PAGE 1 / 24

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	Authorized Com	nmittee		Office	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		xample: If typing, typer the lines.	ype 12I	FE4M5	
Coolidge For Con	gress					1
<u> </u>						
	. 045 Old Outland	D 1				
ADDRESS (number and str	reet) 345 Old Suttor	1 Road				
▼ Check if differer	nt					
than previously reported. (ACC)	Barrington			IL	6001	0
2. FEC IDENTIFICATI	ION NUMBER W	CITY A		STATE	A	ZIP CODE ▲
C C00505610	ON NOMBER V	3. IS THIS REPORT	NEW (N) C	OR [AMENDED (A)	STATE ▼ DISTRICT
	ts: arterly Report (Q1)	(b) 12-Day PRE	E-Election Report for Primary (12P) Convention (12C	G	eneral (12G) pecial (12S)	Runoff (12R)
=	arterly Report (Q2) Quarterly Report (Q3)	Election on	M M / D	D / Y Y	YYY	in the State of
January 31	Year-End Report (YE)	(c) 30-Day POS	ST-Election Report	for the:		
			General (30G)	Ru	unoff (30R)	Special (30S)
Termination	Report (TER)	Election on	M M / D	D / Y Y	YYY	in the State of
5. Covering Period	M M / D D /	Y Y Y Y 2017	through	M M / D		Y Y Y Y 2017
I certify that I have exam Type or Print Name of Tr	Coolidge, Les		nowledge and belie	ef it is true, con	rect and com	pplete.
Signature of Treasurer	Coolidge, Leslie, , ,		[Electronically Filed	Date	M M / 07	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false	e, erroneous, or incomple	ete information may	subject the person	signing this Rep	oort to the per	nalties of 52 U.S.C. §30109
Office Use Only						EC FORM 3 Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 24

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2017 2017 06 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

FEC Form 3 (Revised 05/2016)
Write or Type Committee Name

11(e), 12, 13(c), 14, and 15)

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

of Receipts

PAGE 3 / 24

15.41

Coolidge For Congress 04 2017 06 01 30 2017 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

0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 24

II. DISBURSEMENTS		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPI	ERATING EXPENDITURES	0.00	120.00	
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00	
19.	LOA	AN REPAYMENTS:			
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	0.00	
			000	200	
	(b)	Of All Other Loans TOTAL LOAN REPAYMENTS	0.00	0.00	
	(0)	(add Lines 19(a) and (b))	0.00	0.00	
20.	REF	FUNDS OF CONTRIBUTIONS TO:			
	(a)	Individuals/Persons Other	0.00	0.00	
		Than Political Committees	7 7 7		
	(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.	ОТН	HER DISBURSEMENTS	0.00	0.00	
22.	то	TAL DISBURSEMENTS			
	(add	d Lines 17, 18, 19(c), 20(d), and 21)	0.00	120.00	
		III. CASH SUN	MMARY		
23.	CAS	SH ON HAND AT BEGINNING OF REPORT	FING PERIOD	0.00	
24	тот	TAL RECEIPTS THIS PERIOD (from Line 16	6, page 3)	0.00	
25.	SUI	BTOTAL (add Line 23 and Line 24)		0.00	
		,			
26.	TOT	TAL DISBURSEMENTS THIS PERIOD (from	Line 22)	0.00	
27.		SH ON HAND AT CLOSE OF REPORTING		0.00	
	(sub	btract Line 26 from Line 25)		7	

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

FOR LINE NUMBER: (check only one)

PAGE 5

13a

OF

						130	
	ME OF COMMITTEE (In Full) Coolidge For Congress				Trans	action ID : SC/10.4139	
<u> </u>	LOAN SOURCE Full Name (Last,	First Mic	Idle Initial)			m Election: 2012	
	Coolidge, Leslie, , ,	i ii St, iviic	idie iliitiai)		Memo Item Clection: 2012		
	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 Cumulative Payment To					alance Outstanding at Close of This Period	
	13540	0.04			1500.00	12040.04	
	TERMS Date Incurred		D	ate Due	Interest R (If none, en		
	M10 ^M / P18 ^D / Y Ž011	Υ	M M / D D	/ Y 1	2/31/12 ^Y	0.00 % (apr) Yes No	
	List All Endorsers or Guarantors	(if any) t	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 9 9	
	2. Full Name (Last, First, Middle In	itial)	·		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount Guaranteed		
	City	State	ZIP Code		Outstanding:	y	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,	
S	UBTOTALS This Period This Page (optional)			······	12040.04	
T	OTALS This Period (last page in this	line only	r)		······	7 7 7 7	
_	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	line. If	no Schedule D, carry fo	orward to appropriate line of Summary.	
	<u> </u>						

