Image#	202207139518427004
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07/13/2022 18 : 56

PAGE 1 / 24

FEC FORM 3		D DIS	OF RE BURSE	MENTS		Of	fice Use Only
1. NAME OF COMMITTEE (in		Pe or print		kample: If typin ver the lines.	g, type	12FE4M5	
Coolidge For C	Congress						
ADDRESS (number an	1	45 Old Sutton F	Road				
Check if dif		l					010
reported. (A							
2. FEC IDENTIFIC	CATION NUME	BER 🔻	CITY A			STATE A	ZIP CODE ▲
C C0050561	0		3. IS THIS REPORT	× NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF RE		• One)	(b) 12-Day <b>PRI</b>	E-Election Repo		_	
April 15	Quarterly Repo	rt (Q1)		Primary (12P)		General (12G	
× July 15	Quarterly Repo	rt (Q2)		Convention (	12C)	Special (12S)	
Octobe	r 15 Quarterly R	eport (Q3)	Election or	M M /	D D /	Y Y Y Y	in the State of
January	/ 31 Year-End R	eport (YE)	(c) 30-Day <b>PO</b> 3	ST-Election Rep	oort for the:		
				General (30G	)	Runoff (30R)	Special (30S)
Termina	ition Report (TEF	3)	Election or	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period	M M 04	/ 01 /	Y Y Y Y 2022	through	м <sup>в</sup> м 06	/ D D / Y 30	Y Y Y 2022
<i>I certify that I have e</i> Type or Print Name o		eport and to t Coolidge, Leslie		nowledge and l	belief it is ti	rue, correct and c	omplete.
Signature of Treasure	•	, Leslie, , ,		[Electronically ]	Filed]	Date	13 / Y Y Y Y 2022
NOTE: Submission of	false, erroneous	, or incomplete	information may	subject the pers	son signing	this Report to the p	penalties of 52 U.S.C. §30109
Office Use Only							FEC FORM 3 (Revised 05/2016)

6

SUMMARY PAGE of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Schedule C and/or Schedule D).....

PAGE 2 / 24

ž022

<sup>M</sup>06

To:

M

D D

30

COLUMN B

**Election Cycle-to-Date** 

## Write or Type Committee Name Coolidge For Congress Μ M D D 04 01 2022 Report Covering the Period: From: COLUMN A **This Period** Net Contributions (other than loans)

0.	INCL			
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
	(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))	0.00 7 7	0.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	120.00
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	15.41
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	104.59
8.		sh on Hand at Close of porting Period (from Line 27)	0.00	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed <b>BY</b> Committee (Itemize all on	143008.02	

## For further information contact:

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

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

Image# 20	22071395	18427006
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	FEC Form 3 (Revised 05/2016)	DETAILED SUMMARY PAGE of Receipts	PAGE 3 / 24
	/rite or Type Committee Name Coolidge For Congress		
_			
Re	eport Covering the Period: From:	04 / D D / Y Y Y Y 01 2022 To:	M M / D D / Y Y Y Y 06 30 / 2022
	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	0.00	0.00
	(iii) TOTAL of contributions	0.00	0.00
		0.00	0.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(such as PACs)		
	<ul><li>(d) The Candidate</li><li>(e) TOTAL CONTRIBUTIONS</li></ul>	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	, , , 0.00	0.00
13.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	0.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS	0.00	0.00
	(add Lines 13(a) and (b))		
	OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	15.41
	OTHER RECEIPTS	0.00	0.00
	(Dividends, Interest, etc.) TOTAL RECEIPTS (add Lines	9 9 8	
	11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	15.41

Image# 202207139518427007

FEC Form 3 (Revised 05/2016)

