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Image# 201601319004988380

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3				ized Comr	nittee			Office	e Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRIN	Τ ▼		mple: If typing	g, type	12FE4M	5	
Coolidge For 0	Congre	SS							I
ADDRESS (number ar	nd street)	345 Old Suttor	Road						
Check if dit	fferent								
than previous reported. (A		Barrington					LL	60010	
2. FEC IDENTIFIC	CATION	NUMBER ▼		CITY			STATE A		ZIP CODE A STATE ▼ DISTRICT
C C005056	10			IS THIS REPORT	× NEW (N)	OR	AMENI (A)	DED	IL 06
4 T/DE OF DE	DODT "								
4. TYPE OF RE(a) Quarterly R		Choose One)	(b)	12-Day PRE -	Election Repo	rt for the:			
(a) Quarterly R	еропъ.				Primary (12P)		General (12G)	Runoff (12R)
April 15	Quarterly	y Report (Q1)		П	Convention (1	12C)	Special (1	12S)	
July 15	Quarterly	Report (Q2)						_	
Octobe	r 15 Quar	terly Report (Q3)		Election on	M = M /	D " D /	Y " Y " Y " Y		in the State of
X January	/ 31 Year-	End Report (YE)	(c) 3		-Election Rep	ort for the:			
					General (30G)		Runoff (3	0R)	Special (30S)
Termina	ation Repo	ort (TER)		Election on	M M /	D D /	Y " Y " Y		in the State of
5. Covering Period	IV	10 / 01 /		015	through	M M 12	31	Υ	Y Y Y Y 2015
I certify that I have e	examined	this Report and to	the be	est of my kno	wledge and b	pelief it is tro	ue, correct an	d com	nplete.
Type or Print Name	of Treasu	rer Leslie Coolid	ge						
Signature of Treasure	er <u>L</u>	eslie Coolidge		ı	Electronically I	Filed] D	oate 01	/	31 / Y Y Y Y Y 2016
NOTE: Submission of	false, erre	oneous, or incomple	ete infor	mation may s	ubject the pers	son signing t	his Report to t	the per	nalties of 2 U.S.C. §437g.
Office Use Only									EC FORM 3 Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Coolidge	For	Congress

10 2015 01 2015 Report Covering the Period: From: To: **COLUMN B COLUMN A** 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)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 120.00 (from Line 17) (b) Total Offsets to Operating 0.00 15.41 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 12/2003)

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Write or Type Committee Name

Coolidge For Congress

Report Covering the Period: From: 10 01 2015 To: 12 31 2015

	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 02/2003)

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	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
	man Folitical Committees		
	(b) Political Party Committees(c) Other Political Committees	0.00	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
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	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

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4139 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 13540.04 1500.00 12040.04 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 18^D ^M 10^M 2011 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 12040.04 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

FOR LINE NUMBER:

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LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4138 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100.00 0.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} 08 2011 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 100.00 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

FOR LINE NUMBER:

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LC	DANS			Summary Page	(check only one)	×	13a 13b
	AME OF COMMITTEE (In Full) Coolidge For Congress			Transactio	n ID : SC/10.4137		
	LOAN SOURCE Full Name (Last, First, Leslie Coolidge	Middle Initial)	[PERSON		lection: 2012 Primary General		
	Mailing Address 345 Old Sutton Road				Other (specify) ▼		
	City Barrington Hills	State IL	ZIP Code 60010				
	Original Amount of Loan 500.00	Cumulative Pa	yment To Date		e Outstanding at Close o	f This	
	Date Incurred M 12	M M / D [12/31/12	Interest Rate	Secu % (apr)	red: /es	X
	Full Name (Last, First, Middle Initial)		Name of Er	nployer			
	Mailing Address		Occupation				
	City Stat	e ZIP Code	Amount Guaranteed Outstanding				
	2. Full Name (Last, First, Middle Initial)		Name of Er	nployer			
	Mailing Address		Occupation				
	City Stat	e ZIP Code	Amount Guaranteed Outstanding				
	3. Full Name (Last, First, Middle Initial)		Name of Er	nployer			
	Mailing Address		Occupation				
	City Stat	e ZIP Code	Amount Guaranteed Outstanding				
	4. Full Name (Last, First, Middle Initial)		Name of Er	nployer			
	Mailing Address		Occupation				
	City Stat	e ZIP Code	Amount Guaranteed Outstanding		7		
	UBTOTALS This Period This Page (option OTALS This Period (last page in this line			_	7 7 7	500.0	0
1 (Carry outstanding balance only to LINE 3.	Schedule D for thi	s line If no Schedule	D. carry forward	d to appropriate line of	Sum	marv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4142 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5154.15 0.00 5154.15 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01 ^M 02 Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5154.15 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 LINE NUMBER:

