PAGE 1 / 24

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	authorized Cor	nmittee	0	ffice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN	•	example: If typing, ty	pe 12FE4M5	
Coolidge For Congre	ess				ı
ADDDECC (sounds on and about A)	345 Old Suttor	Road			
ADDRESS (number and street) ▼	1				1
Check if different	David star			60	2010
than previously reported. (ACC)	Barrington				0010
2. FEC IDENTIFICATION	NI IMRER <b>V</b>	CITY A		STATE ▲	ZIP CODE ▲
z. TEO IDENTIFICATION	HOWBEN V				STATE ▼ DISTRICT
C C00505610		3. IS THIS REPORT	X NEW (N) O	R AMENDEI (A)	
		NEFORT	(14)	(*)	
4. TYPE OF REPORT (	(Choose One)				
(a) Quarterly Reports:	(Onloose One)	(b) 12-Day <b>PR</b>	E-Election Report fo	r the:	
(a) Quarterly Neports.			Primary (12P)	General (120	G) Runoff (12R)
April 15 Quarter	ly Report (Q1)	П			
July 15 Quarterly	y Report (Q2)	ш	Convention (12C)	Special (12S	5)
			M M / D	D / Y Y Y	in the
October 15 Qua	rterly Report (Q3)	Election o	n L L-		State of
January 31 Year	-End Report (YE)	(c) 30-Day <b>PO</b>	ST-Election Report f	or the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Rep	ort (TER)				in the
Tommadon Frep	on (ren)	Election o	n M M / D	D / Y Y Y Y	in the State of
_					
5. Covering Period	07 / D D /	Y Y Y Y Y 2018	through	M M / D D / 30	Y Y Y Y 2018
I certify that I have examined			knowledge and belief	f it is true, correct and c	complete.
Type or Print Name of Treasu	Coolidge, Les urer	slie, , ,			
,	Coolidge, Leslie, , ,			м м	/ D D / Y Y Y
Signature of Treasurer	Toomige, Lesite, , ,		[Electronically Filed]	10	15 2018
NOTE: Submission of false err	oneous or incomple	te information may	/ subject the nerson s	ianing this Report to the	penalties of 52 H.S.C. 830100
NOTE: Submission of false, err	roneous, or incomple	te information may	subject the person s	igning this Report to the	penalties of 52 U.S.C. §30109

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 24

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2018 2018 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

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 24

15.41

Write or Type Committee Name Coolidge For Congress 07 09 01 2018 30 2018 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.).....

0.00

**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	0.00	0.00
	by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS	0.00	0.00
	(add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
<u></u> 22.	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	6, 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	PERIOD	0.00

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

FOR LINE NUMBER: (check only one)

PAGE

5

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, , ,	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 <sup>M</sup> / D18 <sup>D</sup> / 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	<b>N</b>	
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 13b

			Detailed Guillinary	l age	13b
NAME OF COMMITTEE (In Full)			Trans	saction ID : SC/10.4138	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo Ite	em Election: 2012	
Coolidge, Leslie, , ,				rimary	
				General	
Mailing Address 345 Old Sutton Road				Other (specify)	
City	State	ZIP Code	)	Demonstrate of the	. 0 11 - 1 - 1 -
Barrington Hills	IL	60010		Personal Funds of the	e Candidate
Original Amount of Loan	Cumulative Page	yment To D	ate E	Balance Outstanding at Close of	f This Period
10000					
100.00			0.00	<u> </u>	100.00
TERMS Date Incurred	С	Date Due	Interest F		red:
M11M / D08D / Y 301X Y	M M / D D	/ V .cv	(If none, e	0.00	
M11M / D08D / Y Z01f Y		127	/31/12 <sup>Y</sup>		es 🗶 No
List All Endorsers or Guarantors (if any) t	o Loan Source				
Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City State	ZIP Code		Guaranteed		П
City	Zii Gode	(	Outstanding:	7	
2. Full Name (Last, First, Middle Initial)	•	ı	Name of Employer		
Mailing Address		Occupation			
Walling Address			Cooquation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:		
				,	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		(	Occupation		-
	1		Amount Guaranteed		
City	ZIP Code		Outstanding:		
4. Full Name (Last, First, Middle Initial)		1	Name of Employer		
,					
Mailing Address		(	Occupation		
			^ · · · - t		
City State	ZIP Code		Amount Guaranteed		П.
City	ZIF Code	<b>I</b>	Outstanding:	7	
SUBTOTALS This Period This Page (optional).					100.00
COLIGINATION OF THIS I age (optional).				1	100.00
TOTALS This Period (last page in this line only	/)				
	<u> </u>			<u> </u>	
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	Summarv.

