

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
KOLLER FOR CONGRESS LLC

ADDRESS (number and street) PO BOX 3683
 Check if different than previously reported. (ACC) OCALA FL 34478

2. **FEC IDENTIFICATION NUMBER** C C00552448 CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) **OR** AMENDED (A) FL 11

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Victoria Ellen Boyne
Signature of Treasurer Victoria Ellen Boyne *[Electronically Filed]* Date M M / D D / Y Y Y Y
08 / 06 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
KOLLER FOR CONGRESS LLC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	9290.16	18671.97
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9290.16	18671.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17676.69	25763.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17676.69	25763.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5277.84	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	31658.17	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

KOLLER FOR CONGRESS LLC

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	874.33	1474.33
(ii) Unitemized.....	2792.19	5685.19
(iii) TOTAL of contributions from individuals ▶	3666.52	7159.52
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	5623.64	11512.45
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9290.16	18671.97
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10300.00	12280.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10300.00	12280.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1245.00	1245.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	20835.16	32196.97

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17676.69	25763.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	1155.23	1155.23
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	18831.92	26919.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3274.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20835.16
25. SUBTOTAL (add Line 23 and Line 24).....	24109.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18831.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5277.84

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

A. Full Name (Last, First, Middle Initial)
Michael Davis

Mailing Address 7746 SW 117th Street

City Ocala State FL Zip Code 34476

FEC ID number of contributing federal political committee. **C**

Name of Employer Unknown Occupation Unknown

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jan Grubman

Mailing Address 946 Pritchard Island Road

City Inverness State FL Zip Code 34450

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
296.05

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period
96.05

\$100 Act Blue Donation

C. Full Name (Last, First, Middle Initial)
Jan Grubman

Mailing Address 946 Pritchard Island Road

City Inverness State FL Zip Code 34450

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
392.10

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA11AI.4431

Amount of Each Receipt this Period
96.05

\$100 Act Blue Donation

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

442.10

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

A. Full Name (Last, First, Middle Initial)
Jan Grubman

Mailing Address 946 Pritchard Island Road

City Inverness State FL Zip Code 34450

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **584.20**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.4432

Amount of Each Receipt this Period
 192.10

\$200 Act Blue Donation

B. Full Name (Last, First, Middle Initial)
Gayle Marra

Mailing Address 1365 S Waterview Drive

City Inverness State FL Zip Code 34450

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retried

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **240.13**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2014

Transaction ID : SA11AI.4438

Amount of Each Receipt this Period
 240.13

\$250 Act Blue Donation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

432.23

874.33

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) DAVID C KOLLER		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2014	
Mailing Address 3821 SE 22 PLACE		Transaction ID : SA11D.4416	
City OCALA	State FL	Zip Code 34471	
FEC ID number of contributing federal political committee. C H4FL11071		Amount of Each Receipt this Period 600.00	
Name of Employer DST	Occupation Social Services		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10208.17		

Full Name (Last, First, Middle Initial) DAVID C KOLLER		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 3821 SE 22 PLACE		Transaction ID : SA11D.4415	
City OCALA	State FL	Zip Code 34471	
FEC ID number of contributing federal political committee. C H4FL11071		Amount of Each Receipt this Period 279.53	
Name of Employer DST	Occupation Social Services		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10487.70		

Full Name (Last, First, Middle Initial) DAVID C KOLLER		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 3821 SE 22 PLACE		Transaction ID : SA11D.4414	
City OCALA	State FL	Zip Code 34471	
FEC ID number of contributing federal political committee. C H4FL11071		Amount of Each Receipt this Period 500.00	
Name of Employer DST	Occupation Social Services		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10987.70		

SUBTOTAL of Receipts This Page (optional).....	1379.53
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) DAVID C KOLLER		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 3821 SE 22 PLACE		Transaction ID : SA11D.4413	
City OCALA	State FL	Zip Code 34471	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C H4FL11071			
Name of Employer DST	Occupation Social Services		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 11087.70		

Full Name (Last, First, Middle Initial) DAVID C KOLLER		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 3821 SE 22 PLACE		Transaction ID : SA11D.4656	
City OCALA	State FL	Zip Code 34471	Amount of Each Receipt this Period _____ 805.63
FEC ID number of contributing federal political committee. C H4FL11071			
Name of Employer DST	Occupation Social Services		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 22193.33		

Full Name (Last, First, Middle Initial) DAVID C KOLLER		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 3821 SE 22 PLACE		Transaction ID : SA11D.4655	
City OCALA	State FL	Zip Code 34471	Amount of Each Receipt this Period _____ 413.19
FEC ID number of contributing federal political committee. C H4FL11071			
Name of Employer DST	Occupation Social Services		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 22606.52		

