PAGE 1 / 24

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

COORDINGTEE (in full) Coolidge For Congress 345 Old Sutton Road ADDRESS (number and street) Check if different than previously reported. (ACC) Barrington reported. (ACC) CITY A STATE A ZIP CODE A STATE ▼ DISTRICT CITY A STATE ▼ DISTRICT REPORT (N) OR AMENDED (a) Quarterly Report (Choose One) (a) Quarterly Report (Cloose One) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) April 15 Quarterly Report (Q3) July 16 Quarterly Report (Q3) January 31 Year-End Report (YE) (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Termination Report (TER) L General (30G) Runoff (30R) Special (30S) Election on Jelection on	FORM 3	For An A	authorized Com	ımittee		Office Use Only
ADDRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION NUMBER C C C00505610 3. IS THIS NEW NOR AMENDED (A) A. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) C C) General (30G) Runoff (30R) Felection on F		TYPE OR PRIN	·		type 12FE4M5	5
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than previously reported. (ACC) Barrington CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT LL	ADDRESS (number and street) ▼	1				1
2. FEC IDENTIFICATION NUMBER ▼ C C00505610 3. IS THIS REPORT (N) OR AMENDED (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (YE) General (30G) Termination Report (TER) CITY ▲ STATE ★ ZIP CODE ▲ STATE ▼ DISTRICT (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Special (12S) Flection on State of STATE ▼ DISTRICT II. 06 STATE ▼ DISTRICT II. 06 Special (12R) Fin the State of General (30G) Runoff (30R) Special (30S) Felection on Special (30S) Termination Report (TER) STATE ▼ DISTRICT STATE ▼ DISTRICT STATE ▼ DISTRICT STATE ▼ DISTRICT II. 06 Special (12C) Special (12C) Flection on Special (12C) Flection on Special (12C) Special (12C) Flection on Special (30C) Flection on Special (30C) Special (30C) Flection on Special (30C) F		Damianta				60010
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General (30G) Runoff (30R) Special (30S) Termination Report (TER) Election on State of Termination Report (TER) Special (30S) I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Coolidge, Leslie						State of
Termination Report (TER) Election on Election on Election on In the State of State of Township that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Coolidge, Leslie,	January 31 Year-l	End Report (YE)	(c) 30-Day POS	T-Election Report	rt for the:	
Election on State of 5. Covering Period M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				General (30G)	Runoff (36	OR) Special (30S)
5. Covering Period Mon / Dol / Y You Y through Mon / Dol / Y You Y through Mon / Dol / Y You Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Termination Repo	ort (TER)		M M /	D D / Y Y Y Y	in the
5. Covering Period 07 01 2021 through 09 30 2021 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Coolidge, Leslie,	_		Election on			
5. Covering Period 07 01 2021 through 09 30 2021 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Coolidge, Leslie,						
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Coolidge, Leslie,			Y Y Y Y Y 2021	through		
Coolidge, Leslie,	5. Covering Period	*		illiougii	00	ZOZI
Coolidge, Leslie,	I certify that I have examined	this Report and to	the best of my ki	nowledge and he	lief it is true, correct and	d complete.
··	•	Coolidge, Les			is use, contact and	
						1. [2]
Coolidge, Leslie, , , Signature of Treasurer [Electronically Filed] Date		oolidge, Leslie, , ,		[Electronically Fil	10	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109	_	meaus or incomple	te information may	subject the person	n signing this Papart to t	he penalties of 52 LLS C \$20100
Office Office		Ticous, or incomple	ac anomation may	Judgeot the person	n signing this neport to t	TO POHARIES OF 52 0.3.0. 930108
Use Only FEC FORM 3 (Revised 05/2016)	Use					

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2021 2021 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)

(Carry Total to Line 24, page 4).....

PAGE 3 / 24

Write or Type Committee Name

Coolidge For Congress

07 09 01 2021 30 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)...... 0.00 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 0.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d))... 0.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 15.41 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 15.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 24

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
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

13a 13b

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, , ,	liddie 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
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 & 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

FOR LINE NUMBER: (check only one)

PAGE 6

13a

OF

		130		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4138		
LOAN SOURCE Full Name (Last, First, N	Middle Initial	— Flootion: 0040		
Coolidge, Leslie, , ,	nddie iriitiai)	☐ 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		
100.00		0.00 100.00		
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)		
M11M / D08D / Y Ž01ť 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 State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial) Name of Employer				
Mailing Address		Occupation		
	T	Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona)			
		, 100.00		
TOTALS This Period (last page in this line of	ור)	······································		
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 7
FOR LINE NUMBER: (check only one)