## DETAILED SUMMARY PAGE

of Disbursements

PAGE 4 / 24

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OI	PERATING EXPENDITURES	0.00	120.00
	RANSFERS TO OTHER JTHORIZED COMMITTEES	0.00	0.00
	DAN REPAYMENTS: ) Of Loans Made or Guaranteed by the Candidate	, , , 0.00	, , 0.00
(b) (c)	·	0.00	0.00
20. RE (a)	EFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other Than Political Committees	0.00	0.00
(b) (c)		0.00	0.00
(d)	) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. 0	THER DISBURSEMENTS	0.00	0.00
	DTAL DISBURSEMENTS dd Lines 17, 18, 19(c), 20(d), and 21)	0.00	120.00

## III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		3	_	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		3	_	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		,	-	0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		,	-	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7		0.00

•			r	PAGE 5 OF 24		
CHEDULE C (FEC Form 3) DANS		Use separate schedule(s) for each category of the Detailed Summary Page				
AME OF COMMITTEE (In Full) Coolidge For Congress			Transad	ction ID : SC/10.4139		
LOAN SOURCE Full Name (Last, First, Mi Coolidge, Leslie, , ,	ddle Initial)		🗌 Memo Item	Election: 2012		
Mailing Address 345 Old Sutton Road				Other (specify)		
City Barrington Hills	State	ZIP Code 60010	9	Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa		Date Bala	ance Outstanding at Close of This Peric		
13540.04		,	1500.00	12040.04		
TERMS Date Incurred	l	Date Due	Interest Rate (If none, enter			
M10 <sup>M</sup> / D18 <sup>D</sup> / Y Ž01Ť Y	M M / D I	2 / Y 12		.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
City State	ZIP Code		Amount Guaranteed Outstanding:	7		
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:	g		
UBTOTALS This Period This Page (optional). OTALS This Period (last page in this line onl				12040.04		

•		_		PAGE 6 OF 24			
CHEDULE C (FEC Form 3) DANS			Use separate schedule(s) for each category of the Detailed Summary Page				
ME OF COMMITTEE (In Full) Coolidge For Congress			Transac	tion ID : SC/10.4138			
LOAN SOURCE Full Name (Last, First, Mic Coolidge, Leslie, , ,	ddle Initial)		Memo Item	Election: 2012			
Mailing Address 345 Old Sutton Road				General Other (specify) ▼			
City Barrington Hills	State	ZIP Code 60010		Personal Funds of the Candidat			
Original Amount of Loan	Cumulative Pa		te Bala	nce Outstanding at Close of This Peric			
100.00			0.00	100.00			
TERMS Date Incurred	[	Date Due	Interest Rate (If none, enter				
M11M / D08D / Y Ž01Ť Y	M M / D D	° ′ <sup>°</sup> 12/3	1/12 <sup>Y</sup> 0.0	00 % (apr) Yes X N			
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)		Na	Name of Employer				
Mailing Address			ccupation				
City State	ZIP Code	G	mount uaranteed utstanding:	y y			
2. Full Name (Last, First, Middle Initial)		Na	ame of Employer				
Mailing Address		0	ccupation				
City State	City State ZIP Code			Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Na	Name of Employer				
Mailing Address		0	ccupation				
City State	ZIP Code	G	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Na	Name of Employer				
Mailing Address			Occupation				
City State	ZIP Code	G	mount uaranteed utstanding:	9 1 9 1 7 1			
UBTOTALS This Period This Page (optional).			—— H	100.00 7 7			

lage# 202201 10001042101	•				PAGE 7 OF 24			
CHEDULE C (FE DANS	C Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page				
AME OF COMMITTEE (In Coolidge For Congi	,			Transac	ction ID : SC/10.4137			
LOAN SOURCE Full N Coolidge, Leslie,	•	Idle Initial)		🗌 Memo Item	Election: 2012 Primary General			
Mailing Address 345 Old Sutton Road					Other (specify) ▼			
City Barrington Hills		State IL	ZIP Code 60010	9	Personal Funds of the Candidate			
Original Amount of Loa	an	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio			
,	500.00			0.00	500.00			
TERMS Date Inc	curred	C	Date Due	Interest Rate (If none, enter				
M12 <sup>M</sup> / D15 <sup>D</sup> /	YŽ01ŤY	M M / D D	/ Y 12	ý31/ǐ12 <sup>×</sup> 0.	00 % (apr) Yes 🗴 No			
List All Endorsers or 0	、 <b>.</b> ,	o Loan Source						
1. Full Name (Last, Fir	st, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	ity State ZIP Code				Amount Guaranteed Outstanding:			
2. Full Name (Last, Firs	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	City State ZIP Code				Amount Guaranteed Outstanding:			
3. Full Name (Last, Firs	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State ZIP Code			Amount Guaranteed Outstanding:				
4. Full Name (Last, Firs	t, Middle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 7 1			
<b>COTALS</b> This Period	,				500.00 7 7			
Carry outstanding balance	e only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forv	vard to appropriate line of Summ			

