PAGE 1 / 24

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	Γ ▼		mple: If typing	g, type	12FE4M	5	
Coolidge For 0	Congre	SS							I
ADDRESS (number ar	nd street)	345 Old Sutton	Road						
Check if dit	ferent								
than previous reported. (A		Barrington						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 TVDE AE DE	2027	1							
4. TYPE OF RE		Choose One)	(b) 1	2-Day PRE-	Election Repo	rt for the:			
(a) Quarterly R	eports.				Primary (12P)		General (12G)	Runoff (12R)
April 15	Quarterly	y Report (Q1)		П	Convention (1	12C)	Special (1	12S)	
July 15	Quarterly	Report (Q2)			(оросии (
X Octobe	r 15 Quar	terly Report (Q3)		Election on	M M /	D D /	Y " Y " Y " Y		in the State of
January	/ 31 Year-	End Report (YE)	(c) 3	30-Day POS1	-Election Rep	ort for the:			
					General (30G)	Runoff (3	0R)	Special (30S)
Termina	ation Repo	ort (TER)		Election on	M M /	D D /	Y		in the State of
5. Covering Period	N	07 / 01 /		015 Y	through	M M M 09	30	Y	y y y 2015
I certify that I have e	examined	this Report and to	the be	est of my kno	owledge and b	pelief it is tr	ue, correct an	d con	nplete.
Type or Print Name	of Treasu	rer Leslie Coolido	je						
Signature of Treasure	er <u>L</u>	eslie Coolidge		ı	Electronically F	Filed] [Date 10	/	14 Y Y Y Y Y Y 2015
NOTE: Submission of	false, erro	oneous, or incomple	te infor	mation may s	ubject the per	son signing t	his Report to t	the pe	nalties of 2 U.S.C. §437g.
Office Use								F	EC FORM 3
Only									Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 24

Write or Type Committee Name

Coolidge For Congress

09 30 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 15.41 15.41 Expenditures (from Line 14)..... (c) Net Operating Expenditures -15.41 104.59 (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)

PAGE 3 / 24

Write or Type Committee Name

Coolidge For Congress

Report Covering the Period: From: 07 01 2015 To: 09 30 2015

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. (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 I		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
	(a) Made or Guaranteed by the	0.00	0.00
(b) All Other Loans	0.00	0.00
	(add Lines 13(a) and (b))	0.00	0.00
	OFFSETS TO OPERATING		
	EXPENDITURES Refunds, Rebates, etc.)	15.41	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)	15.41	15.41

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

PAGE 4 / 24

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	120.00
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(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
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	120.00
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	-15.41
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	15.41
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		0.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

5 OF

X 13a

24

(check only one) Detailed Summary Page 13b 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:

PAGE

6

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OANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.4138
Coolidge For Congress			
LOAN SOURCE Full Name (Last, First, Mide	dle Initial)	[PERSONAL FUNDS]	Election: 2012
Leslie Coolidge	,	[ENGONAL TONDO]	Primary
			General
Mailing Address 345 Old Sutton Road			Other (specify)
City	State ZIP Co	de	
Barrington Hills	IL 60010		
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
100.00		0.00	100.00
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
M M / D D / Y Y Y	1 M / D D / Y	Y Y Y 0.00	
11" 08 2011		12/31/12 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 State	ZIP Code	Guaranteed	
2 Full Name (Lost First Middle Initial)		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:	7 7
1		I	
SUBTOTALS This Period This Page (optional)			100.00
TOTALS This Period (last page in this line only)		······	
Carry outstanding balance only to LINE 3, Scho	edule D, for this line. If	no Schedule D, carry forw	vard to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

DANS			Detailed Summary Page		13a 13b
AME OF COMMITTEE (In Full)			Transac	ction ID : SC/10.4137	
Coolidge For Congress					
Loan source Full Name Leslie Coolidge	(Last, First, Midd	lle Initial)	[PERSONAL FUNDS]	Election: 2012 Primary General	
Mailing Address 345 Old Sutton Road				Other (specify)	
City	(State ZIP Co	ode		
Barrington Hills		IL 60010			
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close of	This Period
, , , ,	500.00		0.00	5	600.00
TERMS Date Incurred		Date Due	Interest Rate	e Secure	
M 12 / D 15 / Y	Ž011 Y		12/31/12 O.00		X
List All Endorsers or Guara	ntors (if any) to	Loan Source		16	<u> </u>
1. Full Name (Last, First, M	iddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
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 7 7 7	
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7 7	
SUBTOTALS This Period This F	Page (optional)			5	600.00
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 for	ward to appropriate line of S	Summarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

X	13a
	13b

24

(check only one) 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) ullet345 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 each category of the

FOR LINE NUMBER:

PAGE

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24

(check only one) Detailed Summary Page Transaction ID: SC/10.4141 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) ullet345 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 11000.00 0.00 11000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 23 ^M 02^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)..... 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

FOR LINE NUMBER: (check only one)

PAGE

10

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X	13a
	13b

24

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) ullet345 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: (check only one)

PAGE

11

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24

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 each category of the

FOR LINE NUMBER: (check only one)

PAGE

12

×	13a
	13b

24

Detailed Summary Page Transaction ID: SC/10.4146 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 653.85 0.00 653.85 **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)..... 653.85 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: (check only one)

PAGE

13

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	13b

24

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 each category of the

FOR LINE NUMBER:

PAGE

14

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24

(check only one) Detailed Summary Page Transaction ID: SC/10.4145 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 18861.70 0.00 18861.70 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^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)..... 18861.70 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:

PAGE

15

\	40-
X	13a
	13b

24

(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

FOR LINE NUMBER:

PAGE

16

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JAN5		Detailed Summary Pag	ge (Crieck Only One)
AME OF COMMITTEE (In Full) Coolidge For Congress		Transac	tion ID : SC/10.4148
LOAN SOURCE Full Name (Last	r, First, Middle Initial)	[PERSONAL FUNDS]	Election: 2012
Leslie Coolidge			Primary X General
Mailing Address 345 Old Sutton Road			Other (specify)
City	State	ZIP Code	
Barrington Hills	IL	60010	
Original Amount of Loan	Cumulative Payn	nent To Date Bala	nce Outstanding at Close of This Period
, 10	00.00	0.00	1000.00
TERMS Date Incurred	Da	te Due Interest Rate	e Secured:
M04 ^M / D03 ^D / Y 2012	M M / D D	12/31/12 Y	% (apr) Yes No
List All Endorsers or Guarantors	s (if any) to Loan Source		Tes INO
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	
Ou.	710.0	Amount Guaranteed	
City	State ZIP Code		7 7
3. Full Name (Last, First, Middle	Initial)	Name of Employer	
Mailing Address		Occupation	
Cia.	State ZIP Code	Amount Guaranteed	
City		Outstanding:	y y w
4. Full Name (Last, First, Middle	Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
SUBTOTALS This Period This Page	(optional)		1000.00
TOTALS This Period (last page in the			
Jarry outstanding balance only to I	.เท⊨ 3, Schedule D, for this ∣	line. It no Schedule D, carry forv	vard to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 17

X 13a

LUANS	Detailed Summary Page (Check Only One) 13b
NAME OF COMMITTEE (In Full) Coolidge For Congress	Transaction ID : SC/10.4149
Loan source Full Name (Last, First, Middle Initial) Leslie Coolidge	[PERSONAL FUNDS] Election: 2012 Primary General
Mailing Address 345 Old Sutton Road	Other (specify)
City State ZIP Code Barrington Hills IL 60010	9
Original Amount of Loan Cumulative Payment To D	Date Balance Outstanding at Close of This Period
1652.64	0.00 1652.64
TERMS Date Incurred Date Due M 04	Interest Rate Secured: 0.00 (apr)
List All Endorsers or Guarantors (if any) to Loan Source	Yes No
1. Full Name (Last, First, 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
	Occupation
City State ZIP Code	Amount 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)	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	o Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 18

LC	DANS			Detailed Summary Page		(check only one)	×	13a 13b
	AME OF COMMITTEE (In Full) Coolidge For Congress			Transac	ction	ID : SC/10.4136		•
	LOAN SOURCE Full Name (Last, First, Leslie Coolidge	Middle Initial)		[PERSONAL FUNDS]		ction: 2012 Primary General		
	Mailing Address 345 Old Sutton Road					Other (specify) ▼		
	City Barrington Hills	State IL	ZIP Code 60010	;				
	Original Amount of Loan 71.61	Cumulative	Payment To D	ate Bala	ance (Outstanding at Close	of This	
	Date Incurred M 10	M M / D		Interest Rate (31/12 Y 0.00		Sec	ured: Yes	X
	List All Endorsers or Guarantors (if and 1. Full Name (Last, First, Middle Initial)	y) to Loan Soun		Name of Employer				
	Mailing Address		(Occupation				
	City State	e ZIP Code		Amount Guaranteed Outstanding:	7			
	2. Full Name (Last, First, Middle Initial)			Name of Employer				
	Mailing Address		(Occupation				
	City State	e ZIP Code		Amount Guaranteed Outstanding:	7			
	3. Full Name (Last, First, Middle Initial)			Name of Employer				
	Mailing Address			Occupation				
	City State	e ZIP Code		Amount Guaranteed Outstanding:	7	,		
	4. Full Name (Last, First, Middle Initial)			Name of Employer				
	Mailing Address		(Occupation				
	City State	e ZIP Code		Amount Guaranteed Outstanding:	7			
т	UBTOTALS This Period This Page (option OTALS This Period (last page in this line	only)				7 1 7 1	71.6	
. (Carry outstanding balance only to LINE 3.	Schedule D for	this line If no	Schedule D. carry for	ward	to appropriate line o	t Sum	marv.

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FOR LINE NUMBER:

PAGE

19

×	13a
	13b

24

(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

FOR LINE NUMBER: (check only one)

PAGE

20

×	13a
	13b

24

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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

21

×	13a
	13h

24

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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FOR LINE NUMBER: (check only one)

PAGE

22

×	13a
	13b

24

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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FOR LINE NUMBER: (check only one)

PAGE

23

×	13a
	13b

24

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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PAGE 24

LOANS		Detailed Summary Pag		13a 13b
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transac	tion ID : SC/10.4164	
LOAN SOURCE Full Name (Last, First, Midd Leslie Coolidge	dle Initial)	[PERSONAL FUNDS]	Election: 2012 Primary General	
Mailing Address 345 Old Sutton Road			Other (specify)	
City Barrington Hills	State ZIP Cool IL 60010	de		
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of	This Period
Date Incurred M 12 Date Incurred M 2012 M 2012		Interest Rate 0.00	% (apr)	ed:
Full Name (Last, First, Middle Initial)	Loan Source	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7 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:	y y w	
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