SUBTOTAL of Receipts This Page (optional).....	_____ 1318.82
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

A. Full Name (Last, First, Middle Initial)
DAVID C KOLLER

Mailing Address 3821 SE 22 PLACE

City Ocala State FL Zip Code 34471

FEC ID number of contributing federal political committee. **C H4FL11071**

Name of Employer DST Occupation Social Services

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
23556.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11D.4654

Amount of Each Receipt this Period
950.03

B. Full Name (Last, First, Middle Initial)
DAVID C KOLLER

Mailing Address 3821 SE 22 PLACE

City Ocala State FL Zip Code 34471

FEC ID number of contributing federal political committee. **C H4FL11071**

Name of Employer DST Occupation Social Services

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25531.81

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11D.4651

Amount of Each Receipt this Period
1975.26

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2925.29

5623.64

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

A. Full Name (Last, First, Middle Initial)
Dean & Sons

Mailing Address P.O. Box 164

City State Zip Code
Edwardsville IL 62025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA15.4661

Amount of Each Receipt this Period
1200.00

Refund of Fees

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

1200.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) A. Christensen And Associates			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 2009 209 Pennsylvania Ave. SE			Amount of Each Disbursement this Period 2000.00
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Fundraising Consultant Monthly Fee		Category/ Type	Transaction ID : SB17.4550 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Christensen And Associates			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 2009 209 Pennsylvania Ave. SE			Amount of Each Disbursement this Period 2000.00
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Fundraising Consultant Monthly Fee		Category/ Type	Transaction ID : SB17.4560 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Christensen And Associates			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 2009 209 Pennsylvania Ave. SE			Amount of Each Disbursement this Period 2000.00
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Fundraising Consultant Monthly Fee		Category/ Type	Transaction ID : SB17.4572 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) A. Dean & Sons		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address P.O. Box 164		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4588
City Edwardsville	State IL	
Zip Code 62025	Purpose of Disbursement Fundraising Consultant Monthly Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Dean & Sons		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address P.O. Box 164		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4601
City Edwardsville	State IL	
Zip Code 62025	Purpose of Disbursement Fundraising Consultant Monthly Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Department of State		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 500 South Bronough Street		Amount of Each Disbursement this Period 10440.00 Transaction ID : SB17.4559
City Tallahassee	State FL	
Zip Code 32399	Purpose of Disbursement Quailifing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	12840.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) A. DST		Date of Disbursement MM / DD / YYYY 04 / 03 / 2014
Mailing Address 2855 SE 58th St		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4545
City Ocala	State FL Zip Code 34480	
Purpose of Disbursement RENT	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hernando County DEC		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 3432 Deltona Blvd		Amount of Each Disbursement this Period 474.05 Transaction ID : SB17.4563
City Spring Hill	State FL Zip Code 34608	
Purpose of Disbursement Phone Install	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Hernando County DEC		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 3432 Deltona Blvd		Amount of Each Disbursement this Period 101.00 Transaction ID : SB17.4574
City Spring Hill	State FL Zip Code 34608	
Purpose of Disbursement Phone Bill	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	975.05
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) A. William Lloyd		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 4037 NW Blitchton Road Apt 89B		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4551
City Ocala State FL Zip Code 34475	Purpose of Disbursement Office Staff 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. William Lloyd		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 4037 NW Blitchton Road Apt 89B		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4567
City Ocala State FL Zip Code 34475	Purpose of Disbursement Office Staff 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. William Lloyd		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4037 NW Blitchton Road Apt 89B		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4568
City Ocala State FL Zip Code 34475	Purpose of Disbursement Office Staff 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) A. William Lloyd		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 4037 NW Blitchton Road Apt 89B		Amount of Each Disbursement this Period 424.83 Transaction ID : SB17.4569
City Ocala State FL Zip Code 34475	Purpose of Disbursement Reimbursement of funds for purchase at Lowes Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. William Lloyd		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 4037 NW Blitchton Road Apt 89B		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4570
City Ocala State FL Zip Code 34475	Purpose of Disbursement Office Staff Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. William Lloyd		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 4037 NW Blitchton Road Apt 89B		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4575
City Ocala State FL Zip Code 34475	Purpose of Disbursement Office Staff Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	424.83
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) A. William Lloyd		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 4037 NW Blitchton Road Apt 89B		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4576
City Ocala	State FL	
Zip Code 34475	Purpose of Disbursement Office Staff	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Nation Builder		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 448 S Hill St, #200		Amount of Each Disbursement this Period 53.12 Transaction ID : SB17.4618
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Nation Builder		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 448 S Hill St, #200		Amount of Each Disbursement this Period 69.00 Transaction ID : SB17.4622
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	322.12
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) A. Regions Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2800 E Silver Springs Blvd		Amount of Each Disbursement this Period 36.00 Transaction ID : SB17.4527
City Ocala State FL Zip Code 34470	Purpose of Disbursement Overdraft Charge Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Regions Bank		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2800 E Silver Springs Blvd		Amount of Each Disbursement this Period 36.00 Transaction ID : SB17.4529
City Ocala State FL Zip Code 34470	Purpose of Disbursement Overdraft Charge Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Regions Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2800 E Silver Springs Blvd		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.4659
City Ocala State FL Zip Code 34470	Purpose of Disbursement Maintenance Fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	102.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) A. Shell Service Station		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 11091 Spring Hill Drive		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.4624
City Spring Hill	State FL	
Zip Code 34609	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Staples Organization		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1901 East Silver Springs Blvd		Amount of Each Disbursement this Period 82.67 Transaction ID : SB17.4599
City Ocala	State FL	
Zip Code 34470	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Staples Organization		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 1901 East Silver Springs Blvd		Amount of Each Disbursement this Period 52.99 Transaction ID : SB17.4632
City Ocala	State FL	
Zip Code 34470	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	165.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 400 SW 1st Ave		Amount of Each Disbursement this Period 98.00
City Ocala	State FL	
Zip Code 34472	Purpose of Disbursement Postage	Transaction ID : SB17.4581
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 400 SW 1st Ave		Amount of Each Disbursement this Period 49.00
City Ocala	State FL	
Zip Code 34472	Purpose of Disbursement Stamps	Transaction ID : SB17.4577
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Laura Williams		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2855 SE 58th st		Amount of Each Disbursement this Period 400.00
City Ocala	State FL	
Zip Code 34475	Purpose of Disbursement Advertising	Transaction ID : SB17.4616
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	547.00
TOTAL This Period (last page this line number only).....	15976.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS LLC