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

FOR LINE NUMBER: (check only one)

PAGE

13a

OF

					<u> </u>	130	
	ME OF COMMITTEE (In Full) oolidge For Congress				Trans	action ID : SC/10.4137	
Щ	LOAN SOURCE Full Name // set	First Mis	Idla Initial			Florition	
	LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	FIRST, IVIIC	idie initial)		☐ Memo Ite	m Election: 2012  x Primary  General	
,	Mailing Address 345 Old Sutton Road					Other (specify) ▼	
	City		State	ZIP Co		Personal Funds of the Candidate	
	Barrington Hills		IL	60010		1 Cloonal I alias of the Carialada	
	Original Amount of Loan		Cumulative Pay	yment To		alance Outstanding at Close of This Period	
	500	.00	7		0.00	500.00	
	TERMS Date Incurred			Date Due	Interest Ra (If none, en		
	M12M / P15D / Y 2011	Y	M M / D D	/ Y	2/31/12 <sup>Y</sup>	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		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
	2. Full Name (Last, First, Middle In	itial)	•		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer  Occupation		
	Mailing Address						
					Amount		
	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:	7 7 7	
SI	UBTOTALS This Period This Page (	optional)			<u> </u>	500.00	
т	OTALS This Period (last page in this	line only	/)		······	, , , , , , , , , , , , , , , , , , , ,	
С	carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	orward 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
AME OF COMMITTEE (In Full) Coolidge For Congress					Transac	ction ID : SC/10.4142	
LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	First, Mic	ddle Initial)			Memo Item	Election: 2012  x Primary  General	
Mailing Address 345 Old Sutton Road						Other (specify) ▼	
City		State	ZIP Cod	de		Personal Funds of the	Candidate
Barrington Hills		IL	60010				
Original Amount of Loan	45	Cumulative Pay	ment To			ance Outstanding at Close of	
5154	15			0.00		515	54.15
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter	r 0)	d:
M01 <sup>M</sup> / D02 <sup>D</sup> / Y Ž01Ž	Y	M M / D D	/ Y 1	2)/31/12 Y	0.	.00 % (apr) Ye	s X No
List All Endorsers or Guarantors	if any) t	o Loan Source					
1. Full Name (Last, First, Middle Ir	itial)			Name of Em	ployer		
Mailing Address				Occupation			
City	State ZIP Code			Amount Guaranteed Outstanding:		, ,	
2. Full Name (Last, First, Middle Ini	tial)	1		Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
3. Full Name (Last, First, Middle Ini	tial)	1		Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		, , , , ,	
4. Full Name (Last, First, Middle Ini	tial)			Name of Em	ployer		
Mailing Address		Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
SUBTOTALS This Period This Page (c	ptional).				···· <b>&gt;</b>	515	54.15
FOTALS This Period (last page in this	line only	/)			▶		
Carry outstanding balance only to LIN	IE 3, Scl	nedule D, for this	line. If	no Schedule I	D, carry for	ward to appropriate line of S	ummary.

