

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

STEVE COLLETT FOR CONGRESS

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)).... | 20.04 | 12989.13 |
| (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))..... | 20.04 | 12989.13 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 52965.65 | 69259.71 |
| (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))..... | 52965.65 | 69259.71 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 147229.42 | |
| 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)..... | 223181.77 | |

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

STEVE COLLETT FOR CONGRESS

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)..... | 0.00 | 0.00 |
| (ii) Unitemized..... | 20.04 | 0.00 |
| (iii) TOTAL of contributions from individuals ▶ | 20.04 | 1754.04 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 11235.09 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 20.04 | 12989.13 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | | |
| | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 100000.00 | 203500.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 100000.00 | 203500.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | | |
| | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | | |
| | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 100020.04 | 216489.13 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 52965.65 | 69259.71 |
| 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 | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 52965.65 | 69259.71 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 100175.03 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 100020.04 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 200195.07 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 52965.65 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 147229.42 |

**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 19 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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)
STEVE COLLETT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Steve Collett

Mailing Address 1728 Abbot Kinney Blvd

City Venice State CA Zip Code 90291

FEC ID number of contributing federal political committee. **C H2CA36330**

Name of Employer Collett & Co., Inc. Occupation Certified Public Accountant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
11235.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 30 / 2012

Transaction ID : 13A-42

Amount of Each Receipt this Period
100000.00

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

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

Amount of Each Receipt this Period

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

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

100000.00

100000.00

**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 6 OF 19 | |
| | <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)
STEVE COLLETT FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. AMAC | | Date of Disbursement MM / DD / YYYY 03 / 29 / 2012 |
| Mailing Address 112 S. Catalina Ave. | | Amount of Each Disbursement this Period 3601.50 Transaction ID : 17-121 |
| City Redondo Beach | State CA | |
| Zip Code 90277 | Purpose of Disbursement Advertising | Category/ Type 004 |
| Candidate Name | 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) B. Crown Plaza | | Date of Disbursement MM / DD / YYYY 03 / 06 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 243.22 Transaction ID : 17-90 |
| City | State | |
| Zip Code | Purpose of Disbursement Ventura Convention 3/2-4/12 | Category/ Type 002 |
| Candidate Name | 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. David L. Gould Company | | Date of Disbursement MM / DD / YYYY 01 / 15 / 2012 |
| Mailing Address 3700 Wilshire Blvd., Ste.1050-B | | Amount of Each Disbursement this Period 175.03 Transaction ID : 17-70 |
| City Los Angeles | State CA | |
| Zip Code 90010 | Purpose of Disbursement Political Accounting | Category/ Type 001 |
| Candidate Name | 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)..... | 4019.75 |
| 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 7 OF 19 | | | |
| | <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)
STEVE COLLETT FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Hollywood Office | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 700.00 |
| City | State Zip Code | |
| Purpose of Disbursement General Administration | Candidate Name | Transaction ID : 17-112 |
| Category/Type 001 | | |
| 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) B. Libertarian National Convention | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012 |
| Mailing Address 11011 W. Charleston | | Amount of Each Disbursement this Period 890.00 |
| City | State Zip Code | |
| Las Vegas NV 89135 | | Transaction ID : 17-96 |
| Purpose of Disbursement 40th National Conv | Category/Type 001 | |
| Candidate Name Libertarian National Convention | | |
| 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. Logo Guru | | Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 255.00 |
| City | State Zip Code | |
| Purpose of Disbursement Advertising | Candidate Name | Transaction ID : 17-100 |
| Category/Type 004 | | |
| 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)..... | 1845.00 |
| 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 8 OF 19 | | | |
| | <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)
STEVE COLLETT FOR CONGRESS