X 13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4137
LOAN SOURCE Full Name (Lost First M	iddla Initial\	
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	iddie 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
500.00		0.00 500.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D15D / Y ZO1Ť 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	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
		, , , , ,
TOTALS This Period (last page in this line on	ly)	—————————————————————————————————————
Carry outstanding balance only to LINE 3, So	chedule 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)

PAGE 8

13a

OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4142
LOAN SOURCE Full Name (Last, First, N	Middle Initial	
Coolidge, Leslie, , ,	viidale 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
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

PAGE 9
FOR LINE NUMBER: (check only one)

13a 13b

		'	octanica Garrii	nary rage		13b
AME OF COMMITTEE (In Full) Coolidge For Congress		•		Transaction I	D : SC/10.4141	
LOAN SOURCE Full Name (Last, First, Mic Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road	ddle Initial)		☐ Mer	mo Item Elec	etion: 2012 Primary General Other (specify) ▼	
City Barrington Hills	State	ZIP Code 60010		x	Personal Funds of the 0	Candidate
Original Amount of Loan Cumulative Payment To I			0.00	Balance (Outstanding at Close of T	
TERMS Date Incurred				rest Rate one, enter 0) 0.00	Secured % (apr) Yes	·
List All Endorsers or Guarantors (if any) to	o Loan Source					
Full Name (Last, First, Middle Initial)		Nan	ne of Employe	er		
Mailing Address		Occ	upation			
City	ZIP Code	Gua	ount aranteed standing:		7	
2. Full Name (Last, First, Middle Initial)			ne of Employe	er		
Mailing Address		Occ	upation			
City State	ZIP Code	Gua	ount uranteed standing:		9	
3. Full Name (Last, First, Middle Initial)			ne of Employe	er		
Mailing Address		Occ	upation			
City State	ZIP Code	Gua	ount ranteed standing:	7	7	
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)			er		
Mailing Address			upation			
City	ZIP Code	Gua	ount tranteed standing:	7		
UBTOTALS This Period This Page (optional)						
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no So		arry forward	to appropriate line of Su	ummarv.

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-U- 1:4:-1\	Terminal Control of the Control of t
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	liddie initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road		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 12∛31/12 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 State	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)	
		, 1000.00
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

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	I FL :
Coolidge, Leslie, , ,	viiddie initiai)	☐ Memo Item
Mailing Address 345 Old Sutton Road		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

NAME OF COMMITTEE (I			Transaction ID : SC/10.4146		
Coolidge, Leslie	Name (Last, First, Mid	☐ Memo Item			
Mailing Address 345 Old Sutton Road			Other (specify) ▼		
City		State	ZIP Code Resource Personal Funds of the Ca	andidate	
Barrington Hills		IL	60010		
Original Amount of L	.oan	Cumulative Pa	yment To Date Balance Outstanding at Close of Thi	s Period	
7	653.85		0.00 653.8	35	
TERMS Date I	ncurred	Г	Date Due Interest Rate Secured: (If none, enter 0)		
M03 ^M / D07 ^D	/ ž01ž ^Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes	x No	
List All Endorsers or	Guarantors (if any) t	o Loan Source			
1. Full Name (Last, F	First, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
0:4	0.4-4-	7ID 0-4-	Amount Guaranteed	1	
City	State	ZIP Code	Outstanding:		
2. Full Name (Last, Fi	irst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
00	lo	710.0.1	Amount Guaranteed	1	
City	State	ZIP Code	Outstanding:		
3. Full Name (Last, Fi	irst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
	12	T	Amount Guaranteed	1	
City	State	ZIP Code	Outstanding:	ı.	
4. Full Name (Last, Fi	irst, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
	T ₌	T	Amount	1	
City	State	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period	d This Page (optional).		653.8	35	
			653.8	2	
			7 7		
Carry outstanding balan	ice only to LINE 3, Sci	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Sun	ımarv.	

