PAGE 1 / 24

# FORM 3

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

1 011111 0	For An	Authorized C	Committee	Offic	ce Use Only
NAME OF COMMITTEE (in	TYPE OR PR	INT ▼	Example: If typing, type over the lines.	12FE4M5	
Coolidge For C	Congress				
ADDRESS (number an	345 Old Sutt	ton Road			
▼					
Check if diff than previou reported. (A	usly   Barrington			IL   600	10
2. <b>FEC IDENTIFIC</b>	CATION NUMBER ▼	CITY	<b>A</b>	STATE ▲	ZIP CODE ▲
C C0050561		3. IS THIS REPOR	~	AMENDED (A)	STATE ▼ DISTRICT
(a) Quarterly Re	PORT (Choose One) eports: 6 Quarterly Report (Q1)	(b) 12-Day I	PRE-Election Report for th	e: General (12G)	Runoff (12R)
	Quarterly Report (Q2) r 15 Quarterly Report (Q3)	Election	Convention (12C)	Special (12S)	in the State of
<b>x</b> January	31 Year-End Report (YE)	(c) 30-Day I	POST-Election Report for t	he:	
			General (30G)	Runoff (30R)	Special (30S)
Termina	ition Report (TER)	Election	on M M / D D	/ Y " Y " Y " Y	in the State of
5. Covering Period	M M / D D D 01	/ Y Y Y Y Y Y 2019		M / D D / Y 31	Y Y Y 2019
I certify that I have e	Coolidge, L		ny knowledge and belief it i	is true, correct and co	mplete.
Signature of Treasure	Coolidge, Leslie, , ,		[Electronically Filed]	Date 01	31 /
NOTE: Submission of	false, erroneous, or incom	plete information n	nay subject the person signi	ng 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

2019

10

From:

01

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2019

12

To:

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

 Debts and Obligations Owed BY the Committee (Itemize all on

Schedule C and/or Schedule D).....

Report Covering the Period:

**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) .....

#### For further information contact:

143008.02

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

Report Covering the Period: From: MMM / DDD / YYYYY

To: MMM / DDD / YYYYY

10 01 2019 To: DDD / YYYYYY

12 31 2019

	I. RECEIPTS	I. RECEIPTS COLUMN A Total This Period		
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than Political Committees			
	(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	
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	0.00	
	(d) The Candidate	0.00	0.00	
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	0.00	
	(b) All Other Loans(c) TOTAL LOANS	0.00	0.00	
	(add Lines 13(a) and (b))	0.00	0.00	
4.	OFFSETS TO OPERATING			
_	EXPENDITURES (Refunds, Rebates, etc.)	0.00	15.41	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
6.	<b>TOTAL RECEIPTS</b> (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	
	by the Candidate(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	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 REPORTING	G PERIOD	0.00	

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

FOR LINE NUMBER: (check only one)

PAGE 5

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\	Memo Item Election: 2012				
Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial)  Coolidge, Leslie, , ,					
Mailing Address 345 Old Sutton Road		General 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 <sup>M</sup> / D18 <sup>D</sup> / 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	<b>N</b>					
SUBTOTALS This Period This Page (optional	)	12040.04				
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

PAGE 6
FOR LINE NUMBER: (check only one)

**X** 13a

OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4138
LOAN SOURCE Full Name (Last, First, N	Middle Initial	— Flootion: 0040
Coolidge, Leslie, , ,	☐ Memo Item	
Mailing Address 345 Old Sutton Road		Other (specify) ▼
City	State	ZIP Code  Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
100.00		0.00 100.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M11M / D08D / Y Ž01ť Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona	)	
		, 100.00
TOTALS This Period (last page in this line of	ור)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 7
FOR LINE NUMBER: (check only one)

