PAGE 1 / 24

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For An	Authorized Committee		Off	ice Use Only
NAME OF COMMITTEE (in full) TYPE OR PRII OUT OF COMMITTEE (in full)	NT ▼ Example: If over the line		12FE4M5	
Coolidge For Congress				ı
<u> </u>				
ADDRESS (number and street)	on Road			
Y				
Check if different than previously reported. (ACC)				010
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲	;	STATE A	ZIP CODE ▲
C C00505610	~	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One)	(b) 12-Day PRE -Election	Report for the		
(a) Quarterly Reports:			-	
April 15 Quarterly Report (Q1)	Primary	(12P)	General (12G)	Runoff (12R)
	Convent	ion (12C)	Special (12S)	
July 15 Quarterly Report (Q2)	M	M / D D /	Y Y Y Y	in the
October 15 Quarterly Report (Q3)	Election on			State of
January 31 Year-End Report (YE)	(c) 30-Day POST -Election	Report for the:		
_			-	0 : 1 (220)
	General	(30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M / D D /	Y " Y " Y " Y	in the State of
5. Covering Period 10 / 01	/ Y Y Y Y Y 2017 throu	ugh 12	/ D D / Y	Y Y Y Y 2017
I certify that I have examined this Report and Coolidge, L Type or Print Name of Treasurer		and belief it is tr	rue, correct and co	omplete.
Coolidge, Leslie, , , Signature of Treasurer	[Electroni	cally Filed] [Date 01	D D / Y Y Y Y Y Y Y 2018
NOTE: Submission of false, erroneous, or incomp	lete information may subject the	e person signing 1	this Report to the p	penalties of 52 U.S.C. §30109
Office			1	
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

2017 10 2017 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

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	0.00	0.00	
	(ii) Unitemized	0.00	0.00	
	(iii) TOTAL of contributions from individuals	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
13.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	0.00	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
14.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	15.41	
15.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	15.41	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 24

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	120.00
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed 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
		0.00	200
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	120.00
	III. CASH SU	IMMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)			0.00
5.	SUBTOTAL (add Line 23 and Line 24)		0.00
6.	TOTAL DISBURSEMENTS THIS PERIOD (froi	m Line 22)	0.00
7.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		0.00

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

PAGE 5
FOR LINE NUMBER: (check only one)

13a

OF

		100		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4139		
LOAN SOURCE Full Name // get First N	liddle Initial\			
Coolidge, Leslie, , ,	liddie initial)	☐ Memo Item		
Mailing Address 345 Old Sutton Road		Other (specify)		
City	State	ZIP Code Personal Funds of the Candidate		
Barrington Hills	IL	60010		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
13540.04		1500.00 12040.04		
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)		
M10 ^M / D18 ^D / Y Ž01ť Y	M M / D D	/ Y 12⅓31/12 Y 0.00 % (apr) Yes ▼ No		
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
CURTOTAL C This Deviced This Dega (entioned	N			
ODITIALS THIS PERIOD THIS Page (OPTIONAL	SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line or	nly)	······································		
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

PAGE

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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, , ,	nddie iriitiai)	☐ 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		
	T	Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line of	ווy)	······································		
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

PAGE

13a 13b

OF

NAME OF COMMITTEE Coolidge For Col			Transa	ction ID : SC/10.4137	
Coolidge, Lesli	ull Name (Last, First, Mide, , ,	ddle Initial)	☐ Memo Item	Election: 2012 X Primary General	
Mailing Address 345 Old Sutton Road	Mailing Address 345 Old Sutton Road			Other (specify) ▼	
City	City State ZIP C		ZIP Code	Personal Funds of the Candidate	
Barrington Hills		IL	60010	1 croomary areas or the satisfactor	
Original Amount of	Loan	Cumulative Pa	yment To Date Bal	ance Outstanding at Close of This Period	
,	500.00		0.00	500.00	
TERMS Date	Incurred	С	Date Due Interest Rati		
M12M / D15D	/ Y Ž01ť Y	M M / D D	/ Y 12ÿ31/Ĭ2 Y	% (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	Mailing Address		Occupation	Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7	
2. Full Name (Last,	First, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
			Amount	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	7	
3. Full Name (Last,	First, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
	la.		Amount Guaranteed		
City	State	ZIP Code	Outstanding:	7	
4. Full Name (Last,	First, Middle Initial)		Name of Employer		
Mailing Address	Mailing Address		Occupation		
		Amount			
City	State	ZIP Code	Guaranteed Outstanding:	9	
SUBTOTALS This Peri	od This Page (optional).			500.00	
				300.00	
				7 7 7	
Carry outstanding bala	ance only to LINE 3, Sci	nedule D, for this	s line. If no Schedule D, carry for	ward 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)