					PAGE 8 OF 24	
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full) Coolidge For Congress				Transa	ction ID : SC/10.4142	
LOAN SOURCE Full Name (Coolidge, Leslie, , ,	Last, First, Mic	ddle Initial)		Memo Item	<b>x</b> Primary	
Mailing Address 345 Old Sutton Road					General Other (specify) ▼	
City Barrington Hills		State	ZIP Code 60010	9	Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Pa	yment To D	Date Bal	  ance Outstanding at Close of This Peric	
	5154.15			0.00	5154.15	
TERMS Date Incurred		[	Date Due	Interest Rat (If none, ente	er 0)	
<sup>M</sup> 01 <sup>M</sup> / <sup>D</sup> 02 <sup>D</sup> / <sup>Y</sup> 2	2012´ <sup>Y</sup>	M M / D D	<sup>/</sup> <sup>Y</sup> 12	ý31/12 <sup>v</sup> 0	0.00 % (apr) Yes ✗ №	
List All Endorsers or Guaran		o Loan Source				
1. Full Name (Last, First, Mic	Idle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1	
2. Full Name (Last, First, Mide	dle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · ·	
3. Full Name (Last, First, Mide	dle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y y y y	
4. Full Name (Last, First, Mide	dle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
UBTOTALS This Period This Pa OTALS This Period (last page i					5154.15	

0	0.12				PAGE 9 OF 24		
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page			
ME OF COMMITTEE oolidge For Con	, ,			Transa	ction ID : SC/10.4141		
LOAN SOURCE Ful Coolidge, Leslie	II Name (Last, First, Mic 2, , ,	ddle Initial)		Memo Item	Election: 2012 Primary General		
Mailing Address 345 Old Sutton Road					Other (specify)		
City Barrington Hills		State IL	ZIP Code 60010	9	Personal Funds of the Candidat		
Original Amount of	Loan	Cumulative Pa	ayment To D	Date Ba	ance Outstanding at Close of This Peric		
	11000.00			0.00	11000.00		
TERMS Date	Incurred		Date Due	Interest Ra (If none, ente			
<sup>M</sup> 02 <sup>M</sup> / <sup>D</sup> 23 <sup>D</sup>	<sup>/</sup> Ý Ž01Ž <sup>Y</sup>	M M / D	D / Y 12		0.00		
	r Guarantors (if any) t	o Loan Source		Name of Employer			
1. Full Name (Last,	First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·	Name of Employer			
Mailing Address			(	Occupation			
City	State	ZIP Code	(	Amount Guaranteed Outstanding:	y y		
2. Full Name (Last, F	First, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	- y - 1 - y - 1 - w - 1		
3. Full Name (Last, F	First, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code	(	Amount Guaranteed Outstanding:	y		
4. Full Name (Last, F	First, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code	(	Amount Guaranteed Outstanding:	y 1 9 1 1 1		
	d This Page (optional). st page in this line only				7 7 7 11000.00 7 7 7 7 7		