**X** 13a 13b

		Detailed Guillinary 1 a	13b			
NAME OF COMMITTEE (In Full)		Transa	action ID : SC/10.4137			
Coolidge For Congress						
LOAN SOURCE Full Name (Last, Firs	t, Middle Initial)	Memo Item	Election: 2012			
Coolidge, Leslie, , ,		eee	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 .	80010				
Original Amount of Loan	Cumulative Pa	yment To Date Ba	lance Outstanding at Close of This Period			
			3			
500.00	_	0.00	500.00			
75010						
TERMS Date Incurred	l	Date Due Interest Ra (If none, enter				
M12M / D15D / Y Ž01Ť Y	M M / D E		0.00			
12 15 2011		12/31/12	% (apr) Yes No			
List All Endorsers or Guarantors (if	any) to Loon Source					
		Name of Employer				
1. Full Name (Last, First, Middle Initia	11)	Name of Employer				
Mailing Addyson		Occupation				
Mailing Address		Occupation				
		Amount				
City	ate ZIP Code	Guaranteed				
City	ate ZIP Code	Outstanding:	7 9			
2. Full Name (Last, First, Middle Initial	<u> </u>	Name of Employer				
2. I dii Name (Last, I list, Middle lilitial	)	riamo di Employei	Traine of Employer			
Mailing Address		Occupation	Occupation			
Walling / Address						
		Amount				
City St.	ate ZIP Code	Guaranteed				
		Outstanding:	7			
3. Full Name (Last, First, Middle Initial	)	Name of Employer	Name of Employer			
, , ,						
Mailing Address		Occupation				
		Amount				
City	ate ZIP Code	Guaranteed	7			
		Outstanding:				
4. Full Name (Last, First, Middle Initial	)	Name of Employer				
Mailing Address		Occupation				
011		Amount Guaranteed				
City	ate ZIP Code	Outstanding:	7			
		29.				
SUBTOTALS This Period This Page (opti	onal)		500.00			
	,		300.00			
TOTALS This Period (last page in this lin	e only)					
the state of the s	• 11	,	, , , , , ,			
Carry outstanding balance only to LINE	3. Schedule D. for thi	s line. If no Schedule D. carry for	ward to appropriate line of Summary			
Carry Catotanding Dalance Unit to LINE	o, oonoude on let till	oo. ii iio ooneaale o, cally lul	a. to appropriate into Di Julilliai V.			

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

PAGE 8
FOR LINE NUMBER: (check only one)

**X** 13a 13b

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OF

Transaction ID: SC/10.4142 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 5154.15 0.00 5154.15 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D02D M 01M 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)..... 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 Detailed Summary Page

PAGE 9
FOR LINE NUMBER: (check only one)

13a

OF

					<u> </u>	130	
	ME OF COMMITTEE (In Full) Coolidge For Congress				Trans	action ID : SC/10.4141	
<u> </u>	LOAN SOURCE Full Name (Last,	First Mic	ddle Initial)			m Election: 2012	
	Coolidge, Leslie, , ,	i ii St, iviic	idie iliitalj		☐ Memo Iter	Primary General	
	Mailing Address 345 Old Sutton Road					Other (specify)	
	City State ZIF				de	X Personal Funds of the Candidate	
	Barrington Hills		IL		Total and of the candidate		
	Original Amount of Loan Cumulative Payment To				Date Ba	alance Outstanding at Close of This Period	
	11000	0.00			0.00	11000.00	
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, en		
	M02 <sup>M</sup> / D23 <sup>D</sup> / Y Ž01Ž	Y	M M / D D	/ Y 1	2/̈31/Ἴ12 Υ	0.00 % (apr) Yes No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer  Occupation  Amount		
	Mailing Address						
	City	State	ZIP Code		Guaranteed Outstanding:		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer  Occupation  Amount		
	Mailing Address						
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9	
	3. Full Name (Last, First, Middle In	itial)	·		Name of Employer  Occupation		
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
S	UBTOTALS This Period This Page (	optional)			······	11000.00	
T	OTALS This Period (last page in this	line only	/)		······	, ,	
c	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If ı	no Schedule D, carry fo	rward 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/10.4140
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	idie iliitiai)	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	
15000.00	-	0.00 15000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M02 <sup>M</sup> / D26 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/
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)	1	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)		15000.00
TOTALS This Period (last page in this line only	v)	······
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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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)
<sup>M</sup> 03 <sup>M</sup> / <sup>D</sup> 07 <sup>D</sup> / <sup>Y</sup> Ž01Ž <sup>Y</sup>	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

FOR LINE NUMBER: (check only one)