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, , ,	viidale 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	
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

PAGE 9
FOR LINE NUMBER: (check only one)

X 13a 13b

OF

			Turner of in 10, 00/10 4444
AME OF COMMITTEE (In Full) Coolidge For Congress			Transaction ID : SC/10.4141
LOAN SOURCE Full Name Coolidge, Leslie, , ,	(Last, First, Mi	ddle Initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road			Other (specify) Other
City		State	ZIP Code X Personal Funds of the Candidate
Barrington Hills		IL	60010 Feisonal Funds of the Candidate
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			Date Due Interest Rate Secured: (If none, enter 0)
M02M / D23D / Y	ž01ž ^Y	M M / D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guara	ntors (if any)	to Loan Source	
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
			Amount Guaranteed
City	State	ZIP Code	Outstanding:
3. Full Name (Last, First, Mic	ldle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
UBTOTALS This Period This F	Page (optional)		11000.00
OTALS This Period (last page	in this line onl	y)	
Carry outstanding balance only	to LINE 3 Sc	hadula D. for th	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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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4140
LOAN COURCE Full Name (Load First N	U-1-U- 1:4:-1\	Terris
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	liddie initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010 Personal runds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
15000.00		0.00 15000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M02 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	/ Y 12Ў31/12 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
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)	
		, 10000.00
TOTALS This Period (last page in this line or	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

		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 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

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Transaction ID: SC/10.4146 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 653.85 0.00 653.85 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D07D 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)..... 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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

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		Detailed Guillinary 17	13b
NAME OF COMMITTEE (In Full)		Transa	action ID : SC/10.4144
Coolidge For Congress			
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Iten	n Election: 2012
Coolidge, Leslie, , ,			Primary
			General
Mailing Address 345 Old Sutton Road			Other (specify) ▼
343 Old Sullon Road			
City	State	ZIP Code	
	IL	60010	Personal Funds of the Candidate
Barrington Hills	IL	60010	
Original Amount of Loan	Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Period
6000.00		0.00	6000.00
TERMS Date leaving d		Octo Due	. Comment
TERMS Date Incurred	L	Date Due Interest Ra (If none, ent	
^M 03 ^M / ^D 09 ^D / Y Ž01Ž Y	M M / D D	/ Y 12/31/12 Y	0.00
2012		12/01/12	% (apr) Yes X No
List All Endorsers or Guarantors (if an	v) to Loan Source		
Full Name (Last, First, Middle Initial)	y) to Louit Cource	Name of Employer	
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Walling Address		Особрано	
		Amount	
City	e ZIP Code	Guaranteed	
J. J		Outstanding:	7
2. Full Name (Last, First, Middle Initial)	2 Full Name (Last First Middle Initial)		
		Name of Employer	
Mailing Address	Mailing Address		
		Amount	
City	ZIP Code	Guaranteed	
		Outstanding:	,
3. Full Name (Last, First, Middle Initial)	3. Full Name (Last, First, Middle Initial)		
Mailing Address		Occupation	
		A	
0::	710.0.1	Amount Guaranteed	
City	ZIP Code	Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
4. I dii Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Walling Address		Особрано	
		Amount	
City	e ZIP Code	Guaranteed	
		Outstanding:	7
	1	l	
		_	
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Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry for	rward to appropriate line of Summarv.

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,	Middle Initial	Floation: co.co		
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		
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)		
M03 ^M / D13 ^D / Y Z01Ž Y	M M / D D	/		
List All Endorsers or Guarantors (if an	y) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	e ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed		
City	e ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed		
City	e ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	T	Amount		
City State	e ZIP Code	Guaranteed Outstanding:		
CURTOTAL O TILL D. L. LTILL D. L. L.	n			
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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)

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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:
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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

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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

FOR LINE NUMBER: (check only one)

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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	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.

