

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2014 FEB -5 AM 11:51 FEDERAL CENTER

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

KOLLER FOR CONGRESS

ADDRESS (number and street)

PO BOX 3683

Check if different than previously reported. (ACC)

Ocala

FL

34479

2. FEC IDENTIFICATION NUMBER

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

11 ' 15 ' 2013

through

12 ' 31 ' 2013

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

Patricia Novak

Signature of Treasurer

[Signature]

Date

01 ' 28 ' 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

14031180520

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

KOLLER FOR CONGRESS

Report Covering the Period:

From:

11 ' 15 ' 2013

To:

12 ' 31 ' 2013

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))

0

0

(b) Total Contribution Refunds
(from Line 20(d))

0

0

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

0

0

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

0

0

(b) Total Offsets to Operating
Expenditures (from Line 14)

0

0

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

0

0

8. Cash on Hand at Close of
Reporting Period (from Line 27)

1,000.00

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

14,000.00

to the candidate

For further information contact:

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

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

14031180521

**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		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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

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

Mailing Address **PO Box 3683**

City **Ocala** State **FL** Zip Code **34478**

FEC ID number of contributing federal political committee. **C 00552448**

Name of Employer **DST** Occupation **Social Svcs**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt **12-05-2013**

Amount of Each Receipt this Period
**memo for candidate
advance for consultant
\$13,000.00**

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

Mailing Address **PO Box 3683**

City **Ocala** State **FL** Zip Code **34478**

FEC ID number of contributing federal political committee. **C 00552448**

Name of Employer **DST** Occupation **Social Svcs**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt **12-16-2013**

Amount of Each Receipt this Period
**memo for candidate
advance for photographer
\$600.00**

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **0 13,600.00**

TOTAL This Period (last page this line number only) **0 13,600.00**

14031180524

**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 OF	
	<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

A. Christensen and Associates

Full Name (Last, First, Middle Initial)

Mailing Address **2009 Pennsylvania Ave, SE**

City **Washington DC** State Zip Code **2003**

Purpose of Disbursement **consultant**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **12 '05' 2013**

Amount of Each Disbursement this Period **13,000.00**

Category/Type **MEMO**

B. Evans, Tony

Full Name (Last, First, Middle Initial)

Mailing Address **2176 E. Silver Springs Blvd**

City **Ocala FL** State Zip Code **34470**

Purpose of Disbursement **photographer for campaign**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **12 '16' 2013**

Amount of Each Disbursement this Period **600.00**

Category/Type **MEMO**

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

14031180525

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS

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

Mailing Address
PO BOX 3683

Election:
 Primary
 General
 Other (specify) ▼

City **Ocala** State **FL** ZIP Code **34478**

Original Amount of Loan **1,000.00** Cumulative Payment To Date **0** Balance Outstanding at Close of This Period **1,000.00**

TERMS Date Incurred **11/25/2013** Date Due **0** Interest Rate **0 % (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)..... ▶ **1,000.00**

TOTALS This Period (last page in this line only)..... ▶ **1,000.00**

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

14031180526

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KOLLER, DAVID	Nature of Debt (Purpose): Political Consultant & photographer for campaign
Mailing Address PO Box 3683	
City State Zip Code OCALA FL 34479	

Outstanding Balance Beginning This Period 0	Amount Incurred This Period 13,600.00	Payment This Period 0	Outstanding Balance at Close of This Period 13,600.00
---	---	---------------------------------	---

B. 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
---	-----------------------------	---------------------	---

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)	
2) TOTALS This Period (last page this line number only)	13,600.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	1,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	14,600.00

14031180527

**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	OF
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
KOLLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KOLLER, DAVID, C		Date of Receipt 11 ' 25 ' 2013
Mailing Address PO Box 3683		Amount of Each Receipt this Period 1,000.00
City Ocala	State FL Zip Code 34470	
FEC ID number of contributing federal political committee. 000552448		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

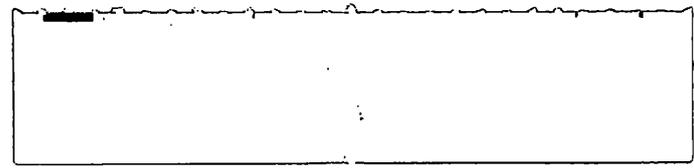
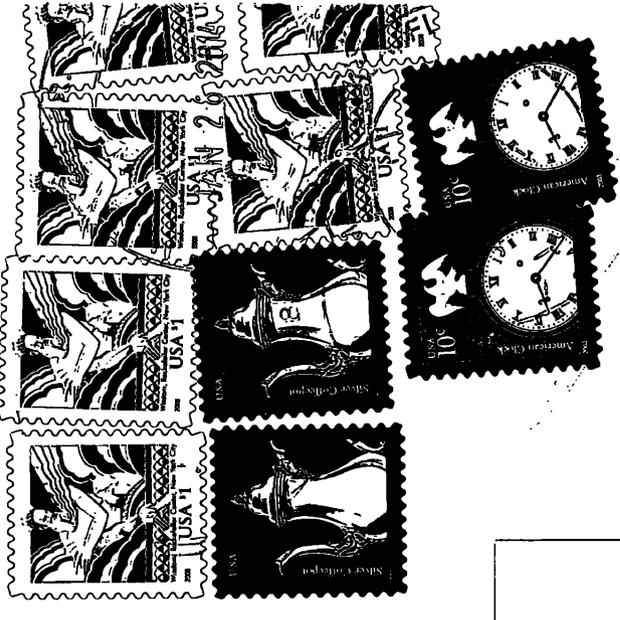
SUBTOTAL of Receipts This Page (optional).....	1,000.00
TOTAL This Period (last page this line number only).....	1,000.00

14031180528

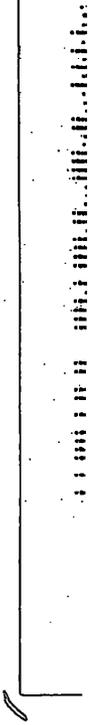
2 Koller
PO Box 3683
Ocala FL 34478

7012 2920 0001 9380 1706 14031180529

RETURN RECEIPT
REQUIRED



RECEIVED
2014 FEB -5 AMH
ED MAIL CEN



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
1/28/2014

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

OB
 PREPARER
 (8/2013)

2/5/2014
 DATE PREPARED

14031180530