ME OF COMMITTEE (In Full) oolidge For Congress	orm 3)			Use separate schedule for each category of th	
oolidge For Congress		CHEDULE C (FEC Form 3) OANS			e (check only one) X 13a 13b
				Transac	tion ID : SC/10.4140
LOAN SOURCE Full Name Coolidge, Leslie, , ,	(Last, First, Mid	dle Initial)		Memo Item	Election: 2012 X Primary General
Mailing Address 345 Old Sutton Road					Other (specify)
City Barrington Hills		State IL	ZIP Code 60010	)	X Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pay	yment To D	ate Bala	nce Outstanding at Close of This Perio
<u>y</u> <u>y</u>	15000.00	· · · · · · · · · · · · · · · · · · ·		0.00	15000.00
TERMS Date Incurred		C	Date Due	Interest Rate (If none, enter	
M02M / D26D / Y	ž012 <sup>v</sup>	M M / D D	/ ¥ 12/	/31/12 <sup>Y</sup> 0.0	
List All Endorsers or Guara	antors (if any) to	b Loan Source			
1. Full Name (Last, First, M	iddle Initial)		1	Name of Employer	
Mailing Address			(	Occupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y y
2. Full Name (Last, First, Mic	ddle Initial)	·	1	Name of Employer	
Mailing Address			(	Occupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y y
3. Full Name (Last, First, Mic	ddle Initial)		1	Name of Employer	
Mailing Address			(	Occupation	
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	y
4. Full Name (Last, First, Mid	ddle Initial)		1	Name of Employer	
Mailing Address			(	Occupation	
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	9 1 9 1 4 1
JBTOTALS This Period This F					15000.00

	•			r	
SCHEDULE C (FEC Form 3) .OANS				Use separate schedule for each category of t Detailed Summary Pag	he (check only one) × 13a
AME OF COMMITTEE (In Coolidge For Congr	,			Transac	ction ID : SC/10.4143
LOAN SOURCE Full N Coolidge, Leslie, ,	• • •	ddle Initial)		🗌 Memo Item	Election: 2012 Primary General
Mailing Address 345 Old Sutton Road					Other (specify) ▼
City Barrington Hills		State IL	ZIP Code 60010	e	Personal Funds of the Candidate
Original Amount of Loa	n	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Peric
	15900.95			0.00	15900.95
TERMS Date Inc	urred	[	Date Due	Interest Rate (If none, enter	
M03M / D07D /	<sup>ү</sup> Ž01Ž <sup>ү</sup>	M M / D D	0 / Y 12	∛31/12 <sup>×</sup> 0.	00 % (apr) Yes X No
List All Endorsers or G	auarantors (if any) t	o Loan Source			
1. Full Name (Last, First	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State ZIP Code			Amount Guaranteed Outstanding:	
2. Full Name (Last, Firs	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, Firs	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, Firs	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
SUBTOTALS This Period T					15900.95
Carry outstanding balance	only to LINE 3, Sch	nedule D, for thi	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary

separate schedule ach category of t led Summary Pag	the (check only one) × 13a
Transac	ction ID : SC/10.4146
Memo Item	Election: 2012 Primary General
	Other (specify)
	Personal Funds of the Candidate
Bala	ance Outstanding at Close of This Perio
0.00	653.85
Interest Rate (If none, enter	
0.	.00 % (apr) Yes 🗴 No
f Employer	
ion	
Amount Guaranteed Outstanding:	
Employer	
ion	
eed ding:	y
Employer	
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eed ding:	y y
Employer	
ion	
eed ding:	y
	653.85
	ule D, carry for

lage# 2022011000104210					DA 05 40 05 04
CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of t Detailed Summary Pag	he (check only one) × 13a
ame of committee (i Coolidge For Cong	,			Transac	ction ID : SC/10.4144
LOAN SOURCE Full Coolidge, Leslie,	• • •	ddle Initial)		🗌 Memo Item	Election: 2012 Frimary General
Mailing Address 345 Old Sutton Road					Other (specify) <b>v</b>
City Barrington Hills		State IL	ZIP Code 60010	9	Personal Funds of the Candidate
Original Amount of Lo	oan	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio
	6000.00			0.00	6000.00
TERMS Date Ir	ncurred	[	Date Due	Interest Rate (If none, enter	
<sup>M</sup> 03 <sup>M</sup> / <sup>D</sup> 09 <sup>D</sup>	<sup>7</sup> Ž01Ž <sup>Y</sup>	M M / D D	y 12	ў́31/1́2 <sup>×</sup> 0.	00 % (apr) Yes 🗴 No
List All Endorsers or	Guarantors (if any) t	o Loan Source			
1. Full Name (Last, F	irst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State ZIP Code			Amount Guaranteed Outstanding:	
2. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 y 1 y
4. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y x .
SUBTOTALS This Period					6000.00 7 7
Carry outstanding balan	ce only to LINE 3, Sch	nedule D, for thi	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.