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		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

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OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4132
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
439.77		0.00 439.77
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D19 ^D / 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	
Full Name (Last, First, Middle Initial)	y to Louis Godies	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	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:
CURTOTAL O. T	n	
SUBTOTALS This Period This Page (optional		439.77
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

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OF

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	E OF COMMITTEE (In Full) DIIdge For Congress				Transa	ction ID : SC/10.4150		
L	OAN SOURCE Full Name (Last,	First, Mid	Idle Initial)		☐ Memo Item	Election: 2012		
C	Coolidge, Leslie, , ,		_ weine ten	Primary				
Mailing Address 345 Old Sutton Road					✓ General Other (specify) ▼			
С	ity		State	ZIP Co	de	V Dersonal Funds of the Condidate		
Ва	arrington Hills		IL	60010		Personal Funds of the Candidate		
	Original Amount of Loan		Cumulative Pag	yment To	Date Balance Outstanding at Close of This Period			
	1200	0.00			0.00 12000.00			
T	ERMS Date Incurred		С	ate Due	Interest Rat (If none, ente			
	M10 ^M / D19 ^D / Y Ž01Ž	Υ	M M / D D	/ Y .		.00		
L	ist All Endorsers or Guarantors	(if any) to	o Loan Source					
1	. Full Name (Last, First, Middle	Initial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
2	2. Full Name (Last, First, Middle Initial)				Name of Employer			
	Mailing Address				Occupation			
	0"	To	710 0 1		Amount Guaranteed			
	City	State	ZIP Code			7		
3	. Full Name (Last, First, Middle Ir	nitial)			Name of Employer			
	Mailing Address				Occupation			
		Ta			Amount Guaranteed			
	City	State	ZIP Code		Outstanding:	7		
4	. Full Name (Last, First, Middle Ir	nitial)	•		Name of Employer			
	Mailing Address				Occupation			
		Ta			Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9		
CLID	TOTALS This Parind This Page ((antional)						
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тот	ALS This Period (last page in this	s line only	')		••••••	, , ,		
Car	ry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.		

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

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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) 0.00 ^D26^D M 10^M 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

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		Detailed Garrinary 1 a	13b			
NAME OF COMMITTEE (In Full)		Transa	action ID : SC/10.4134			
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First	t, Middle Initial)	☐ Memo Item	Election: 2012			
Coolidge, Leslie, , ,			Primary			
			x General			
Mailing Address 345 Old Sutton Road			Other (specify)			
343 Old Sullon Road						
City	State	ZIP Code				
	IL	60010	Personal Funds of the Candidate			
Barrington Hills	IL.	80010				
Original Amount of Loan	Cumulative Pay	ment To Date Ba	lance Outstanding at Close of This Period			
6000.00		0.00	6000.00			
TERMS Date Incurred	ט	ate Due Interest Ra (If none, enter				
M11M / D02D / Y Ž01Ž Y	M M / D D		0.00			
11 02 2012		12/31/12	% (apr) Yes X No			
List All Endagage or Cusyantara (if a	my to Loon Course					
List All Endorsers or Guarantors (if a		Name of Francisco				
1. Full Name (Last, First, Middle Initia	l)	Name of Employer				
AA 31: A L L		Occupation				
Mailing Address		Occupation				
		Amount				
O't.	7ID 0-1-	Guaranteed				
City	te ZIP Code	Outstanding:	7			
2. Full Name (Last, First, Middle Initial)		Name of Employer				
2. Full Name (Last, First, Middle initial)		Name of Employer				
Mailing Address		Occupation				
Walling Address						
		Amount				
City	ite ZIP Code	Guaranteed				
		Outstanding:	7			
3. Full Name (Last, First, Middle Initial)	'	Name of Employer				
,						
Mailing Address		Occupation				
		Amount				
City	ite ZIP Code	Guaranteed				
		Outstanding:	,			
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
	I	Amount				
City	te ZIP Code	Guaranteed Outstanding:	7			
		Outstanding.				
SUBTOTALS This Period This Page (option	onal)		6000.00			
	• ,		6000.00			
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1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	···//		· · · · · · · · · · · · · · · · · · ·			
Carry outstanding balance only to LINE 3	Schodule D for this	line If no Schedule D. corrector	award to appropriate line of Summer.			
Garry Outstanding Datance Utily to LINE 3	, John Cause D, 101 tills	, mis. ii no Joneaule D, Cally 101	ward to appropriate line of Juli III alv.			

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

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OF

		130			
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4130			
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	Memo Item Election: 2012			
Coolidge, Leslie, , ,		Memo Item Primary General			
Mailing Address 345 Old Sutton Road		Other (specify) ▼			
City	State	ZIP Code Personal Funds of the Candidate			
Barrington Hills	IL	60010			
Original Amount of Loan	Cumulative Pay				
1780.84		0.00 1780.84			
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)			
M11M / D06D / 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)		1780.84			
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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

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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:			
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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.