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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 011111 0	For An A	Authorized Cor	nmittee	Offi	Office Use Only			
NAME OF COMMITTEE (in	TYPE OR PRIN		example: If typing, type over the lines.	12FE4M5				
Coolidge For C	ongress							
	<u> </u>							
ADDRESS (number and	d street)	n Road						
▼	 							
Check if diff than previou reported. (A	ısly ı Barrington			IL 600	10			
2. FEC IDENTIFIC	ATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲			
C C0050561		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT			
(a) Quarterly Re April 15 July 15	Quarterly Report (Q1) Quarterly Report (Q2)	(b) 12-Day PR	E-Election Report for the Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)			
	15 Quarterly Report (Q3)	Election of	n		State of			
✗ January	31 Year-End Report (YE)	(c) 30-Day PO	ST-Election Report for	the:				
_		Ш	General (30G)	Runoff (30R)	Special (30S)			
Termina	tion Report (TER)	Election of	n	/	in the State of			
5. Covering Period	M M / D D D 01	7 Y Y Y Y 2021	through	M M / D D / Y	y y y 2021			
I certify that I have e.	xamined this Report and to Coolidge, Le of Treasurer		knowledge and belief it	t is true, correct and co	mplete.			
Signature of Treasure	Coolidge, Leslie, , ,		[Electronically Filed]	Date 01	31 /			
NOTE: Submission of f	alse, erroneous, or incomple	ete information may	subject the person sig	ning this Report to the pe	enalties of 52 U.S.C. §30109			
Office Use Only					FEC FORM 3 (Revised 05/2016)			

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2021 10 2021 12 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 120.00 (from Line 17) (b) Total Offsets to Operating 15.41 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 104.59 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 143008.02 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

Coolidge For Congress

10 01 2021 12 31 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)...... 0.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 0.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 0.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00

14. OFFSETS TO OPERATING **EXPENDITURES**

TOTAL LOANS

(Refunds, Rebates, etc.)

(b) All Other Loans.....

(add Lines 13(a) and (b)).....

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

 _	7	-	-	7	_	0.00	
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0.00

15.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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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
		0.00	0.00
	(b) Of All Other Loans(c) TOTAL LOAN REPAYMENTS	0.00	0.00
	(add Lines 19(a) and (b))	0.00	0.00
	DEFLINDS OF CONTRIBUTIONS TO		
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	7 7	, , ,
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS		
	(add Lines 20(a), (b), and (c))	0.00	0.00
<u> </u>	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	PRTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
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	IG PERIOD	0.00

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

FOR LINE NUMBER: (check only one)

PAGE

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13a

OF

						•				130
AME OF COMMITTEE (In Full) Coolidge For Congress					Trans	saction I	D : SC/10.4	4139		
LOAN SOURCE Full Name (Last, Fire Coolidge, Leslie, , , Mailing Address	st, Midd	dle Initial)			Memo Ite	Elec	etion: 20° Primary General Other (spe			
Mailing Address 345 Old Sutton Road								JOIIY) \		
City		State	ZIP Cod	de		×	Personal	Funds	of the	Candidate
Barrington Hills	60010									
Original Amount of Loan	ment To	Date 1500.00	-	alance (Outstanding	g at Clo	ose of T 12040			
TERMS Date Incurred		Da	ate Due		Interest R	ate	7	7	Secured	 d:
M10 ^M / D18 ^D / Y Ž01ť Y M M / D D / Y			/ Y 1	2/31/12 ^Y	(If none, er	0.00	% (apr)	Yes	x No
List All Endorsers or Guarantors (if	any) to	Loan Source								
1. Full Name (Last, First, Middle Initi	al)			Name of Em	ıployer					
Mailing Address				Occupation						
		Tere o		Amount Guaranteed						
City	tate	ZIP Code	Outstanding:		7	7			_	
2. Full Name (Last, First, Middle Initia	ıl)			Name of Employer						
Mailing Address				Occupation						
City	tate	ZIP Code		Amount Guaranteed Outstanding:		,	- ,		-	
3. Full Name (Last, First, Middle Initia	ıl)			Name of Employer						
Mailing Address				Occupation						
City	tate	ZIP Code		Amount Guaranteed Outstanding:		,				
4. Full Name (Last, First, Middle Initia	ıl)			Name of Employer						
Mailing Address				Occupation						
City Si	tate	ZIP Code		Amount Guaranteed						
Only On	iaio	211 0000		Outstanding:		7	,			
SUBTOTALS This Period This Page (opt	ional)				▶				12040	0.04
FOTALS This Period (last page in this lin	ne only)				▶		,	,		
Carry outstanding balance only to LINE	3, Sche	edule D, for this	line. If ı	no Schedule	D, carry fo	orward t	o appropr	riate lir	ne of Su	ummary.