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) A. Los Angeles Times | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012 |
| Mailing Address 202 W. 1st St. | | | Amount of Each Disbursement this Period 969.00 |
| City Los Angeles | State CA | Zip Code 90012 | |
| Purpose of Disbursement Advertising | Candidate Name | | Transaction ID : 17-97 |
| 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: | Category/Type 004 | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) B. NSON, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012 |
| Mailing Address 731 E. South Temple | | | Amount of Each Disbursement this Period 4800.00 |
| City Salt Lake City | State UT | Zip Code 84102 | |
| Purpose of Disbursement Opinion Research | Candidate Name | | Transaction ID : 17-113 |
| 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: | Category/Type 005 | | |

| | | | |
|---|--|----------|---|
| Full Name (Last, First, Middle Initial) c. Other World Computer | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2012 |
| Mailing Address | | | Amount of Each Disbursement this Period 364.97 |
| City | State | Zip Code | |
| Purpose of Disbursement Office Supplies | Candidate Name | | Transaction ID : 17-108 |
| 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: | Category/Type 001 | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6133.97 |
| 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 9 OF 19 | | | |
| | <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)
STEVE COLLETT FOR CONGRESS

| | | | | | | | | | | | | |
|---|---|--|------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | |
| A. PayPal | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>23</td> <td></td> <td>2012</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 03 | | 23 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 03 | | 23 | | 2012 | | | | | | | | |
| Mailing Address | | Amount of Each Disbursement this Period | | | | | | | | | | |
| City State Zip Code | | | | | | | | | | | | |
| Purpose of Disbursement PayPal Bsnk Verification | Category/ Type | <table border="1"> <tr> <td>0.26</td> </tr> </table> | 0.26 | | | | | | | | | |
| 0.26 | | | | | | | | | | | | |
| Candidate Name | Transaction ID : 17-109 | | | | | | | | | | | |
| Office Sought: | Disbursement For: | | | | | | | | | | | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|---|---|--|---------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | |
| B. NSON, Inc. | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>23</td> <td></td> <td>2012</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 03 | | 23 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 03 | | 23 | | 2012 | | | | | | | | |
| Mailing Address 731 E. South Temple | | Amount of Each Disbursement this Period | | | | | | | | | | |
| City State Zip Code | | | | | | | | | | | | |
| Purpose of Disbursement Opinion Research | Category/ Type | <table border="1"> <tr> <td>2000.00</td> </tr> </table> | 2000.00 | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | |
| Candidate Name | Transaction ID : 17-111-S | | | | | | | | | | | |
| Office Sought: | Disbursement For: | | | | | | | | | | | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | |

[MEMO ITEM]
SUBVENDOR to PayPal

| | | | | | | | | | | | | |
|---|---|--|---------|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | |
| C. PayPal | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>23</td> <td></td> <td>2012</td> </tr> </table> | M M | / | D D | / | Y Y Y Y | 03 | | 23 | | 2012 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | |
| 03 | | 23 | | 2012 | | | | | | | | |
| Mailing Address | | Amount of Each Disbursement this Period | | | | | | | | | | |
| City State Zip Code | | | | | | | | | | | | |
| Purpose of Disbursement NSON Opinion Research | Category/ Type | <table border="1"> <tr> <td>2000.00</td> </tr> </table> | 2000.00 | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | |
| Candidate Name | Transaction ID : 17-110 | | | | | | | | | | | |
| Office Sought: | Disbursement For: | | | | | | | | | | | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |
| State: District: | | | | | | | | | | | | |

| | | |
|---|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | <table border="1"> <tr> <td>2000.26</td> </tr> </table> | 2000.26 |
| 2000.26 | | |
| TOTAL This Period (last page this line number only)..... | <table border="1"> <tr> <td></td> </tr> </table> | |
| | | |