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

PAGE 6
FOR LINE NUMBER: (check only one)

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, , ,	☐ 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
		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)

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, , ,	☐ 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, , ,	☐ 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

FOR LINE NUMBER: (check only one)

PAGE

X 13a 13b

24

OF

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

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a 13b

24

OF

AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4140
Coolidge For Congress	
LOAN SOURCE Full Name (Last, First, Middle Initial)	☐ Memo Item
Coolidge, Leslie, , ,	General
Mailing Address 345 Old Sutton Road	Other (specify) ▼
City State ZIP	Code
Barrington Hills IL 600	Personal Funds of the Candidate
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 D	ue Interest Rate Secured: (If none, enter 0)
M02M / D26D / Y Ž01Ž Y M M / D D /	^Y 12 ^y 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
01	Amount Guaranteed
City State ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Guaranteed
City State ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Guaranteed
City State ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	15000.00
FOTALS 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 Summarv.

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

FOR LINE NUMBER: (check only one)

PAGE 11

13a

OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4143
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	due ililiai)	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	
15900.95		0.00 15900.95
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M03M / D07D / Y Ž01Ž Y	M M / D D	/ 12/31/12 Y 0.00
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).		15900.95
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sci	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

FOR LINE NUMBER: (check only one)

PAGE 12 OF

×	13a
	13b

NAME OF COMMITTEE (In Full) Coolidge For Congress				Tra	nsaction ID : SC/10.4146		
LOAN SOURCE Full Name (Last, F Coolidge, Leslie, , ,	First, Mid	dle Initial)		☐ Memo	Item Election: 2012 x Primary General		
Mailing Address 345 Old Sutton Road					Other (specify) ▼		
City Barrington Hills		State ZIP Code IL 60010 Cumulative Payment To Date Bal			Personal Funds of the Candidate		
Original Amount of Loan					Balance Outstanding at Close of This Period		
653.	85			0.00	653.85		
TERMS Date Incurred		D	ate Due	Interest (If none,	Rate Secured: enter 0)		
M03M / D07D / Y Ž01Ž	Y	M M / D D	/ Y	12)/31/12 ^Y	0.00 % (apr) Yes No		
List All Endorsers or Guarantors (i	if any) to	Loan Source					
1. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	. , ,		
2. Full Name (Last, First, Middle Init	tial)			Name of Employer			
Mailing Address	Mailing Address			Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7		
3. Full Name (Last, First, Middle Init	tial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	. , . , ,		
4. Full Name (Last, First, Middle Init	tial)	-!		Name of Employer			
Mailing Address	Mailing Address			Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (o	ptional)				653.85		
TOTALS This Period (last page in this	line only)		······	9 9 9		
Carry outstanding balance only to LIM	F3 Sah	edule D. for this	line If	no Schedule D. carry	forward to appropriate line of Summary.		
Daily outstanding balance only to LIN	_ 0, 3011	cadio D, ioi tilis	, 11113. 11	Jonedale D, Carry	ioi maid to appropriate line of odifillary.		

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

FOR LINE NUMBER: (check only one)

PAGE 13 OF

×	13a
	13b

NAME OF COMMITTEE (In Full) Coolidge For Congress				Tra	nsaction ID : SC/10.4144		
LOAN SOURCE Full Name (Last, F Coolidge, Leslie, , ,	First, Mid	dle Initial)		☐ Memo	Item Election: 2012 x Primary General		
Mailing Address 345 Old Sutton Road					Other (specify) ▼		
City Barrington Hills	State ZIP Code IL 60010			✗ Personal Funds of the Candidate			
Original Amount of Loan		Cumulative Payment To Date			Balance Outstanding at Close of This Period		
6000.	00			0.00	6000.00		
TERMS Date Incurred		D	ate Due	Interest (If none,			
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 any) to	Loan Source					
1. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Init	tial)			Name of Employer			
Mailing Address	Mailing Address			Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:	7 7 7		
3. Full Name (Last, First, Middle Init	tial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , ,		
4. Full Name (Last, First, Middle Init	tial)	!		Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
SUBTOTALS This Period This Page (o	ptional)			·····	6000.00		
TOTALS This Period (last page in this	line only)		·····•	7 7 7		
Carry outstanding halance only to LIM	IF 3 Sah	edule D. for this	line If	no Schedule D. carry	forward to appropriate line of Summary.		
Carry outstailing Dalatice Utily to Lily	_ J, JUII	edule D, IOI IIIIS	, mi c. II	ilo ociledule D, carry	iormand to appropriate line or Summary.		