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

PAGE 9
FOR LINE NUMBER: (check only one)

**X** 13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4141
LOAN SOURCE Full Name (Last, First,	Middle Initial	Flaskings and
Coolidge, Leslie, , ,	Middle 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
11000.00		0.00 11000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M02 <sup>M</sup> / D23 <sup>D</sup> / Y Z012 Y	M M / D D	/ 12/31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	y) 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 (options	aı)	11000.00
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)

PAGE 10

13a

OF

		135
AME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4140
LOAN SOURCE Full Name (Last, First, Coolidge, Leslie, , ,  Mailing Address 345 Old Sutton Road	Middle Initial)	☐ Memo Item    Election: 2012   ★ Primary   General   Other (specify) ▼
City  Barrington Hills	State	ZIP Code 60010  Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	
15000.00	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period  0.00  15000.00
TERMS Date Incurred	D	rate Due Interest Rate Secured: (If none, enter 0)
M02 <sup>M</sup> / D26 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y 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 Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	1	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
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (options  FOTALS This Period (last page in this line of	only)	15000.00
Carry outstanding balance only to LINE 3,	ochedule 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 11 OF

×	13a
	13b

NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4143				
LOAN SOURCE Full Name (Last, First, Coolidge, Leslie, , ,	Middle Initial)	☐ Memo Item				
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 Pay					
15900.95		0.00				
TERMS Date Incurred		ate Due Interest Rate Secured: (If none, enter 0)				
M03 <sup>M</sup> / D07 <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 and 1. Full Name (Last, First, Middle Initial)	y) to Loan Source	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	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 (option	al)	15900.95				
TOTALS This Period (last page in this line	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

PAGE 12
FOR LINE NUMBER: (check only one)

13a 13b

OF

NAME OF COMMITTEE (In F	•		Transaction ID : SC/10.4146
Coolidge, Leslie, ,	•	ddle 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 Loar	1	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
	653.85		0.00 653.85
TERMS Date Incu	rred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D07D /	<sup>Y</sup> Ž01Ž <sup>Y</sup>	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or G	` **	o Loan Source	
1. Full Name (Last, First	t, 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
	T		Amount Guaranteed
City	State	ZIP Code	Outstanding:
3. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
O:t.	04-4-	7ID 0- 4-	Amount Guaranteed
City	State	ZIP Code	Outstanding:
4. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
011	lo	710.0	Amount Guaranteed
City	State	ZIP Code	Outstanding:
SUBTOTALS This Period TI	nis Page (optional)		653.85
TOTALS This Period (last p			, , , , ,
Corry outstanding below-	only to LINE 2 C-1	odulo D. for thi	s line If no Schodule D. committenued to engagints line of Summer
Carry outstanding palance	Only to LINE 3, Sch	iedule 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 13

13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4144
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Election: 0040
Coolidge, Leslie, , ,	Middle Illitial)	☐ 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
6000.00		0.00 6000.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D09D / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if an	v) to Loan Source	
Full Name (Last, First, Middle Initial)	y, to Louis Godies	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 State	zIP Code	Guaranteed Outstanding:
CUPTOTAL O TILL D. L. L. T. L. C. L.		
SUBTOTALS This Period This Page (option	aı)	6000.00
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)