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

FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMIT Coolidge For			Transaction ID : SC/10.4138
Coolidge, L	E Full Name (Last, First, eslie, , ,	Middle Initial)	☐ Memo Item
Mailing Address 345 Old Sutton F	s Road		Other (specify) ▼
City		State	ZIP Code Personal Funds of the Candidate
Barrington Hills		IL	60010 Telsonal Funds of the Candidate
Original Amou	ınt of Loan	Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
	100.00		0.00
TERMS	Date Incurred	I	Date Due Interest Rate Secured: (If none, enter 0)
M11M /	^o 08 ^d / ^y ž01ť ^y	M M / D I	0.00 % (apr) Yes X No
List All Endors	sers or Guarantors (if any) to Loan Source	
1. Full Name ((Last, First, Middle Initial)		Name of Employer
Mailing Add	dress		Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (L	_ast, First, Middle Initial)		Name of Employer
Mailing Add	ress		Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (L	_ast, First, Middle Initial)	'	Name of Employer
Mailing Add	ress		Occupation
	12	1	Amount Guaranteed
City	State	ZIP Code	Outstanding:
4. Full Name (L	ast, First, Middle Initial)	•	Name of Employer
Mailing Add	ress		Occupation
	1-	1	Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This	Period This Page (option	al)	100.00
		·	
Carry outstanding	balance only to LINE 3.	Schedule D, for thi	nis line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

X 13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4137
LOAN SOURCE Full Name (Lost First M	iddla Initial\	
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	iddie initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
500.00		0.00 500.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D15D / Y ZO1Ť Y	M M / D D	/
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
		, , , , ,
TOTALS This Period (last page in this line on	ly)	—————————————————————————————————————
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 8
FOR LINE NUMBER: (check only one)

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				Detailed 0	diffillary i a	gc			13k)
AME OF COMMITTEE (In Full) Coolidge For Congress					Transa	ction ID :	SC/10.4142	2		
LOAN SOURCE Full Name (Last, Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road	First, Mic	ddle Initial)			Memo Item] G	n: 2012 imary eneral ther (specify	·) ▼		
City Barrington Hills		State	ZIP Coc 60010	le		X F	ersonal Fur	nds of the (Candida	 ite
Original Amount of Loan Cumulative Payment To I 5154.15			Date 0.00	Bala	ance Out	standing at	Close of TI	-	od	
TERMS Date Incurred Date Due					Interest Rate (If none, ente 0		% (apr)	Secured Yes	~	lo
List All Endorsers or Guarantors		o Loan Source								
1. Full Name (Last, First, Middle II	nitial)			Name of Emp	oloyer					
Mailing Address				Occupation						
City	City State ZIP Code			Amount Guaranteed Outstanding:						
2. Full Name (Last, First, Middle In	itial)			Name of Employer						
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7				
3. Full Name (Last, First, Middle In	itial)			Name of Employer						
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7				
4. Full Name (Last, First, Middle In	itial)			Name of Emp	oloyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
	JBTOTALS This Period This Page (optional) 5154.15 DTALS This Period (last page in this line only)]				
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If r	o Schedule D), carry for	ward to	appropriate	line of Su	ımmarı	<i>r</i> .