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**X** 13a

OF

		100				
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4146				
	Middle Initial	Memo Item Election: 2012				
Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial)  Coolidge, Leslie, , ,					
Mailing Address 345 Old Sutton Road		General 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	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					
CODICIALO TINO I GNOU TINO PAGE (OPLIONA	,	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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OF

		100				
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4144				
LOAN SOURCE Full Name /Last First	Middle Initial)	Memo Item Election: 2012				
Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial)  Coolidge, Leslie, , ,					
Mailing Address 345 Old Sutton Road		General 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				
6000.00		0.00 6000.00				
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)				
M03M / D09D / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes No				
List All Endorsers or Guarantors (if an	v) 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 State	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	zIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City State	zIP Code	Guaranteed Outstanding:				
CUPTOTAL O TILL D. L. L. T. L. C. L.						
SUBTOTALS This Period This Page (option	aı)	6000.00				
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

						130	
	ME OF COMMITTEE (In Full) Coolidge For Congress				Trans	action ID : SC/10.4145	
Щ	LOAN SOURCE Full Name (Last,	First Mic	ddle Initial)			m Election: 2012	
	Coolidge, Leslie, , ,	T II OL, IVIIC	idio ilitidi)		∐ Memo Ite	Primary General	
	Mailing Address 345 Old Sutton Road					Other (specify)	
	City State ZIP Barrington Hills IL 600				de	▼ Personal Funds of the Candidate	
	Barrington Hills		IL				
	Original Amount of Loan Cumulative Payment To					alance Outstanding at Close of This Period	
	18861	.70			0.00	18861.70	
	TERMS Date Incurred			ate Due	Interest R (If none, en		
	M03 <sup>M</sup> / D13 <sup>D</sup> / Y Ž01Ž	Y	M M / D D	/ Y 1	2/31/12 <sup>Y</sup>	0.00 % (apr) Yes No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer  Occupation  Amount		
	Mailing Address						
	City	State	ZIP Code		Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
	3. Full Name (Last, First, Middle In	itial)	'		Name of Employer  Occupation  Amount		
	Mailing Address						
	City	State	ZIP Code		Guaranteed Outstanding:	7 7	
	4. Full Name (Last, First, Middle In	itial)	•		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
			·				
SI	UBTOTALS This Period This Page (	optional)			······	18861.70	
т	OTALS This Period (last page in this	line only	/)		······	, ,	
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Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.4147 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 2661.28 0.00 2661.28 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>20<sup>D</sup> 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)..... 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 Detailed Summary Page

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4148
LOAN SOURCE Full Name (Last, First,	Middle Initial	
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 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment 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)
M04M / D03D / Y Ž01Ž 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 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
		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:
CURTOTAL C. This Desired TV: D	-0	
SUBTOTALS This Period This Page (options	il)	1000.00
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

