PAGE 1 / 24

REPORT OF RECEIPTS AND DISBURSEMENTS

For An	Authorized Committee	!	Off	ice Use Only
NAME OF COMMITTEE (in full) TYPE OR PRIMARY TYPE O	IT ▼ Example: over the li	If typing, type nes.	12FE4M5	
Coolidge For Congress				ı
<u> </u>				
ADDRESS (number and street)	n Road			
▼				
Check if different than previously reported. (ACC)			LIL 600	010
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲		STATE A	ZIP CODE ▲
C C00505610	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One)	(b) 12-Day PRE -Electio	n Report for the		
(a) Quarterly Reports:			_	
April 15 Quarterly Report (Q1)	Primai	ry (12P)	General (12G)	Runoff (12R)
	Conve	ention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)	м	M / D D	/ Y Y Y Y	in the
October 15 Quarterly Report (Q3)	Election on		, I	State of
January 31 Year-End Report (YE)	(c) 30-Day POST -Electi	on Report for the	<u>.</u>	
_				0 : 1 (220)
	Gener	al (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M / D D	/ Y Y Y Y	in the State of
5. Covering Period 07 01	/ Y Y Y Y Y Y thr	rough 09	M / D D / Y	Y Y Y 2022
I certify that I have examined this Report and a Coolidge, Le Type or Print Name of Treasurer		e and belief it is	true, correct and co	omplete.
Coolidge, Leslie, , ,	[Electro	nically Filed]	Date	D D / Y Y Y Y Y Y Y 2022
NOTE: Submission of false, erroneous, or incomp	ete information may subject	the person signing	this Report to the p	enalties of 52 U.S.C. 830109
Office	oto imorriadori may subject	pordori digrillig	, and respond to the p	
Use Only				FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2022 2022 09 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 120.00 (from Line 17) (b) Total Offsets to Operating 15.41 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 104.59 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 143008.02 Schedule C and/or Schedule D).....

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 05/2016)

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Write or Type Committee Name

Coolidaa	Eor	Congre	
Coolidge	LOI	Congre	:55

Report Covering the Period: From: 07 / 01 / 2022 To: MMM / 09 / 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 from individuals	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	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	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	0.00	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	15.41	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	15.41	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 24

	II. DISBURSEMENTS	DISBURSEMENTS COLUMN A Total This Period			
17.	OPERATING EXPENDITURES	0.00	120.00		
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		
		0.00	0.00		
	(b) Political Party Committees(c) Other Political Committees	, , , ,	0.00		
	(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		
<u> </u>	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	120.00		
	III. CASH SU	MMARY			
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00		
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	0.00		
25.	SUBTOTAL (add Line 23 and Line 24)		0.00		
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	0.00		
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		0.00		

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

FOR LINE NUMBER: (check only one)

PAGE 5

X 13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4139
LOAN SOURCE Full Name // get First N	liddle Initial	
Coolidge, Leslie, , ,	☐ Memo Item	
Mailing Address 345 Old Sutton Road	Other (specify)	
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
13540.04		1500.00 12040.04
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D18 ^D / Y Ž01ť Y	M M / D D	/ Y 12⅓31/12 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
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
CURTOTAL C This Deviced This Dega (entioned	N	
SUBTOTALS This Period This Page (optional)	12040.04
TOTALS This Period (last page in this line or	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 6
FOR LINE NUMBER: (check only one)

X 13a 13b

OF

NAME OF COMMIT Coolidge For			Transaction ID : SC/10.4138
Coolidge, L	E Full Name (Last, First, eslie, , ,	Middle Initial)	☐ Memo Item
Mailing Address 345 Old Sutton F	s Road	Other (specify) ▼	
City		State	ZIP Code Personal Funds of the Candidate
Barrington Hills		IL	60010 Telsonal Funds of the Candidate
Original Amount of Loan Cumulative Payment To			ayment To Date Balance Outstanding at Close of This Period
	100.00		0.00
TERMS	Date Incurred	ı	Date Due Interest Rate Secured: (If none, enter 0)
M11M /	^o 08 ^d / ^y ž01ť ^y	M M / D I	0.00 % (apr) Yes X No
List All Endors	sers or Guarantors (if any) to Loan Source	
1. Full Name ((Last, First, Middle Initial)		Name of Employer
Mailing Add	dress		Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (L	_ast, First, Middle Initial)		Name of Employer
Mailing Add	ress		Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (L	_ast, First, Middle Initial)	'	Name of Employer
Mailing Add	ress		Occupation
	12	1	Amount Guaranteed
City	State	ZIP Code	Outstanding:
4. Full Name (L	ast, First, Middle Initial)	•	Name of Employer
Mailing Add	ress		Occupation
	1-	1	Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This	Period This Page (option	al)	100.00
		·	
Carry outstanding	balance only to LINE 3.	Schedule D, for thi	nis line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

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OF

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Transaction ID: SC/10.4137 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 D 15D Ž011 Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 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.