			r		PAGE 14 OF 24
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page	
ME OF COMMITTEE (In Fu oolidge For Congres				Transad	ction ID : SC/10.4145
LOAN SOURCE Full Nam Coolidge, Leslie, , ,	ie (Last, First, Mid	dle Initial)		Memo Item	Election: 2012 X Primary General
Mailing Address 345 Old Sutton Road					Other (specify)
City Barrington Hills		State IL	ZIP Code 60010		Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa	yment To Da	ate Bala	ance Outstanding at Close of This Perio
<u> </u>	18861.70	<u> </u>		0.00	18861.70
TERMS Date Incurre	ed	C	Date Due	Interest Rate (If none, ente	
M03 <sup>M</sup> / D13 <sup>D</sup> / Y	Ž01Ž <sup>v</sup>	M M / D D	′ <sup>×</sup> 12)	31/12 <sup>Y</sup> 0.	.00 % (apr) Yes X No
List All Endorsers or Gua	arantors (if any) to	b Loan Source			
1. Full Name (Last, First,	Middle Initial)		1	Name of Employer	
Mailing Address			C	Dccupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	
2. Full Name (Last, First, N	Middle Initial)		١	Name of Employer	
Mailing Address			(	Decupation	
City	State	ZIP Code	0	Amount Guaranteed Dutstanding:	y y
3. Full Name (Last, First, N	Middle Initial)	1	Ν	Name of Employer	
Mailing Address			C	Dccupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y y
4. Full Name (Last, First, M	Middle Initial)		٩	Name of Employer	
Mailing Address			(	Dccupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y y
JBTOTALS This Period This	s Page (optional)			······ •	18861.70

CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of t Detailed Summary Pag	the (check only one) × 13a	
ame of committee Coolidge For Cor	( )			Transac	ction ID : SC/10.4147
LOAN SOURCE Fu	II Name (Last, First, Mic e, , ,	ddle Initial)		🗌 Memo Item	Election: 2012 Primary <b>x</b> General
Mailing Address 345 Old Sutton Road					Other (specify) ▼
City Barrington Hills		State IL	ZIP Code 60010	9	X Personal Funds of the Candidate
Original Amount of	Loan	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio
, .	2661.28			0.00	2661.28
TERMS Date	Incurred	[	Date Due	Interest Rate (If none, enter	
<sup>M</sup> 03 <sup>M</sup> / <sup>D</sup> 20 <sup>D</sup>	<sup>7</sup> Ž01Ž <sup>Y</sup>	M M / D D	y 12	)/31/12 <sup>Y</sup> 0.	.00 % (apr) Yes X No
List All Endorsers of	or Guarantors (if any) t	o 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:	y y
3. Full Name (Last,	First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last,	First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
	od This Page (optional). ast page in this line only				2661.28
Carry outstanding bala	ince only to LINE 3, Sch	nedule D, for thi	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.