PAGE

ANAF OF CONMITTEE (In Full)	Transaction ID : SC/10.4141
AME OF COMMITTEE (In Full) Coolidge For Congress	
LOAN SOURCE Full Name (Last, First, Middle Initial) Leslie Coolidge Mailing Address 345 Old Sutton Road	[PERSONAL FUNDS] Election: 2012 Primary General Other (specify) ▼
City State ZIP Coc	de
Barrington Hills IL 60010	
Original Amount of Loan Cumulative Payment To 11000.00	Date Balance Outstanding at Close of This Period 0.00 11000.00
Date Incurred Date Due MO2M / D23D / Y Z012 Y M M M / D D / Y 1 List All Endorsers or Guarantors (if any) to Loan Source	Interest Rate Secured: 2/31/12 0.00 (apr) Yes No
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	11000.00
TOTALS This Period (last page in this line only)	······································

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4140 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 02^M ^D26 Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 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

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4143 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15900.95 0.00 15900.95 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 ^M 03^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 15900.95 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 LINE NUMBER:

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DANS			Detailed Summary Pag		13a 13b
AME OF COMMITTEE (In Full)			Transac	ction ID : SC/10.4146	
Coolidge For Congress	5				
Loan source Full Name Leslie Coolidge	e (Last, First, Midd	le Initial)	[PERSONAL FUNDS]	Election: 2012 Primary General	
Mailing Address 345 Old Sutton Road				Other (specify)	
City	5	State ZIP Co	de		
Barrington Hills		IL 60010			
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close of	This Period
7	653.85		0.00	65	53.85
TERMS Date Incurred M 03 / D07 / Y	Ž01Ž Y	Date Due	Interest Rate		ed:
List All Endorsers or Guar	antors (if anv) to	Loan Source		Ye:	s No
1. Full Name (Last, First, N			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7	
2. Full Name (Last, First, M	iddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7	
3. Full Name (Last, First, M	iddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, M	iddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
SUBTOTALS This Period This	Page (optional)		·····	65	53.85
TOTALS This Period (last page	e in this line only)				
Carry outstanding balance on	v to LINE 3. Sche	dule D. for this line. If	no Schedule D. carry forv	ward to appropriate line of S	ummarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4144 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) 345 Old Sutton Road State ZIP Code City 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: ^M 03^M 09 Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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 LINE NUMBER:

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DANS			Detailed Summary Pag		13a 13b
AME OF COMMITTEE (In Full)			Transac	ction ID : SC/10.4145	
Coolidge For Congress					
Loan source Full Name Leslie Coolidge	(Last, First, Midd	le Initial)	[PERSONAL FUNDS]	Election: 2012 Primary General	
Mailing Address 345 Old Sutton Road				Other (specify)	
City	S	tate ZIP Co	de	1	
Barrington Hills		IL 60010			
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close of	This Period
	18861.70	9	0.00	188	861.70
Date Incurred	Ž012 Y	Date Due	Interest Rate	% (apr)	X
List All Endorsers or Guara	ntors (if anv) to	Loan Source		Ye	es No
Full Name (Last, First, M			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	y	
2. Full Name (Last, First, Mic	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7	
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1 7	
SUBTOTALS This Period This F	Page (optional)			188	361.70
TOTALS This Period (last page	in this line only).			, , ,	
Carry outstanding balance only	to LINE 3. Sche	dule D, for this line. If	no Schedule D. carry forv	ward to appropriate line of S	Summarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4147 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City 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: 20 ^M 03^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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

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(check only one) Detailed Summary Page Transaction ID: SC/10.4148 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City 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: ^M 04 03 Ž012 12/31/12 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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

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(check only one) Detailed Summary Page Transaction ID: SC/10.4149 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1652.64 0.00 1652.64 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D26 ^M 04^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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, 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

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(check only one) Detailed Summary Page Transaction ID: SC/10.4136 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge ★ General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 71.61 0.00 71.61 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 10^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 71.61 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

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4132 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City 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: ^D 19^D ^M 10^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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

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(check only one) Detailed Summary Page Transaction ID: SC/10.4150 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 12000.00 0.00 12000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 19^D ^M 10^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4135 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge ★ General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 32161.19 0.00 32161.19 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D26 ^M 10^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 32161.19 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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Detailed Summary Page Transaction ID: SC/10.4134 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City 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: м _{= м} 02 Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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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(check only one) Detailed Summary Page Transaction ID: SC/10.4130 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1780.84 0.00 1780.84 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} 06 Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1780.84 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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LOANS		Detailed Summary Pag		X 13a
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transac	tion ID : SC/10.4164	
LOAN SOURCE Full Name (Last, First, Leslie Coolidge	Middle Initial)	[PERSONAL FUNDS]	Election: 2012 Primary General	
Mailing Address 345 Old Sutton Road			Other (specify) ▼	
City	State ZIP	^o Code		
Barrington Hills	IL 60	010		
Original Amount of Loan	Cumulative Paymen		nce Outstanding at Close of	
30.00		0.00		30.00
Date Incurred M 12 / 01 / Y Z01Z Y	Date I	Due Interest Rate Y 12/31/12 O.00	% (apr)	red: Yes 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		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7	
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