PAGE 14

13a

		Deta	ilica Garrinary r ag	,,,	13b
NAME OF COMMITTEE (In Full) Coolidge For Congress			Transac	tion ID : SC/10.4145	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, M	1iddle Initial)		☐ Memo Item	Election: 2012	
Coolidge, Leslie, , ,					
				General	
Mailing Address 345 Old Sutton Road				Other (specify)	
o to old culton mode					
City	State	ZIP Code			
Barrington Hills	IL	60010		X Personal Funds of the	Candidate
Barrington rims	IL.	00010			
Original Amount of Loan	Cumulative Pa	yment To Date	Bala	ince Outstanding at Close of	This Period
1000170					
18861.70			0.00	1886	61.70
TERMS Date Incurred		Date Due	Interest Rate	e Secure	ad:
Date incured	L	Date Due	(If none, enter		Ju.
M <sub>03</sub> M / D <sub>13</sub> D / Y Ž01Ž Y	M M / D D	′ Y 12/31/12	Υ 0.		•
				% (apr)	es 🗶 No
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)	10 200 00000	Name o	of Employer		
1. I dii Name (Last, First, Middle initial)		110			
Mailing Address		Occupa	tion		
ag / taa/sss					
		Amount			
City State	ZIP Code	Guarant			
		Outstan	ding:	7	
2. Full Name (Last, First, Middle Initial)		Name o	of Employer		
Mailing Address		Occupa	tion		
		Amount			
City	ZIP Code	Guarant Outstan		7 7 7	
3. Full Name (Last, First, Middle Initial)		Name o	of Employer		
Marilia a Andrea a		Occurs	tion		
Mailing Address		Occupa	LUOII		
		Amount			
City State	ZIP Code	Guarant			·
Sity	Zii Gode	Outstan	ding:	7	
4. Full Name (Last, First, Middle Initial)		Name c	of Employer		
Mailing Address		Occupa	tion		
		Amount			-
City	ZIP Code	Guarant			
		Outstan	uing:		
SUBTOTALS This Period This Page (optiona	<b>)</b>				24.75
			<u> </u>	1886	61.70
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Come substanding belows substanting 0.00	ahadula D. fari III	a lima 16 C-lim	dula D. a f	would be amounted that it is	
Carry outstanding balance only to LINE 3, S	cneaule D, for thi	s line. IT no Sched	Jule D. Carry Torv	varu to appropriate line of S	ummary.

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

FOR LINE NUMBER: (check only one)

PAGE 15

13a

OF

		100	
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4147	
LOAN SOURCE Full Name (Last, First, N	Aiddle Initial)	Election: 0040	
Coolidge, Leslie, , ,	☐ Memo Item		
Mailing Address 345 Old Sutton Road	Other (specify) ▼		
City	ty State ZIP Code		
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	
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	/	
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.	

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

FOR LINE NUMBER: (check only one)

PAGE 16

13a

OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4148
LOAN SOURCE Full Name (Last, First, Mic	Idle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	idie iliital)	Memo Item 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	
1000.00	7	0.00 1000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M04 <sup>M</sup> / D03 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/
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
		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)		1000.00
TOTALS This Period (last page in this line only	y)	·······
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

PAGE 17
FOR LINE NUMBER: (check only one)

13a

			Detailed Guillinary I	age	13b
NAME OF COMMITTEE (In Full) Coolidge For Congress			Trans	action ID : SC/10.4149	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Ite	m Election: 2012	
Coolidge, Leslie, , ,					
				& General	
Mailing Address 345 Old Sutton Road				Other (specify) ▼	
City	State	ZIP Code	<b>;</b>		
Barrington Hills	IL	60010		Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pay	yment To D	ate B	alance Outstanding at Close of T	his Period
1652.64			0.00	105	2.64
1032.04			0.00	100.	2.64
TERMS Date Incurred	D	ate Due	Interest Ra (If none, en		d:
M04M / D26D / Y Ž01Ž Y	M M / D D	/ Y 12	/31/12 <sup>Y</sup>	0.00 % (apr) Yes	s x No
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
		7	Amount		
City State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address			Occupation		
Mailing Address					
			Amount		
City	ZIP Code		Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer		,
Mailing Address		(	Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7 7 7 7	
	ı				
SUBTOTALS This Period This Page (optional)			······	1652	2.64
TOTALS This Period (last page in this line only	/)		······	7 7	
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no	Schedule D. carry fo	prward to appropriate line of Si	ummarv.