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CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of t Detailed Summary Pag	he (check only one) X 13a
ME OF COMMITTEE (In Full) coolidge For Congress				Transac	ction ID : SC/10.4148
LOAN SOURCE Full Name (La Coolidge, Leslie, , ,	ast, First, Mio	ddle Initial)		Memo Item	Election: 2012 Primary X General
Mailing Address 345 Old Sutton Road					Other (specify) ▼
City Barrington Hills		State IL	ZIP Code 60010		Personal Funds of the Candidat
Original Amount of Loan		Cumulative Pa	ayment To D	ate Bala	ance Outstanding at Close of This Perio
<u>y</u> <u>y</u> 1	000.00	3		0.00	1000.00
TERMS Date Incurred		[	Date Due	Interest Rate (If none, enter	
M04M / D03D / Y Ž0	1Ž <sup>Y</sup>	M M / D D	2 / Y 12	31/12 <sup>Y</sup>	w (apr) Yes ₩ N
List All Endorsers or Guarante		o Loan Source			
1. Full Name (Last, First, Midd	le Initial)		ſ	Name of Employer	
Mailing Address				Dccupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y
2. Full Name (Last, First, Middle	e Initial)		1	Name of Employer	
Mailing Address			(	Dccupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y y
3. Full Name (Last, First, Middle	e Initial)		1	Name of Employer	
Mailing Address			(	Dccupation	
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	· · · · · · · · · ·
4. Full Name (Last, First, Middle	e Initial)		1	Name of Employer	
Mailing Address			(	Dccupation	
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	y y
UBTOTALS This Period This Pag OTALS This Period (last page in					, , 1000.00

hage# 202201 1000104210	20			Г	
CHEDULE C (FEC Form 3) OANS			Use separate schedul for each category of t Detailed Summary Pag	the (check only one) × 13a	
AME OF COMMITTEE (II Coolidge For Cong	,			Transad	ction ID : SC/10.4149
LOAN SOURCE Full Coolidge, Leslie,	•	ddle Initial)		🗌 Memo Item	Election: 2012 Primary <b>x</b> General
Mailing Address 345 Old Sutton Road					Other (specify)
City Barrington Hills		State IL	ZIP Code 60010	e	Personal Funds of the Candidate
Original Amount of Lo	ban	Cumulative Pa	yment To E	Date Bala	ance Outstanding at Close of This Perio
,	1652.64			0.00	1652.64
TERMS Date In	ncurred	[	Date Due	Interest Rate (If none, ente	
<sup>M</sup> 04 <sup>M</sup> / <sup>D</sup> 26 <sup>D</sup>	<sup>′</sup> <sup>Y</sup> Ž01Ž <sup>Y</sup>	M M / D D	9 / Y 12	Ž/31/12 <sup>Y</sup> 0.	.00 % (apr) Yes X No
List All Endorsers or	Guarantors (if any) t	o Loan Source			
1. Full Name (Last, F	irst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last, Fir	rst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, Fir	rst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, Fir	rst, Middle Initial)	ļ		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
SUBTOTALS This Period					1652.64
Carry outstanding baland	ce only to LINE 3, Scł	nedule D, for thi	s line. If n	o Schedule D, carry for	ward to appropriate line of Summary.

CHEDULE C (FEC Form 3) OANS			Use separate schedul for each category of t Detailed Summary Pa	the (check only one) ¥ 13a	
ME OF COMMITTEE (In Full) coolidge For Congress				Transa	ction ID : SC/10.4136
LOAN SOURCE Full Name (L Coolidge, Leslie, , ,	ast, First, Mio	ddle Initial)		Memo Item	Primary
Mailing Address 345 Old Sutton Road					Cher (specify) ▼
City Barrington Hills		State	ZIP Code 60010	•	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Pa	lyment To D	ate Bal	ance Outstanding at Close of This Perio
	71.61	9		0.00	71.61
TERMS Date Incurred		[	Date Due	Interest Rat (If none, ente	
<sup>M</sup> 10 <sup>M</sup> / <sup>D</sup> 01 <sup>D</sup> / <sup>Y</sup> Ž(	)1Ž <sup>Y</sup>	M M / D D	y 12	/31/12 <sup>Y</sup> 0	.00 % (apr) Yes X No
List All Endorsers or Guarant		o Loan Source			
1. Full Name (Last, First, Mide	dle Initial)			Name of Employer	
Mailing Address			(	Dccupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y
2. Full Name (Last, First, Midd	le Initial)		1	Name of Employer	
Mailing Address			(	Occupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	
3. Full Name (Last, First, Midd	le Initial)		1	Name of Employer	
Mailing Address				Dccupation	
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	
4. Full Name (Last, First, Midd	le Initial)		1	Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	y 1 1 y 1 1 x 1
UBTOTALS This Period This Pa OTALS This Period (last page in					, , 71.61