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

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Transaction ID: SC/10.4144 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 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

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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: co.co
Coolidge, Leslie, , ,	iviluale 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
18861.70		0.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M03 ^M / D13 ^D / Y Z01Ž 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. L. L.	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

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OF

		100			
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4147			
LOAN SOURCE Full Name (Last First N	Aiddle 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			
2661.28		0.00 2661.28			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M03M / D20D / Y Ž01Ž Y	M M / D D	/ Y 12∛31/12 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 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 State	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 (optiona					
		2001.20			
TOTALS This Period (last page in this line of	nly)	······································			
Carry outstanding balance only to LINE 3, 5	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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Transaction ID: SC/10.4148 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 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D03D M 04M 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)..... 1000.00 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

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OF

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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	wment 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 % (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 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:				
SUBTOTALS This Period This Page (optional)		1652.64				
TOTALS 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.				

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OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4136
LOAN SOURCE Full Name (Last, First, Mi	ddlo Initial)	Election: 0040
Coolidge, Leslie, , ,	udie iriitiaij	☐ 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
71.61		0.00 71.61
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D01 ^D / Y Ž01Ž Y	M M / D D	/
List All Endorsers or Guarantors (if any)	to Loan Source	
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)	<u> </u>	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
	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:
SUBTOTALS This Period This Page (optional)		
		, , , , , ,
TOTALS This Period (last page in this line onl	y)	······································
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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OF

NAME OF COMMITTEE Coolidge For Cor	, ,		Transaction ID : SC/10.4132		
Coolidge, Lesli	III Name (Last, First, Mide, , ,	Memo Item Election: 2012 Primary General			
Mailing Address 345 Old Sutton Road	Mailing Address 345 Old Sutton Road				
City		State	ZIP Code Resource Personal Funds of the Candida		
Barrington Hills		IL	60010		
Original Amount of	Loan	Cumulative Pa	syment To Date Balance Outstanding at Close of This Peri		
7	439.77		0.00 439.77		
TERMS Date	Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)		
M10 ^M / D19 ^D	/ Y Ž01Ž Y	M M / D D	0.00 % (apr) Yes X N		
List All Endorsers	or Guarantors (if any) t	o 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		
	la.	o .	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)	<u> </u>	Name of Employer		
Mailing Address			Occupation		
			Amount		
City	State	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Peri	od This Page (optional).				
Carry outstanding bala	ance only to LINE 3. Scl	nedule D, for this	is line. If no Schedule D, carry forward to appropriate line of Summary		

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OF

		130			
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4150			
LOAN SOURCE Full Name (Last, First, Mic	Idla Initial				
Coolidge, Leslie, , ,	idie initial)	☐ Memo Item			
Mailing Address 345 Old Sutton Road					
City	State	ZIP Code Region Personal Funds of the Candidate			
Barrington Hills	IL	60010			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
12000.00		0.00 12000.00			
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)			
M10M / P19D / Y Ž01Ž Y	M M / D D	/ Y 12/31/12 Y 0.00			
List All Endorsers or Guarantors (if any) to	o 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 Occupation			
Mailing Address					
		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)		12000.00			
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Sch	nedule 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

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OF

		100			
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4135			
I OAN SOURCE Full Name (Last First M	iddle 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			
32161.19		0.00 32161.19			
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)			
M10 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	/			
List All Endorsers or Guarantors (if any)	to Loan Source				
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)					
CODICIALS THIS Fellow This Fage (optional)		32161.19			
TOTALS This Period (last page in this line on	ly)	······································			
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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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.

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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 المنائدا/	Fores
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 Personal runds of the Candidate
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	/ Y 12⅓31/12 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 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.

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						130	
	ME OF COMMITTEE (In Full) Coolidge For Congress				Trans	saction ID : SC/10.4164	
Ľ							
	LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	First, Mic	ddle Initial)	☐ Memo Ite	Election: 2012 Primary		
						General	
	Mailing Address 345 Old Sutton Road					Other (specify)	
City			State ZIP Code		de	✗ Personal Funds of the Candidate	
	Barrington Hills						
	Original Amount of Loan		Cumulative Pay	ment To	Date E	Balance Outstanding at Close of This Period	
	30	0.00	9		0.00 30.00		
	TERMS Date Incurred		D	ate Due	Interest F (If none, e		
	M12M / D01D / Y Ž01Ž	Y	M M / D D	/ Y 1	2)/31/12 ^Y	0.00 % (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 Occupation		
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,	
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	3. Full Name (Last, First, Middle Initial)				Name of Employer		
	Mailing Address				Occupation Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	y y	
	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)			······	30.00	
т	OTALS This Period (last page in this	line only	/)		······	143008.02	
C	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If ı	no Schedule D, carry f	orward to appropriate line of Summary.	
	-		·			<u> </u>	