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

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FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4141
LOAN SOURCE Full Name (Last, First,	Middle Initial	Flaskings and
Coolidge, Leslie, , ,	Middle Initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road		Other (specify)
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
11000.00		0.00 11000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M02M / D23D / Y Z01Z Y	M M / D D	/ 12/31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	aı)	11000.00
TOTALS This Period (last page in this line of	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4140 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 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D26^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)..... 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 Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

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		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4143
LOAN COURCE Fill Name / act First	Middle heitiel	Floring
LOAN SOURCE Full Name (Last, First, Coolidge, Leslie, , ,	Middle Initial)	Memo Item Election: 2012 X 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	ment To Date Balance Outstanding at Close of This Period
15900.95		0.00 15900.95
TERMS Date Incurred		ate Due Interest Rate Secured: (If none, enter 0)
^M 03 ^M / ^D 07 ^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 any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	al)	15900.95
TOTALS This Period (last page in this line of	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

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OF

		100				
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4146				
LOAN SOURCE Full Name (Last, First, N	Middle Initial	Flasking 2010				
Coolidge, Leslie, , ,	iliddie initial)	☐ Memo Item				
Mailing Address 345 Old Sutton Road		Other (specify) ▼				
City	State	ZIP Code Personal Funds of the Candidate				
Barrington Hills	IL	60010				
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period				
653.85		0.00 653.85				
TERMS Date Incurred	[Oate Due Interest Rate Secured: (If none, enter 0)				
M03M / D07D / Y 2012 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 Guaranteed				
City	ZIP Code	Outstanding:				
2. Full Name (Last, First, Middle Initial)	·	Name of Employer				
Mailing Address		Occupation				
20		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	ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optiona	1					
CODICIALS THIS I SHOU THIS Page (Optional	,	653.85				
TOTALS This Period (last page in this line of	ly)	······				
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.				

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

FOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4144 Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D09D M 03M Ž01Ž ^Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4145
LOAN SOURCE Full Name (Last, First, 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)

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		Detailed Garrina	13b			
AME OF COMMITTEE (In Full) Coolidge For Congress		Tra	nsaction ID : SC/10.4147			
LOAN SOURCE Full Name (Last, First Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road	et, Middle Initial)	☐ Memo	Item Election: 2012 Primary General Other (specify) ▼			
City Barrington Hills	State	ZIP Code 60010	▼ Personal Funds of the Candidate			
Original Amount of Loan 2661.28	Cumulative Pa	yment To Date	Balance Outstanding at Close of This Period 2661.28			
TERMS Date Incurred M03M / D20D / Y Z01Z Y	M " M / D " D		Rate secured: 0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if a		T.,				
1. Full Name (Last, First, Middle Initia	ıl)	Name of Employer				
Mailing Address		Occupation				
City	ate ZIP Code	Amount Guaranteed Outstanding:	Guaranteed			
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address		Occupation				
City	ate ZIP Code	Amount Guaranteed Outstanding:	. , . ,			
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address		Occupation				
City	ate ZIP Code	Amount Guaranteed Outstanding:	. , ,			
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address		Occupation				
City	ate ZIP Code	Amount Guaranteed Outstanding:	. , ,			
SUBTOTALS This Period This Page (opti	·	<u> </u>	2661.28			
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)

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Transaction ID: SC/10.4148 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General X Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D03D M 04M Ž01Ž ^Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		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	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
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

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Transaction ID: SC/10.4136 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 71.61 0.00 71.61 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D01D 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)..... 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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

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			Detailed Carrinary 1	age 1	3b
NAME OF COMMITTEE (In Full) Coolidge For Congress			Transa	action ID : SC/10.4132	
<u> </u>				-	
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo Iter		
Coolidge, Leslie, , ,				Primary General	
Mailing Address 345 Old Sutton Road				Other (specify) ▼	
City	State	ZIP Code			
Barrington Hills	IL	60010		Personal Funds of the Cand	date
Original Amount of Loan	Cumulative Pa	yment To D	Pate Ba	alance Outstanding at Close of This P	eriod
439.77		9	0.00	439.77	
TERMS Date Incurred	С	ate Due	Interest Ra (If none, ent		
M10 ^M / D19 ^D / Y Ž01Ž Y	M M / D D	/ Y 12		0.00	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	ZIP Code		Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
		-	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 7	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		-	Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7	
	•	<u>'</u>			_
SUBTOTALS This Period This Page (optional)			·····	439.77	╛
TOTALS This Period (last page in this line only	/)		······		
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry fo	rward to appropriate line of Summa	arv.