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HEDULE C (FEC Form 3) ANS		Use separate schedu for each category of Detailed Summary Pa	the (check only one) × 13a
ME OF COMMITTEE (In Full) oolidge For Congress		Transa	action ID : SC/10.4132
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	iddle Initial)	Memo Item	Election: 2012 Primary General
Mailing Address 345 Old Sutton Road			Other (specify)
City Barrington Hills	State	ZIP Code 60010	Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	ment To Date Ba	Iance Outstanding at Close of This Perio
439.77		0.00	439.77
TERMS Date Incurred	[	ate Due Interest Ra (If none, enter	
M10 <sup>M</sup> / D19 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y 12/31/12 Y	0.00 % (apr) Yes X 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:	y y y y y
2. Full Name (Last, First, Middle Initial)	·	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y =
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y
JBTOTALS This Period This Page (optional)			439.77

	•			<b></b>	
CHEDULE C (FEC Form 3) .OANS			Use separate schedule for each category of t Detailed Summary Pag	the (check only one) × 13a	
AME OF COMMITTEE (In Coolidge For Congr	,			Transac	ction ID : SC/10.4150
LOAN SOURCE Full N Coolidge, Leslie,	• • •	ddle Initial)		🗌 Memo Item	Election: 2012 Primary K General
Mailing Address 345 Old Sutton Road					Other (specify)
City Barrington Hills		State IL	ZIP Code 60010	e	X Personal Funds of the Candidate
Original Amount of Loa	IN	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio
	12000.00			0.00	12000.00
TERMS Date Inc	urred	[	Date Due	Interest Rate (If none, enter	
M10 <sup>M</sup> / D19 <sup>D</sup> /	YŽ01Ž Y	M M / D D	/ Y 12	ý31/12 <sup>×</sup> 0.	.00 % (apr) Yes X No
List All Endorsers or G	Guarantors (if any) t	o Loan Source			
1. Full Name (Last, First	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State ZIP Code			Amount Guaranteed Outstanding:	
2. Full Name (Last, Firs	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	g
3. Full Name (Last, Firs	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, Firs	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
SUBTOTALS This Period T					12000.00
Carry outstanding balance	only to LINE 3, Sch	nedule D, for thi	s line. If n	o Schedule D, carry for	ward to appropriate line of Summary.

lage# 202201 100010421024	r				
CHEDULE C (FEC Form 3) OANS			Use separate schedule for each category of t Detailed Summary Pag	the (check only one) × 13a	
AME OF COMMITTEE (In Coolidge For Congre	,			Transac	ction ID : SC/10.4135
LOAN SOURCE Full Na Coolidge, Leslie, ,	•	Idle Initial)		🗌 Memo Item	Election: 2012 Primary <b>x</b> General
Mailing Address 345 Old Sutton Road					Other (specify)
City Barrington Hills		State IL	ZIP Code 60010	3	✗ Personal Funds of the Candidate
Original Amount of Loa	n	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio
,	32161.19	· · · · ·		0.00	32161.19
TERMS Date Inc.	urred	C	Date Due	Interest Rate (If none, enter	
M10 <sup>M</sup> / D26 <sup>D</sup> /	<sup>ү</sup> Ž01Ž <sup>ү</sup>	M M / D D	/ Y 12	ў́31/1́2 <sup>×</sup> 0.	.00 % (apr) Yes X No
List All Endorsers or G	Guarantors (if any) t	o Loan Source			
1. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State ZIP Code			Amount Guaranteed Outstanding:	
2. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
3. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First	t, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
<b>CUBTOTALS</b> This Period T					32161.19
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summ