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

FOR LINE NUMBER: (check only one)

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OF

		130			
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4142			
	Middle Initial				
Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,				
Mailing Address 345 Old Sutton Road	Other (specify)				
City	State	ZIP Code Personal Funds of the Candidate			
Barrington Hills	IL	60010			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
5154.15		0.00 5154.15			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M01M / D02D / Y 2012 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			
	1	Amount Guaranteed			
City	ZIP Code	Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
	1	Amount Guaranteed			
City State	ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
	T	Amount Guaranteed			
City	ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
CURTOTAL C. This Deviced This Days (antisys	.n				
SUBTOTALS This Period This Page (optional		5154.15			
TOTALS This Period (last page in this line o	nly)	······································			
Carry outstanding balance only to LINE 3, \$	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

FOR LINE NUMBER: (check only one)

PAGE

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OF

Transaction ID: SC/10.4141 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 11000.00 0.00 11000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D23^D M 02M Ž01Ž Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 11000.00 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.

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

FOR LINE NUMBER: (check only one)

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OF

		100		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4140		
LOAN COURCE Full Name (Load First N	U-1-II- I:4:-I\	Memo Item Election: 2012		
Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,			
Mailing Address 345 Old Sutton Road	General Other (specify) ▼			
City	State	ZIP Code Personal Funds of the Candidate		
Barrington Hills	IL	60010 Personal runds of the Candidate		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
15000.00		0.00 15000.00		
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)		
M02 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	/ Y 12Ў31/12 Y 0.00		
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	•	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
		, 10000.00		
TOTALS This Period (last page in this line or	nly)	······································		
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

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FOR LINE NUMBER: (check only one)

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OF

		100			
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4143			
LOAN COURSE Full Name (Last First I	M:-I-II- I:+:-IV	Memo Item Election: 2012			
Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,				
Mailing Address 345 Old Sutton Road	General Other (specify) ▼				
City	State	ZIP Code Personal Funds of the Candidate			
Barrington Hills	IL	60010 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
15900.95	,	0.00 15900.95			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M03M / D07D / Y Z01Ž 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			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
CURTOTAL C. This Deviced This Device (authors	.n				
SUBTOTALS This Period This Page (optional		15900.95			
TOTALS This Period (last page in this line of	only)	······			
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

FOR LINE NUMBER: (check only one)

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OF

		100		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4146		
	Middle Initial	Memo Item Election: 2012		
Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,			
Mailing Address 345 Old Sutton Road	General Other (specify) ▼			
City	State	ZIP Code Personal Funds of the Candidate		
Barrington Hills	IL	60010		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
653.85		0.00 653.85		
TERMS Date Incurred	[Oate Due Interest Rate Secured: (If none, enter 0)		
M03M / D07D / Y 2012 Y	M M / D D	/		
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed		
City	ZIP Code	Outstanding:		
2. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
20		Amount Guaranteed		
City State	ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed		
City State	ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona	1			
CODICIALS THIS FEROU THIS FAGE (OPLICITA	,	653.85		
TOTALS This Period (last page in this line of	ly)	······································		
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

PAGE

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13b NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4144 Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D09D M 03M Ž01Ž Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 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.

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

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4145
LOAN SOURCE Full Name (Last, First,	Middle Initial	Floation
Coolidge, Leslie, , ,	☐ Memo Item	
Mailing Address 345 Old Sutton Road	Other (specify)	
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
18861.70		0.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M03 ^M / D13 ^D / Y Ž01Ž Y	M M / D D	/
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	e ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	e ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount
City State	e ZIP Code	Guaranteed Outstanding:
CURTOTAL O TILL D. L. LTILL D LTILL D	n	
SUBTOTALS This Period This Page (option	າສາງ	18861.70
TOTALS This Period (last page in this line	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4147 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General X Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2661.28 0.00 2661.28 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D20^D M 03M Ž01Ž Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2661.28 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.

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

FOR LINE NUMBER: (check only one)

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OF

						130	
	ME OF COMMITTEE (In Full) oolidge For Congress				Transa	action ID : SC/10.4148	
Щ	LOAN SOURCE Full Name (Last,	First Mic	Idle Initial)			n Election: 2012	
	Coolidge, Leslie, , ,				Primary		
	Mailing Address 345 Old Sutton Road						
City		State	ZIP Co	de	Personal Funds of the Candidate		
Barrington Hills IL 6001			60010		To receive the data and		
	Original Amount of Loan		Cumulative Pay	yment To		alance Outstanding at Close of This Period	
	1000	0.00	,		0.00	1000.00	
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, ent		
	M04 ^M / D03 ^D / Y 2012	Y	M M / D D	/ Y 1	2/31/12 ^Y	% (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
	3. Full Name (Last, First, Middle In	itial)	•		Name of Employer Occupation Amount		
	Mailing Address						
		_					
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
				Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9	
SI	UBTOTALS This Period This Page (optional)			······	1000.00	
т	OTALS This Period (last page in this	s line only	y)		······		
C	carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.	