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

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			Detailed Summary	Page		13b
NAME OF COMMITTEE (In Full)			Tra	nsaction I	D : SC/10.4150	
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo I	tem Elec	etion: 2012	
Coolidge, Leslie, , ,					Primary	
Mailing Address 345 Old Sutton Road				X	General Other (specify) ▼	
345 Old Sutton Road						
City	State	ZIP Code				
Barrington Hills	IL	60010		×	Personal Funds of the 0	Candidate
Original Amount of Loan	Cumulative Pag	yment To D	ate	Balance C	Outstanding at Close of T	his Period
12000.00			0.00		12000	0.00
TERMS Date leaving	-	Nata Dua	Internal	Data	9	
TERMS Date Incurred		Date Due	Interest (If none,	enter 0)	Secureo	i.
M10 ^M / D19 ^D / Y Ž01Ž Y	M M / D D	/ Y 12	/31/12 ^Y	0.00	% (apr)	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	ZIP Code		Guaranteed Outstanding:	,	,	
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
011	710 0 1		Amount Guaranteed			
City	ZIP Code		Outstanding:	7	7	
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:	7	7	
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			_
City	ZIP Code		Guaranteed Outstanding:	,	7	
	1					
SUBTOTALS This Period This Page (optional).			······		12000	0.00
TOTALS This Period (last page in this line only	·) ······				, , , ,	
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	o Schedule D, carry	forward t	o appropriate line of Su	ımmary.

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

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4135
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	☐ Memo Item ☐ Primary ☐ 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
32161.19		0.00 32161.19
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	/
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
CODICIALS THIS Fellow This Fage (optional)		32161.19
TOTALS This Period (last page in this line on	ly)	······································
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4134
LOAN COURSE FINAL (L. L. F. L. N	4: 1 II	
LOAN SOURCE Full Name (Last, First, No. Coolidge, Leslie, , ,	Memo Item Election: 2012 Primary	
Mailing Address 345 Old Sutton Road		
City	State	ZIP Code Results Personal Funds of the Candidate
Barrington Hills	IL	60010 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
6000.00		0.00 6000.00
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M11M / D02D / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTALS This Deviced This Degre (entires	I)	
SUBTOTALS This Period This Page (optional	ı)·····	6000.00
TOTALS This Period (last page in this line o	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: SC/10.4130 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 1780.84 0.00 1780.84 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 1 1 M D06D 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)..... 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.

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

FOR LINE NUMBER: (check only one)

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			Detailed Guillinary	rage		13b
NAME OF COMMITTEE (In Full)			Tran	saction ID : SC/10.416	4	
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo It	em Election: 2012		
Coolidge, Leslie, , ,				Primary		
				x General		
Mailing Address 345 Old Sutton Road				Other (specify	() ▼	
City	State	ZIP Code)	Dames de Fo	- da at tha Oa	- Palata
Barrington Hills	IL	60010		Y Personal Fu	nds of the Car	ndidate
Original Amount of Loan	Cumulative Page	yment To D	ate	Balance Outstanding at	Close of This	Period
30.00			0.00	, , , ,	30.00	0
TERMS Date Incurred		Date Due	Interest		Secured:	
M12M / D01D / Y Ž01Ž Y	M M / D D) / Y 12	(If none, 6	0.00		
		12/	0.,,,,	% (apr)	Yes	x No
List All Endorsers or Guarantors (if any) t	to Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(Occupation			
		7	Amount			
City State	ZIP Code	I	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
		7	Amount			
City State	ZIP Code		Guaranteed Outstanding:	7 7		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:	7 7 7 7		
4. Full Name (Last, First, Middle Initial)	ļ	1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City State	ZIP Code	(Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)			·····•		30.00	0
TOTALS This Period (last page in this line only	y)			, , , ,	143008.02	2
Carry outstanding balance only to LINE 3, Sci	hedule D. for this	s line. If no	Schedule D. carry	forward to appropriate	e line of Sum	marv.