\$FORGIVEN	\$	RATE	\$	\$PER ELECTION**	
†   IND   COM   OTH   PTY   SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$	
		SUBTOTALS \$	;	\$	\$	\$			
Schedule B Summary				`		(Enter (e) on Schedule E, Line 3)			
Loans received this period				\$					
(Total Column (b) plus unitemized loans	s of less than \$100.)					1	Contributor Codes ND – Individual		
<ol> <li>Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$100</li> <li>(Include loans paid by a third party that</li> </ol>	paid or forgiven.)			\$ _	$\sim$	. (	COM – Recipient Co (other than DTH – Other (e.g.,	PTY or SCC) business entity)	
3. Net change this period. (Subtract Line Enter the net here and on the Summary				NET \$ _	(May be a negative number)		PTY – Political Party SCC – Small Contril		

## Schedule B – Part 2



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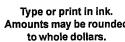
CALIFORNIA

Statement covers period

SCHEDULE B-PART 2

oan Guarantors		to whole dollars.		from 01-01-07	FORM	400
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AME OF FILER STEVEN	1/01/	~2	•		I.D. NUMBER	Į.
SIEUCN	Kolle				MA	R
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER		CALENDAR YEAR	
	□сом				\$	
	□отн		DATE		PER ELECTION (IF REQUIRED)	
	□ PTY				(	
	□scc				\$	
	□IND		LENDER		CALENDAR YEAR	
	СОМ				\$	
	ОТН □ ВТУ		DATE		PER ELECTION (IF REQUIRED)	
	□PTY □SCC					
					\$	
	□IND		LENDER		CALENDAR YEAR	
	□сом				\$	
	□отн	-	DATE		PER ELECTION (IF REQUIRED)	
	□ PTY □ SCC					
					\$	
	□IND		LENDER		CALENDAR YEAR	
	□сом				\$	
	□отн		DATE		PER ELECTION (IF REQUIRED)	
	□ PTY □ SCC					
					\$	
			su	BTOTAL \$	Enter on Summary Page, Line 17 only.	

## Schedule C Nonmonetary Contributions Received



pe or print in ink.		
nts may be rounded whole dollars.	Statement covers period	CALIFORN
	from 01-01-07-	FORM
	i	Maria

	-				from 01-C	01-07	FOR	M 400
EE INSTRUCTION	IS ON REVERSE				through O	1-20-07	Page	of
AME OF FILER	STEVEN K	OLLEA	2				I.D. NUMBE	R
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		RKET CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC			-			
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
Attach additi	ional information on appropriately lab	eled continuat	ion sheets.	SUBTO	OTAL \$			
1. Amount red (Include all	C Summary ceived this period – itemized nonmoneta Schedule C subtotals.)					IND	ontributor Cod – Individual M – Recipient (other tha	
3. Total nonmo	ceived this period – unitemized nonmone onetary contributions received this period 1 and 2. Enter here and on the Summar	d.			$\mathcal{C}$	PT	Y - Political P	g., business entity) arty htributor Committee

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

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates. Measures and Committees

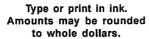
Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE D
Statement covers period	CALIFORNIA ACO
from 01-01-07	FORM 46U
through 01-20-07	Page of
	I.D. NUMBER

SEE INSTRUCTIO	NS ON REVERSE				through Ot 2			of
NAME OF FILER	STEVEN	Koutr					I.D. NUN	BER A
DATE	MEASURE NUMBER OR LE	FFICE, AND DISTRICT, OR ETTER AND JURISDICTION, IMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE CALENDAR (JAN. 1 - DI	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
	☐ Support	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support	☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
				SUBTOTAL	\$		. , .	
<ol> <li>Itemized co</li> <li>Unitemized</li> </ol>	d contributions and indep	endent expenditures mad	de this period of und	all Schedule D subtotals.) er \$100			\$ _	- D
<ol><li>Total contri</li></ol>	butions and independen	t expenditures made this	period. (Add Lines	1 and 2. Do not enter on the	e Summary Page.) .	ТО	TAL \$_	

Schedule	
<b>Payments</b>	Made



MBR member communications MTG meetings and appearances

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

Statement covers period	CALIFORNIA
from 01-01-07-	FORM
	<u> </u>

RAD radio airtime and production costs

returned contributions

through 01-20-07-Page

SCHEDULE .

SEE INSTRUCTIONS ON REVERSE

→ CMP campaign paraphernalia/misc.