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

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FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4149
LOAN SOURCE Full Name (Last, First, Mi	ddla Initial\	
Coolidge, Leslie, , ,	udie iriitiai)	☐ Memo Item Election: 2012 ☐ Primary ☐ General
Mailing Address 345 Old Sutton Road		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pay	rment To Date Balance Outstanding at Close of This Period
1652.64		0.00 1652.64
TERMS Date Incurred		ate Due Interest Rate Secured: (If none, enter 0)
M04 ^M / P26 ^D / Y Ž01Ž Y	M M / D D	/ 12/31/12 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTAL C This Davied This Davis (antisya)		
SUBTOTALS This Period This Page (optional)		1652.64
TOTALS This Period (last page in this line onl	y)	······································
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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		Detailed Gain	13				
NAME OF COMMITTEE (In Full) Coolidge For Congress		•	Transaction ID : SC/10.4136				
3							
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	☐ Me	mo Item Election: 2012				
Coolidge, Leslie, , ,			Primary				
Mailing Address			General Other (specify) ▼				
Mailing Address 345 Old Sutton Road		— Other (specify) \blacktriangledown					
City	State	ZIP Code	Personal Funds of the Candid				
Barrington Hills	IL	60010					
Original Amount of Loan	Cumulative Pa	yment To Date	Balance Outstanding at Close of This Pe				
71.61	1	0.00	71.61				
2 2	7	2	3 3 3				
TERMS Date Incurred	Γ		erest Rate Secured: one, enter 0)				
M10M / D01D / Y Ž01Ž Y	M M / D D	/ 12/31/12 Y	0.00 % (apr) Yes				
List All Endorsers or Guarantors (if any) to Loan Source						
1. Full Name (Last, First, Middle Initial)		Name of Employ	ver				
Mailing Address		Occupation					
		Amount					
City State	ZIP Code	Guaranteed					
Oity	Zii Oode	Outstanding:	7 7 7				
2. Full Name (Last, First, Middle Initial)		Name of Employ	Name of Employer				
Mailing Address		Occupation	Occupation				
		Amount					
City	ZIP Code	Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employ	Name of Employer				
Mailing Address		Occupation					
		Amount					
City State	ZIP Code	Guaranteed					
		Outstanding:	, , , -				
4. Full Name (Last, First, Middle Initial)		Name of Employ	ver				
Mailing Address		Occupation	Occupation				
		Amount					
City State	ZIP Code	Guaranteed Outstanding:					
	I	I					
SUBTOTALS This Period This Page (optional	l)		71.61				
TOTALS This Period (last page in this line o	nly)						
Carry outstanding balance only to LINE 3, S	Cohodulo D. for thi	s line If no Schodule D	party forward to appropriate line of Comme				
Larry outstanding palance only to LINE 3. S	ochedule D, lor thi	s mie. II no achequie D. C	arry forward to appropriate line of Summal				

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

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OF

						•				130
AME OF COMMITTEE (In Full) Coolidge For Congress					Trans	saction I	D : SC/10.4	132		
LOAN SOURCE Full Name (Last, Firs Coolidge, Leslie, , ,			Memo Ite	em Elec	ction: 2012 Primary General	2				
Mailing Address 345 Old Sutton Road							Other (spec	cify) 🔻		
City	S	State	ZIP Cod	de		×	Personal I	Funds of	the Can	didata
Barrington Hills		IL	60010				Personali	-unus oi	THE Carl	Jiuale
Original Amount of Loan		Cumulative Pay	ment To	Date	В	alance (Outstanding	at Close	of This	Period
439.77		2		0.00			,		439.77	
TERMS Date Incurred		Da	ate Due		Interest F (If none, er			Sec	cured:	
M10M / D19D / Y Ž01Ž Y	М	M / D D	/ Y 1	2/31/12 Y		0.00	% (apr)		Yes x	No
List All Endorsers or Guarantors (if a	any) to	Loan Source								
1. Full Name (Last, First, Middle Initia	al)			Name of Em	ployer					
Mailing Address				Occupation						
				Amount Guaranteed						
City	City State ZIP Code			Outstanding:						
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)					Name of Employer				
Mailing Address				Occupation						
City Sta	ate	ZIP Code		Amount Guaranteed						
,		211 0000		Outstanding:		7	7			
3. Full Name (Last, First, Middle Initial))			Name of Employer						
Mailing Address				Occupation						
City	ate	ZIP Code		Amount Guaranteed		•			\neg	
,		ZIP Code		Outstanding:		7	7			
4. Full Name (Last, First, Middle Initial))			Name of Em	ployer					
Mailing Address				Occupation						
	_	I=== 0 .		Amount					$\overline{}$	
City	ate	ZIP Code		Guaranteed Outstanding:		7	7			
CHRIOTALS This Deviced This Deep (april	onal)	•								_
SUBTOTALS This Period This Page (option	uidi)				···· •		7	7	439.77	_
FOTALS This Period (last page in this line	e only) .				····• •		,	7		
Carry outstanding balance only to LINE	3, Sche	dule D, for this	line. If I	no Schedule	D, carry f	orward	to appropri	ate line o	of Sumn	nary.