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

FOR LINE NUMBER: (check only one)

PAGE 18

13a 13b

			Detailed Guirinary	age	13b
NAME OF COMMITTEE (In Full) Coolidge For Congress			Tran	saction ID : SC/10.4136	
3					
LOAN SOURCE Full Name (Last, First, N	Middle Initial)		☐ Memo Ite		
Coolidge, Leslie, , ,					
Mailing Address					
Mailing Address 345 Old Sutton Road				Other (specify)	
City	State	ZIP Code		Y Personal Funds of the	e Candidate
Barrington Hills	IL	60010			
Original Amount of Loan	Cumulative Pa	ayment To Da	te E	Balance Outstanding at Close of	This Period
71.61	1		0.00		71.61
2 2	7	7		2	4
TERMS Date Incurred	Γ	Date Due	Interest F (If none, e		ed:
M10M / D01D / Y Ž01Ž Y	M M / D D	/ Y 12%	31/12 <sup>Y</sup>	0.00 % (apr) Ye	es 🗶 No
List All Endorsers or Guarantors (if any	) to Loan Source	!			
1. Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address		C	ccupation		
			mount		
City State	ZIP Code		uaranteed		
Oity	Zii Oode	O	utstanding:	7	
2. Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address		О	ccupation		
			mount		
City	ZIP Code		uaranteed utstanding:	. , ,	
3. Full Name (Last, First, Middle Initial)		N	Name of Employer		
Mailing Address		С	Occupation		
		A	mount		_
City State	ZIP Code		uaranteed		.
			utstanding:	, , ,	
4. Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address		С	ccupation		
		A	mount		
City State	ZIP Code		uaranteed utstanding:		
	1	l			
SUBTOTALS This Period This Page (optional	l)		······		71.61
TOTALS This Period (last page in this line o	nly)		<del>-</del>		
Carry outstanding balance only to LINE 3, S	Cohodulo D. for thi	ie line If ==	Sahadula D. sarra 4	forward to appropriate line of	Summon
. Carry outstanding palance only to LINE 3. S	ochedule D, lor thi	15 IIIIE. II 110	Scriedule D, Carry T	ioiwaru to appropriate line of 3	ounnilary.

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

FOR LINE NUMBER: (check only one)

**PAGE** 

19 OF

**X** 13a 13b

24

Transaction ID: SC/10.4132 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 439.77 0.00 439.77 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10<sup>M</sup> 0.00 <sup>D</sup>19<sup>D</sup> 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)..... 439.77 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)

PAGE 20

13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4150
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	Memo Item 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 Pa	yment To Date Balance Outstanding at Close of This Period
12000.00		0.00 12000.00
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M10 <sup>M</sup> / D19 <sup>D</sup> / Y Ž01Ž 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 State	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)		
		1200.00
TOTALS This Period (last page in this line on	ly)	<b>-</b>
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 21

13a

		Detailed Guill	13b
NAME OF COMMITTEE (In Full)		•	Transaction ID : SC/10.4135
Coolidge For Congress			
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Me	emo Item Election: 2012
Coolidge, Leslie, , ,			
			<b>✗</b> General
Mailing Address 345 Old Sutton Road  Other (specify) ▼			
343 Old Sullon Road			
City	State	ZIP Code	
	IL	60010	Personal Funds of the Candidate
Barrington Hills	IL	60010	
Original Amount of Loan	Cumulative Pa	yment To Date	Balance Outstanding at Close of This Perio
32161.19		0.00	32161.19
TERMS Date In surred		Nata Diva	Constant Date
TERMS Date Incurred	L		erest Rate Secured:
M10 <sup>M</sup> / D26 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y	0.00
20 2012		12/01/12	% (apr) Yes X No
List All Endorsers or Guarantors (if any	n to Loan Source		
Full Name (Last, First, Middle Initial)	, to Loan Course	Name of Employ	/er
1. Full Name (Last, First, Middle Illitial)		Name of Employ	
Mailing Address		Occupation	
Walling Address		o o o a panon	
		Amount	
City State	ZIP Code	Guaranteed	
only of the state	2 0000	Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employ	ver
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed	
		Outstanding:	,
3. Full Name (Last, First, Middle Initial)		Name of Employ	ver
Mailing Address		Occupation	
		A	
011	710.0.1	Amount Guaranteed	
City	ZIP Code	Outstanding:	y y
4. Full Name (Last, First, Middle Initial)		Name of Employ	vor
4. I dii Name (Last, First, Middle Illitial)		Name of Employ	(G)
Mailing Address		Occupation	
maining / tadrooc		o o o a panon	
		Amount	
City	ZIP Code	Guaranteed	
,		Outstanding:	7
	ı	1	
	n.		
SUBTOTALS This Period This Page (options	aı)		32161.19
TOTALS This Period (last page in this line of	only)		
<u> </u>			
Carry outstanding balance only to LINE 3.	Schedule D, for thi	s line. If no Schedule D. o	earry forward to appropriate line of Summary.

