

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Carl Mark Coester

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))....	<input type="text" value="2882.64"/>	<input type="text" value="45093.49"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="2882.64"/>	<input type="text" value="45093.49"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="3600.00"/>	<input type="text" value="168163.93"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="3600.00"/>	<input type="text" value="168163.93"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="- 11624.84"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="114000.00"/>	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Carl Mark Coester

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).....	2600.00	18073.17
(ii) Unitemized.....	282.64	3059.59
(iii) TOTAL of contributions from individuals ▶	2882.64	21132.76
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	23960.73
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2882.64	45093.49
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	114000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	114000.00
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)..... ▶	2882.64	159093.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3600.00	168163.93
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) ▶	3600.00	168163.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	- 10907.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2882.64
25. SUBTOTAL (add Line 23 and Line 24).....	- 8024.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3600.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	- 11624.84

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 11
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
Carl Mark Coester

A. Full Name (Last, First, Middle Initial)
Frey, Robert, W, ,

Mailing Address 850 Clay Hill RD

City Johnson State VT Zip Code 05656

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Self

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 05 / 2025

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period
250.00

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)
Gassett, Dale and Nancy, , ,

Mailing Address 121 West Road

City Vernon State VT Zip Code 05354

FEC ID number of contributing federal political committee. C

Name of Employer Westfield Construction Occupation Superintendant

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 27 / 2025

Transaction ID : SA11AI.4428

Amount of Each Receipt this Period
100.00

Memo Item
Donation

C. Full Name (Last, First, Middle Initial)
Handy, John & Jennifer, , ,

Mailing Address 257 West Shore RD

City South Hero State VT Zip Code 05486

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 03 / 2025

Transaction ID : SA11AI.4438

Amount of Each Receipt this Period
1000.00

Memo Item
Donation

SUBTOTAL of Receipts This Page (optional).....▶ 1350.00

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: PAGE 6 OF 11
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Carl Mark Coester

A. Full Name (Last, First, Middle Initial)
Kenyon, Rick, , ,

Mailing Address 175 Upper Dummerdton Rd

City Brattleboro State VT Zip Code 05301

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2025

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period
250.00

Memo Item
Donation

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

Mailing Address 485 Rice Farm RD

City Dummerston State VT Zip Code 05301

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Sheep

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 02 / 2025

Transaction ID : SA11AI.4436

Amount of Each Receipt this Period
1000.00

Memo Item
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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	2600.00

**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 7 OF 11	
	<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)
Carl Mark Coester

Full Name (Last, First, Middle Initial) A. McShane LLC		Date of Disbursement MM / DD / YYYY 07 / 28 / 2025
Mailing Address 6950 Obannon Dr Ste 100		FEC Identification Number C C00874214
City Las Vegas	State NV	Zip Code 89117
Purpose of Disbursement Campain Managemt Team		Amount of Each Disbursement this Period 1200.00
Candidate Name Carl Mark Coester		Transaction ID : SB17.4444
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VT District: 01		

Full Name (Last, First, Middle Initial) B. McShane LLC		Date of Disbursement MM / DD / YYYY 08 / 31 / 2025
Mailing Address 6950 Obannon Dr Ste 100		FEC Identification Number C C00874214
City Las Vegas	State NV	Zip Code 89117
Purpose of Disbursement Campain Managemt Team		Amount of Each Disbursement this Period 1200.00
Candidate Name Carl Mark Coester		Transaction ID : SB17.4445
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VT District: 01		

Full Name (Last, First, Middle Initial) C. McShane LLC		Date of Disbursement MM / DD / YYYY 09 / 29 / 2025
Mailing Address 6950 Obannon Dr Ste 100		FEC Identification Number C C00874214
City Las Vegas	State NV	Zip Code 89117
Purpose of Disbursement Campain Managemt Team		Amount of Each Disbursement this Period 1200.00
Candidate Name Carl Mark Coester		Transaction ID : SB17.4446
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: VT District: 01		

SUBTOTAL of Disbursements This Page (optional).....▶	3600.00
TOTAL This Period (last page this line number only).....▶	3600.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Carl Mark Coester** Transaction ID : **SC/10.4121**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
Carl Mark Coester			<input checked="" type="checkbox"/> Primary
Mailing Address Po Box 37			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Westminster	State VT	ZIP Code 05158	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 01 / 2024	M M / D D / Y Y Y Y 1/1/2028	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:
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).....▶	4000.00
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) **Carl Mark Coester** Transaction ID : **SC/10.4122**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
Carl Mark Coester			<input checked="" type="checkbox"/> Primary
Mailing Address Po Box 37			<input type="checkbox"/> General
City Westminster		State VT	<input type="checkbox"/> Other (specify) ▼
ZIP Code 05158		<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	05 / 10 / 2024	1/1/2028	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:
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).....▶	30000.00
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) **Carl Mark Coester** Transaction ID : **SC/10.4123**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
Carl Mark Coester			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
Po Box 37			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input type="checkbox"/> Personal Funds of the Candidate
Westminster	VT	05158	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 14 / 2024	1/1/2028	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:
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).....▶	20000.00
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) **Carl Mark Coester** Transaction ID : **SC/10.4271**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
Carl Mark Coester			<input type="checkbox"/> Primary
Mailing Address Po Box 37			<input checked="" type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Westminster	State VT	ZIP Code 05158	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 60000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 60000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 02 / 2024	12/31/2026	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:
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).....▶	60000.00
TOTALS This Period (last page in this line only).....▶	114000.00

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