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

FOR LINE NUMBER: (check only one)

PAGE 14

13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4145
LOAN SOURCE Full Name (Last, First, I	Middle Initial	
Coolidge, Leslie, , ,	☐ Memo Item	
Mailing Address 345 Old Sutton Road	Other (specify)	
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
18861.70		0.00 18861.70
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D13D / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	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 (optional	al)	
CODICINEO TINO I CHOU TINO I AGE (OPLIOTE		18861.70
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 15

X 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	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.	

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

FOR LINE NUMBER: (check only one)

PAGE 16

13a

				,9-	13b
NAME OF COMMITTEE (In Full) Coolidge For Congress			Tra	ansaction I	D : SC/10.4148
	امام استغنما/			FL	
LOAN SOURCE Full Name (Last, First, Middle Initial)			☐ Memo	Item Elec	ction: 2012
Coolidge, Leslie, , ,					Primary General
Mailing Address				x	Other (specify) ▼
345 Old Sutton Road					Other (specify) \blacktriangledown
City	State	ZIP Code		×	Personal Funds of the Candidate
Barrington Hills	IL	60010			1
Original Amount of Loan	Cumulative Pay	yment To Da	ate	Balance (Outstanding at Close of This Period
1000.00	7		0.00		1000.00
TERMS Date Incurred	D	ate Due	Interes (If none	t Rate , enter 0)	Secured:
M04 ^M / D03 ^D / Y Ž01Ž Y	M M / D D	/ Y 12/	31/12 ^Y		% (apr) Yes No
List All Endorsers or Guarantors (if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)		١	lame of Employer		
Mailing Address		(Occupation		
		A	Amount		
City	ZIP Code		Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		١	lame of Employer		
Mailing Address		(Occupation		
		A	Amount		
City	ZIP Code		Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		(Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		١	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7	
CURTOTALO This Posit LTU D. ('' '	•	<u>'</u>			
SUBTOTALS This Period This Page (optional)				-	1000.00
TOTALS This Period (last page in this line only	/)		······	<u> </u>	, ,
Carry outstanding balance only to LINE 3. Sch	nedule D for this	s line. If no	Schedule D. carn	v 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

OF

		100	
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4149	
LOAN SOURCE Full Name (Last, First	Middle Initial)	Election: 0040	
Coolidge, Leslie, , ,	☐ Memo Item		
Mailing Address 345 Old Sutton Road	Other (specify) ▼		
City	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	
1652.64		0.00 1652.64	
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)	
M04 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if a	nv) to Loan Source		
Full Name (Last, First, Middle Initial)	37	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed Outstanding:	
CURTOTAL C. This D. C. L. This D. C. C.			
SUBTOTALS This Period This Page (option	naı)	1652.64	
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 18

13a

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, , ,	☐ 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 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

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^M 0.00 ^D19^D 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

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4150
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	idie iliitalj	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	
12000.00		0.00 12000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M10 ^M / P19 ^D / Y Ž01Ž Y	M M / D D	/ Y 12/31/12 Y 0.00
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)		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

FOR LINE NUMBER: (check only one)

PAGE

21

13a 13b

24

OF

Transaction ID: SC/10.4135 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 32161.19 0.00 32161.19 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D26^D 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)..... 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.

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

PAGE 22
FOR LINE NUMBER: (check only one)

13a

OF

		130	
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4134	
LOAN SOURCE Full Name (Lost First Mic	Idla Initial\		
Coolidge, Leslie, , ,	idie initial)	☐ Memo Item	
Mailing Address 345 Old Sutton Road			
City	State	ZIP Code ** 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	
6000.00	7	0.00 6000.00	
TERMS Date Incurred		ate 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) 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	
	1	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)		6000.00	
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

FOR LINE NUMBER: (check only one)

PAGE 23

13a 13b

			Detailed Guillinary 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, , ,				Primary	
				x 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 ^Y	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			Coodpanon		
		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	I	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial) 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)		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	
Carry outstanding balance only to LINE 3, Se	meaule D, for thi	is line. IT no	o ocnequie Di carry fo	orward 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 24

13a

OF

		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	
		X 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)	'	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.