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

PAGE 22
FOR LINE NUMBER: (check only one)

13a

OF

		100		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4134		
LOAN COURSE FINAL (L. L. F. L. N	4: 1 II			
LOAN SOURCE Full Name (Last, First, No. Coolidge, Leslie, , ,	Memo Item Election: 2012 Primary			
Mailing Address 345 Old Sutton Road				
City	State ZIP Code			
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		
6000.00		0.00 6000.00		
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)		
M11M / D02D / 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			
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)	3. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation		
	T	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
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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 23

13a

			Detailed Guiriiriary i	age	13b
NAME OF COMMITTEE (In Full) Coolidge For Congress			Trans	saction ID : SC/10.4130	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, M	liddle Initial)		☐ Memo Ite	Election: 2012	
Coolidge, Leslie, , ,					
				<b>x</b> General	
Mailing Address 345 Old Sutton Road Other (specify) ▼					
545 Old Gallott Road					
City	State	ZIP Code	)		
Barrington Hills	IL	60010		X Personal Funds of the	Candidate
Barrington Fillis	112	00010			
Original Amount of Loan	Cumulative Pa	ayment To D	ate B	alance Outstanding at Close of	This Period
1700.04					
1780.84			0.00	1/8	80.84
TERMS Date Incurred		Date Due	Interest R	ate Secure	d:
Date incurred	_	Date Due	(If none, er		u.
M11M / D06D / Y Z01Z Y	M M / D D	7 Y 127	31/12 <sup>Y</sup>	0.00	-
				% (apr)	s 🗶 No
List All Endorsers or Guarantors (if any)	to Loan Source	!			
Full Name (Last, First, Middle Initial)			Name of Employer		
1. I dii Name (East, First, Middle Initial)					
Mailing Address		(	Occupation		
ag / taa.roo			·		
		A	Amount		
City State	ZIP Code		Guaranteed		
			Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City	ZIP Code	<b>I</b>	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailian Adamaa			Dagunatian		
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed		
Citie	Zii Oode	(	Outstanding:	7	
4. Full Name (Last, First, Middle Initial)	I	1	Name of Employer		
Mailing Address		(	Occupation		
			Amount		_
City	ZIP Code		Guaranteed		
			Outstanding:		
SUBTOTALS This Period This Page (optional	1				2.24
CODICIALO INISTENOS INISTAGE (OPUONA)				178	0.84
TOTALS This Period (last page in this line or					
TOTALO TINO I GNOU (last page III tins line of	''y <i>)</i>				
Communication belongs as to the LINE C. C.	abadula D. far III	la lina le :	Cabadula D	amusud to suppressible the of O	
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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 24 OF
FOR LINE NUMBER:
(check only one)

13a

		100
NAME OF COMMITTEE (In Full)  Coolidge For Congress		Transaction ID : SC/10.4164
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	☐ Memo Item	
		<b>X</b> 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 Pa	yment To Date Balance Outstanding at Close of This Period
30.00		0.00
TERMS Date Incurred	Г	Oate Due Interest Rate Secured: (If none, enter 0)
M12M / D01D / Y Ž01Ž Y	M M / D D	/ Y 12⅓31/12 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)	to Loan Cource	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)	<b>'</b>	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)	)	30.00
TOTALS This Period (last page in this line or	ıly)	143008.02
Carry outstanding balance only to LINE 3, Se	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.