lage# 202201100010421020							
CHEDULE C (FEC DANS	Form 3)			Use separate schedule for each category of t Detailed Summary Pag	he (check only one) × 13a		
AME OF COMMITTEE (In F Coolidge For Congre	,			Transac	ction ID : SC/10.4134		
LOAN SOURCE Full Na Coolidge, Leslie, ,	•	Idle Initial)		🗌 Memo Item	Election: 2012 Primary Ceneral		
Mailing Address 345 Old Sutton Road					Other (specify)		
City Barrington Hills		State IL			Personal Funds of the Candidate		
Original Amount of Loan		Cumulative Payment To Date		Date Bala	ance Outstanding at Close of This Perio		
	6000.00			0.00	6000.00		
TERMS Date Incu	irred	Γ	Date Due	Interest Rate (If none, enter			
M11M / D02D /	<sup>ү</sup> Ž01Ž <sup>ү</sup>	M M / D D	/ Y 12	ў́31/12 <sup>×</sup> 0.	00 % (apr) Yes 🗴 No		
List All Endorsers or G	uarantors (if any) t	o 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	ate ZIP Code		Amount Guaranteed Outstanding:			
3. Full Name (Last, First,	3. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation			
City	State	ZIP Code Gu		Amount Guaranteed Outstanding:	y y		
4. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y		
SUBTOTALS This Period T	,				6000.00		
Carry outstanding balance	only to LINE 3, Sch	edule D, for thi	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary		

age# 202207 100010421020							
CHEDULE C (FEC DANS	C Form 3)			Use separate schedule for each category of t Detailed Summary Pag	the (check only one) × 13a		
AME OF COMMITTEE (In I Coolidge For Congre	,			Transac	ction ID : SC/10.4130		
LOAN SOURCE Full Na Coolidge, Leslie, ,	•	Idle Initial)		🗌 Memo Item	Election: 2012 Primary General		
Mailing Address 345 Old Sutton Road					Other (specify) ▼		
City Barrington Hills		State IL	ZIP Code 60010	9	X Personal Funds of the Candidate		
Original Amount of Loan		Cumulative Payment To Date		Date Bala	ance Outstanding at Close of This Peric		
	1780.84			0.00	1780.84		
TERMS Date Incu	irred	Γ	Date Due	Interest Rate (If none, enter			
M11M / D06D /	<sup>ү</sup> Ž01Ž <sup>ү</sup>	M M / D D	9 / Y 12	ў́31/12 <sup>×</sup> 0.	.00 % (apr) Yes 🗴 No		
List All Endorsers or G	uarantors (if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
City	State	State ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Last, First	, Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ate ZIP Code		Amount Guaranteed Outstanding:			
3. Full Name (Last, First	, Middle Initial)			Name of Employer			
Mailing Address	Mailing Address				Occupation		
City	State	ZIP Code G		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 T					1780.84		
Carry outstanding balance	only to LINE 3, Sch	edule D, for thi	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.		

				PAGE 24 OF 24	
SCHEDULE C (FEC Form 3) LOANS			Use separate schedule for each category of th Detailed Summary Pag	e(s) FOR LINE NUMBER:	
NAME OF COMMITTEE (In Full) Coolidge For Congress			Transac	tion ID : SC/10.4164	
LOAN SOURCE Full Name (Last, First, Mic Coolidge, Leslie, , ,	ddle Initial)		Memo Item Election: 2012 Primary General		
Mailing Address 345 Old Sutton Road				Cher (specify) ▼	
City Barrington Hills	State IL	ZIP Code 60010	e	X Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Payment To Date Ba		Date Bala	nce Outstanding at Close of This Period	
30.00		7	0.00	30.00	
TERMS Date Incurred   M12 <sup>M</sup> / 01 <sup>D</sup> / Y 2012 Y	M M / D D	Date Due	Interest Rate (If none, enter )/31/12 Y 0.1		
List All Endorsers or Guarantors (if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	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:	-7 - 7	
SUBTOTALS This Period This Page (optional).				30.00	
TOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Sch				143008.02 vard to appropriate line of Summary.	