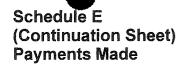
CNS campaign consultants

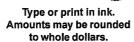
NAME OF FILER

KOLLER STEVEN

I.D. NUMBER

IND independent expenditure supporting/opposing others (explain)*POS postage, del	alating TEL t.v. or cable airtime and production costs	me candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID	
STEVEN KOLLER 1200 N. FLORES ST. #309 WEST HOLYWOOD, CA 90069	CMP	472°°	
	Pos	66 00	
	LIT	6800	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.  ** SUBTOTAL**			
1. Itemized payments made this period. (Include all Schedule E subtotals.)  2. Unitemized payments made this period of under \$100	1, Column (e).) \$	6560	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the	he Summary Page, Column A, Line 6.)	656-	







Statement covers period from 0(-0(-07)

through 0(-20-07)

I.D. NUMBER

CE INC	TRÚCTIONS	ON DEV	EDCE
) LL 1110	11100110110	014 1/17	-110

NAME OF FILER

STEVEN KOLLER

NAME AND ADDRESS OF PAYER

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

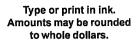
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs campaign paraphernalia/misc. MBR member communications MTG meetings and appearances returned contributions CNS campaign consultants contribution (explain nonmonetary)\* office expenses SAL campaign workers' salaries CTB OFC petition circulating civic donations PET TEL t.v. or cable airtime and production costs CVC FIL candidate filing/ballot fees phone banks candidate travel, lodging, and meals polling and survey research staff/spouse travel, lodging, and meals fundraising events FND independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS professional services (legal, accounting) LEG legal defense VOT voter registration print ads WEB information technology costs (internet, e-mail) campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
STEVEN KOLLER 1200 N. FLORES ST. #309 WEST HOWYWOOD, CA 90069	CUC	50.00

**SUBTOTAL \$** 

5000





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700	HEDULE F

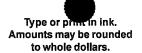
**CALIFORNIA** 

Statement covers period

from 01-01-07

Page. SEE INSTRUCTIONS ON REVERSE NAME OF FILER I D. NUMBER STEVEN KOLLER CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications returned contributions campaign consultants MTG meetings and appearances office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)\* petition circulating TEL t.v. or cable airtime and production costs CVC civic donations candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FIL staff/spouse travel, lodging, and meals FND fundraising events polling and survey research TRS independent expenditure supporting/opposing others (explain)\* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor IND LEG legal defense professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) campaign literature and mailings print ads (a) (b) (d) CODE OR NAME AND ADDRESS OF CREDITOR OUTSTANDING AMOUNT INCURRED AMOUNT PAID OUTSTANDING (IF COMMITTEE, ALSO ENTER I D. NUMBER) DESCRIPTION OF PAYMENT BALANCE BEGINNING THIS PERIOD THIS PERIOD BALANCE AT CLOSE OF THIS PERIOD (ALSO REPORT ON E) OF THIS PERIOD \* Payments that are contributions or independent expenditures must also be **SUBTOTALS \$** \$ \$ \$ summarized on Schedule D. Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F. Column (b) subtotals for 2. Total accrued expenses paid this period. (Include all Schedule F. Column (c) subtotals for payments on 3. Net change this period, (Subtract Line 2 from Line 1. Enter the difference here and 

Schedukus
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)



		EDULE
Statement covers period from O(-O(-07-	CALIFORNIA FORM	460
through 0(-20-07	Page of	

SEE INSTRUCTIONS ON REVERSE	through 0(-20-07	Page of
NAME OF FILER STEVEN KOWER		I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR		J
CODES: If one of the following codes accurately describes the payment, you may enter the code. Other	erwise, describe the payment.	

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

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

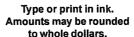
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			(	
Attach additional information on appropriately labeled continuation sheets.			TOTAL*	\$ 1

\* 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.

SCH		_	
N . H	 	-	н

Amoun		Amounts m	print in ink. lay be rounded le dollars.		Statement covers period from O(-8(-07		CALIFORN FORM	<sup>IA</sup> 460
SEE INSTRUCTIONS ON REVERSE		9			through 01-2	20-07	Page	of
NAME OF FILER  STEVEN	Koute						I.D. NUMBER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT O FORGIVENES THIS PERIOD	S CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID  \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION**
	·	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID  FORGIVEN	s	% RATE	\$	CALENDAR YEAR  \$ PER ELECTION**
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candid must also be summarized on Schedule D. Loans also be reported on Schedule E.		SUBTOTALS	\$	\$	\$	\$		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period  (Total Column (b) plus unitemized loans			•••••		\$		[	**If Required
Payments received on loans (Total Column (c) plus unitemized paym					\$		-	
3. Net change this period. (Subtract Line (Enter the net here and on the Summar					<b>NET</b> \$	y be a negative number	<del>)</del>	

Schedule I			
Miscellaneous	Increases	to	Cash



	SCHEDULE I
Statement covers period rom O(-0 ( - 0 7-	CALIFORNIA 460
hrough 01-20-07	Page of

		to whole dollars.	from 0(-01-07 through 0(-20-07	FORM 400
EE INSTRUCTIONS	S ON REVERSE		through 0(-20-07	Page of
AME OF FILER	STEVEN KOUER			I.D. NUMBER
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	·			
	,			
Attach addit	ional information on appropriately labeled continuation sheets.		SUBTOTAL	\$
2. Unitemized 3. Total of all i 4. Total misce	creases to cash this period	H, Column (e).) Enter here and on the	 \$\$	
Summary F	Page, Line 14.)		IOTAL \$	

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