**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 10 OF 19 | | | |
| | <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)
STEVE COLLETT FOR CONGRESS

| | | | | | |
|---|--|--------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Sam H Sabzehzar | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012 | | |
| Mailing Address 258 Covina Avenue | | | Amount of Each Disbursement this Period 1000.00 | | |
| City Long Beach | State CA | Zip Code 90803 | Transaction ID : 17-72 | | |
| Purpose of Disbursement Outside services | | 001 Category/ Type | | | |
| Candidate Name | | | | | |
| 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) B. Sam H Sabzehzar | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012 | | |
| Mailing Address 258 Covina Avenue | | | Amount of Each Disbursement this Period 500.00 | | |
| City Long Beach | State CA | Zip Code 90803 | Transaction ID : 17-73 | | |
| Purpose of Disbursement Outside services | | 001 Category/ Type | | | |
| Candidate Name | | | | | |
| 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. Sam H Sabzehzar | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2012 | | |
| Mailing Address 258 Covina Avenue | | | Amount of Each Disbursement this Period 1000.00 | | |
| City Long Beach | State CA | Zip Code 90803 | Transaction ID : 17-75 | | |
| Purpose of Disbursement Outside services | | 001 Category/ Type | | | |
| Candidate Name | | | | | |
| 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)..... | 2500.00 |
| 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 11 OF 19 | | | |
| | <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)
STEVE COLLETT FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Sam H Sabzehzar | | Date of Disbursement MM / DD / YYYY 02 / 22 / 2012 |
| Mailing Address 258 Covina Avenue | | Amount of Each Disbursement this Period 2099.70 |
| City Long Beach | State CA | |
| Zip Code 90803 | Purpose of Disbursement Outside services | Transaction ID : 17-82 |
| Candidate Name | 001 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) B. Sam H Sabzehzar | | Date of Disbursement MM / DD / YYYY 02 / 28 / 2012 |
| Mailing Address 258 Covina Avenue | | Amount of Each Disbursement this Period 700.00 |
| City Long Beach | State CA | |
| Zip Code 90803 | Purpose of Disbursement Outside services | Transaction ID : 17-89 |
| Candidate Name | 001 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. Sam H Sabzehzar | | Date of Disbursement MM / DD / YYYY 03 / 09 / 2012 |
| Mailing Address 258 Covina Avenue | | Amount of Each Disbursement this Period 1000.00 |
| City Long Beach | State CA | |
| Zip Code 90803 | Purpose of Disbursement Outside services | Transaction ID : 17-95 |
| Candidate Name | 001 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)..... | 3799.70 |
| 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 12 OF 19 | |
| | <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)
STEVE COLLETT FOR CONGRESS

| | | | | |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Sam H Sabzehzar | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012 | |
| Mailing Address 258 Covina Avenue | | | Amount of Each Disbursement this Period 2300.00 | |
| City Long Beach | State CA | Zip Code 90803 | Transaction ID : 17-105 | |
| Purpose of Disbursement Outside services | | 001 Category/ Type | | |
| Candidate Name | | | | |
| 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) B. Sam H Sabzehzar | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012 | |
| Mailing Address 258 Covina Avenue | | | Amount of Each Disbursement this Period 1000.00 | |
| City Long Beach | State CA | Zip Code 90803 | Transaction ID : 17-119 | |
| Purpose of Disbursement Outside Services | | 001 Category/ Type | | |
| Candidate Name | | | | |
| 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. Secretary of State | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2012 | |
| Mailing Address 1500 11th St. | | | Amount of Each Disbursement this Period 1710.42 | |
| City Sacramento | State CA | Zip Code 95814 | Transaction ID : 17-85 | |
| Purpose of Disbursement Filing Fee | | 001 Category/ Type | | |
| Candidate Name | | | | |
| 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)..... | 5010.42 |
| 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 19 | | | |
| | <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)
STEVE COLLETT FOR CONGRESS