Full Name (Last, First, Middle Initial) A. DAVID C KOLLER		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 3821 SE 22 PLACE		Amount of Each Disbursement this Period 1155.23 Transaction ID : SB21.4657
City Ocala State FL Zip Code 34471	Purpose of Disbursement Automatic Bank Transfer Error	
Candidate Name DAVID C KOLLER	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 11		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1155.23
TOTAL This Period (last page this line number only).....	1155.23

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21

Transaction ID : SB21.4657

Bank Transferred money in error to one of the other accountes for Dave's Buisness. Moneys was retransferred on 6/13 of 1975.

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KOLLER FOR CONGRESS LLC** Transaction ID : **SC/10.4289**

LOAN SOURCE Full Name (Last, First, Middle Initial)
DAVID C KOLLER

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
3821 SE 22 PLACE

City State ZIP Code
OCALA FL 34471

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 11 / D 25 / Y 2013
Date Due: M / D / Y 0
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4314

KOLLER FOR CONGRESS LLC

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

DAVID C KOLLER

Primary

General

Other (specify) ▼

Mailing Address

3821 SE 22 PLACE

City

State

ZIP Code

OCALA

FL

34471

Original Amount of Loan

700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

700.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 27 / 2014

Date Due

M M / D D / Y Y Y Y
/ / 0

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

700.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KOLLER FOR CONGRESS LLC** Transaction ID : **SC/10.4377**

LOAN SOURCE Full Name (Last, First, Middle Initial) **DAVID C KOLLER** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 3821 SE 22 PLACE

City State ZIP Code
 Ocala FL 34471

Original Amount of Loan 280.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 280.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred M 02 / D 27 / Y 2014	Date Due M / D / Y 0	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	-------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 280.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KOLLER FOR CONGRESS LLC** Transaction ID : **SC/10.4665**

LOAN SOURCE Full Name (Last, First, Middle Initial) **DAVID C KOLLER** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
3821 SE 22 PLACE

City State ZIP Code
OCALA FL 34471

Original Amount of Loan 10300.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10300.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 05 / D 01 / Y 2014
 Date Due: M / D / Y 0
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	10300.00
TOTALS This Period (last page in this line only).....	▶	12280.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

KOLLER FOR CONGRESS LLC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DAVID C KOLLER

Nature of Debt (Purpose):
Political Consultant & Photographer

Mailing Address 3821 SE 22 PLACE

City State Zip Code
OCALA FL 34471

Outstanding Balance Beginning This Period

13600.00

Transaction ID : SD10.4290

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DAVID C KOLLER

Nature of Debt (Purpose):
Towards Consultation

Mailing Address 3821 SE 22 PLACE

City State Zip Code
OCALA FL 34471

Outstanding Balance Beginning This Period

5778.17

Transaction ID : SD10.4310

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5778.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

19378.17

2) **TOTALS** This Period (last page this line number only)

19378.17

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

12280.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

31658.17