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

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		13b
AME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4150
LOAN SOURCE Full Name (Last, First, Mic Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road	ddle Initial)	☐ Memo Item ☐ Primary ☐ General ☐ Other (specify) ▼
City Barrington Hills	State	ZIP Code 60010 Personal Funds of the Candidat
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period 0.00 12000.00
TERMS Date Incurred M10M / D19D / Y Z01Z Y	D	Date Due Interest Rate (If none, enter 0) Output Out
List All Endorsers or Guarantors (if any) t	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	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	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional). FOTALS This Period (last page in this line only		,
Carry outstanding balance only to LINE 3. Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

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OF

_						130		
	ME OF COMMITTEE (In Full) Coolidge For Congress				Transac	ction ID : SC/10.4135		
	LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	First, Mid	Idle Initial)		☐ Memo Item	Election: 2012 Primary		
	Mailing Address 345 Old Sutton Road				✓ General Other (specify) ▼			
	City		State	ZIP Co 60010		Personal Funds of the Candidate		
	Barrington Hills							
	Original Amount of Loan 32161	.19	Cumulative Pay	yment To	Date Bala	ance Outstanding at Close of This Period 32161.19		
	TERMS Date Incurred			ate Due	Interest Rat			
	M10 ^M / D26 ^D / Y Ž01Ž	Y	M M / D D	/ Y	(If none, ente	00		
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer			
	Mailing Address				Occupation			
	0:1	0	710.0		Amount Guaranteed			
	City	State	ZIP Code			y y w		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed			
	-		211 0000		Outstariumg.	7		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7		
	4. Full Name (Last, First, Middle In	itial)		Name of Employer				
	Mailing Address				Occupation			
				Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9		
S	UBTOTALS This Period This Page (optional)				32161.19		
	OTALS This Period (last page in this					02101110		
			•			, , , , , , , , , , , , , , , , , , ,		
l C	arry outstanding balance only to LI	N⊏ 3, Sch	eaule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

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13b Transaction ID: SC/10.4134 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General X Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 D02D Ž01Ž Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 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.

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

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4130
LOAN COURCE Full Names // set First N	الماطاء المنافاءا/	Firefree
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	ilddie initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
1780.84		0.00 1780.84
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M11M / D06D / Y Ž01Ž Y	M M / D D	/
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		
CODICIALS This renou this rage (optional	,	1780.84
TOTALS This Period (last page in this line or	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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			Detailed Currinary	l age	13b		
NAME OF COMMITTEE (In Full)			Tran	saction ID : SC/10.4164			
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo Ite	em Election: 2012			
Coolidge, Leslie, , ,				Primary			
				X General			
Mailing Address 345 Old Sutton Road		Other (specify) ▼					
City	State	ZIP Code	1	N Damas at Family of the	0		
Barrington Hills	IL	60010		Y Personal Funds of the	Candidate		
Original Amount of Loan	Cumulative Pay	yment To D	ate E	Balance Outstanding at Close of	This Period		
30.00			0.00				
TERMS Date Incurred	C	Date Due	Interest F		d:		
M12M / D01D / Y Ž01Ž Y	M M / D D	/ Y 12	(If none, e	0.00			
		12,	0.7.2	% (apr) Ye	s X No		
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(Occupation				
		7	Amount				
City	ZIP Code	I	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	1	1	Name of Employer				
Mailing Address			Occupation				
		7	Amount				
City	ZIP Code		Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	1	1	Name of Employer				
Mailing Address		(Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address			Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7			
SUBTOTALS This Period This Page (optional).			<u> </u>	3	0.00		
TOTALS This Period (last page in this line only	/)		······································	14300	8.02		
Carry outstanding balance only to LINE 3, Sci	nedule D. for this	s line. If no	Schedule D. carry f	orward to appropriate line of S	ummarv.		