

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2011 NOV -9 AM 10:03
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

COOLIDGE FOR CONGRESS

ADDRESS (number and street)

345 OLD SUTTON ROAD

(Check if address is changed)

BARRINGTON

IL

60010

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

FEC@CAMPAIGNFINANCES.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

11 / 4 / 2011

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

BRETT SMILEY

Signature of Treasurer

Date

11 / 04 / 2011

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

11030690039

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate LESLIE COOLIDGE

Candidate Party Affiliation DEM Office Sought: House Senate President State IL District 06

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

COOLIDGE FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

BRETT SMILEY

Mailing Address

118 NORTH MAIN STREET

SUITE 2

PROVIDENCE

RI

02903

Title or Position

CITY

STATE

ZIP CODE

CUSTODIAN OF RECORDS

Telephone number

401

454

0291
984

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

BRETT SMILEY

Mailing Address

118 NORTH MAIN STREET

SUITE 2

PROVIDENCE

RI

02903

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

401

454

0991

11030690041

Full Name of Designated Agent

BRETT SMILEY

Mailing Address

118 NORTH MAIN STREET

SUITE 2

PROVIDENCE

CITY

RI

STATE

02903

ZIP CODE

Title or Position

DESIGNATED AGENT

Telephone number

401

454

0991

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CHASE

Mailing Address

136 WEST NORTHWEST HIGHWAY

BARRINGTON

CITY

IL

STATE

60010

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030690042

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
11/4/11

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No Postmark

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

Received from House Records & Registration Office Date of Receipt

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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

11/9/11
 DATE PREPARED

11030690043