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Secretary of State | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012 |
| Mailing Address 1500 11th St. | | Amount of Each Disbursement this Period 21200.00 Transaction ID : 17-94 |
| City Sacramento State CA Zip Code 95814 | Purpose of Disbursement Ballot Statement 004 Category/Type | |
| Candidate Name | 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) B. Susan Soares | | Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 750.00 Transaction ID : 17-117 |
| City State Zip Code | Purpose of Disbursement Outside Services 001 Category/Type | |
| Candidate Name | 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. Topanga Earthday | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 1000.00 Transaction ID : 17-104 |
| City State Zip Code | Purpose of Disbursement Booth at Event 004 Category/Type | |
| Candidate Name | 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)..... | 22950.00 |
| 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 19 | |
| | <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)
STEVE COLLETT FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. United Airlines | | Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 315.20 |
| City | State Zip Code | |
| Purpose of Disbursement Airline Tickets | Candidate Name | Transaction ID : 17-83 |
| Category/Type 002 | | |
| 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) B. Wpromote, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 698.00 |
| City | State Zip Code | |
| Purpose of Disbursement Advertising | Candidate Name | Transaction ID : 17-88 |
| Category/Type 004 | | |
| 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. Bank of America | | Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 2099.70 |
| City | State Zip Code | |
| Purpose of Disbursement Credit Card Payment | Candidate Name | Transaction ID : 17-67-W |
| 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) | Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold. |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3112.90 |
| 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 19 | |
| | <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)
STEVE COLLETT FOR CONGRESS

| | | |
|--|----------------|---|
| Full Name (Last, First, Middle Initial) A. Bank of America | | Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 720.00 |
| City State Zip Code | | |
| Purpose of Disbursement Credit Card Payment | Candidate Name | Transaction ID : 17-80-W |
| 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) | Category/Type | Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold. |
| State: District: | | |

| | | |
|--|----------------|---|
| Full Name (Last, First, Middle Initial) B. Citi Cards | | Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2012 |
| Mailing Address | | Amount of Each Disbursement this Period 89.21 |
| City State Zip Code | | |
| Purpose of Disbursement Credit Card Payment | Candidate Name | Transaction ID : 17-68-W |
| 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) | Category/Type | Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold. |
| 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 | |
| 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) | Category/Type | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 809.21 |
| TOTAL This Period (last page this line number only)..... | 52181.21 |

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 : C10-4-LR

STEVE COLLETT FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

Steve Collett

Primary
 General
 Other (specify) ▼

Mailing Address

1728 Abbot Kinney Blvd

City

State

ZIP Code

Venice

CA

90291

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3500.00

0.00

3500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 29 D /

Y 2011 Y

M 12 M /

D 29 D /

Y 2012 Y

0.00 % (apr)

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)..... ▶

3500.00

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 : C10-1-LR

STEVE COLLETT FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2011

Steve Collett

Primary

General

Other (specify) ▼

Mailing Address

1728 Abbot Kinney Blvd

City

State

ZIP Code

Venice

CA

90291

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 29 D /

Y 2011 Y

M 12 M /

D 29 D /

Y 2012 Y

0.00 % (apr)

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)..... ▶

100000.00

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) **STEVE COLLETT FOR CONGRESS** Transaction ID : C10-2-LR

| | | |
|--|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Steve Collett | [PERSONAL FUNDS] | Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 1728 Abbot Kinney Blvd | | |

| | | |
|--------|-------|----------|
| City | State | ZIP Code |
| Venice | CA | 90291 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 100000.00 | 0.00 | 100000.00 |

TERMS

| | | | |
|----------------|----------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 03 / 30 / 2012 | 03 / 30 / 2013 | 0.00 % (apr) | <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: <input style="width: 100%;" type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|--|---|
| SUBTOTALS This Period This Page (optional)..... | <input style="width: 100%;" type="text" value="100000.00"/> |
| TOTALS This Period (last page in this line only)..... | <input style="width: 100%;" type="text" value="203500.00"/> |

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)

STEVE COLLETT FOR CONGRESS

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

Steve Collett

Nature of Debt (Purpose):

Misc.office expenses

Mailing Address 1728 Abbot Kinney Blvd

City State

Zip Code

Venice

CA

90291

Outstanding Balance Beginning This Period

19681.77

Transaction ID : D10-0-V

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19681.77

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)

19681.77

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

19681.77

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

203500.00

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

223181.77