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			Detailed Summary	rage		13b		
NAME OF COMMITTEE (In Full)			Tra	nsaction I	D : SC/10.4149			
Coolidge For Congress								
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)		☐ Memo	Item Elec	ction: 2012			
Coolidge, Leslie, , ,					Primary			
Mailing Address				<b>x</b>	General Other (specify) ▼			
Mailing Address 345 Old Sutton Road					сты (сроспу) у			
City	State	ZIP Code	e	×	Personal Funds of the 0	Candidata		
Barrington Hills	IL	60010	010 Fersonal Funds of the					
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance (	Outstanding at Close of T	his Period		
1652.64			0.00		1652	2.64		
7 7	,	7			1			
TERMS Date Incurred		Date Due	Interest (If none,		Secured	:		
M04M / D26D / Y Ž01Ž Y	M M / D D	/ Y 12	ý31/12 <sup>Y</sup>	0.00	% (apr) Yes	x No		
List All Endorsers or Guarantors (if any) t	o Loan Source							
1. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		1	Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7	7			
2. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7	7			
3. Full Name (Last, First, Middle Initial)			Name of Employer  Occupation					
Mailing Address		- 1						
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7	· · · · · · · · · · · · · · · · · · ·			
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)							
Mailing Address		Occupation						
		Amount						
City	ZIP Code		Guaranteed Outstanding:	7				
	·	'						
SUBTOTALS This Period This Page (optional)			······	Li i	1652	.64		
TOTALS This Period (last page in this line only	y)		·····•		y			
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If n	Schedule D. carry	forward t	to appropriate line of Su	ımmarv		
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			13b				
NAME OF COMMITTEE (In Full) Coolidge For Congress		Trans	action ID : SC/10.4136				
	NAC 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		T =				
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Ite					
Coolidge, Leslie, , ,			Primary  General				
Mailing Address			Other (specify)				
Mailing Address 345 Old Sutton Road							
City	State	ZIP Code	Paragral Funds of the Condidate				
Barrington Hills	IL	60010	Personal Funds of the Candidate				
Original Amount of Loan	Cumulative Page	ment To Date Ba	alance Outstanding at Close of This Period				
71.61		0.00	71.61				
TERMS Date Incurred	Г	ate Due Interest Ra (If none, en					
M10 <sup>M</sup> / D01 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y	0.00 % (apr) Yes X No				
List All Endorsers or Guarantors (if an	y) to Loan Source						
1. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation	Occupation				
		Amount					
City	e ZIP Code	Guaranteed Outstanding:	7				
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	Name of Employer  Occupation				
Mailing Address		Occupation					
		Amount	Amount				
City	e ZIP Code	Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer  Occupation				
Mailing Address		Occupation					
		Amount					
City	e ZIP Code	Guaranteed Outstanding:	7 7				
4. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	e ZIP Code	Guaranteed Outstanding:					
SUBTOTALS This Period This Page (option	nal)		71.64				
TOTALS This Period (last page in this line	·		71.61				
Communicationalism belower cube to UNIT C	Cabadula D. farr 11:1	line If no Cohedule D. save (e	musual to appropriate line of Construction				
Carry outstanding balance only to LINE 3.	Schedule D. for this	sune. It no Schedule D. carry fo	orward to appropriate line of Summary				

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

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		13b
AME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4132
LOAN SOURCE Full Name (Last, First, Coolidge, Leslie, , ,  Mailing Address 345 Old Sutton Road	☐ Memo Item ☐ Election: 2012 ☐ Primary ☐ General ☐ Other (specify) ▼	
City Barrington Hills	State	ZIP Code 60010  Personal Funds of the Candidate
Original Amount of Loan 439.77	Cumulative Pa	ayment To Date  Balance Outstanding at Close of This Period  0.00  439.77
TERMS Date Incurred  M10M / D19D / Y Z01Z Y	M M M / D D D	Date Due Interest Rate (If none, enter 0)  Output  Out
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional COTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINE 3.	Schedule D, for this	is line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page 13b Transaction ID: SC/10.4150 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 12000.00 0.00 12000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10<sup>M</sup> 0.00 <sup>D</sup>19<sup>D</sup> 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)..... 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 Detailed Summary Page

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13b 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 <sup>D</sup>26<sup>D</sup> M 10M 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.

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AME OF COMMITTEE (In Full) Coolidge For Congress					Trans	saction I	D : SC/10.4	134		
LOAN SOURCE Full Name (Last, First Coolidge, Leslie, , ,			Memo Ite	Elec	etion: 201 Primary General Other (spe					
Mailing Address 345 Old Sutton Road					Otrici (Spc	City) $\blacktriangledown$				
City	ZIP Co	de	×	Personal Funds of the Candidate						
Barrington Hills		IL	60010							
Original Amount of Loan 6000.00		Cumulative Pay	ment To	Date 0.00	-	alance (	Outstanding	at Clos	e of This	
TERMS Date Incurred		Da	ate Due		Interest R			S	ecured:	
M11M / D02D / Y Z01Z Y	М	M / D D	/ Y 1	2)/31/12 Y	(If none, er	0.00	% (apr)		Yes	× No
List All Endorsers or Guarantors (if	any) to	Loan Source								
1. Full Name (Last, First, Middle Initia	al)			Name of Em	ıployer					
Mailing Address				Occupation						
				Amount				1		
City	State ZIP Code			Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initia	l)			Name of Employer						
Mailing Address				Occupation						
City State ZIP Code				Amount Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initia	l)			Name of Employer						
Mailing Address				Occupation						
				Amount						
City	tate	ZIP Code		Guaranteed Outstanding:		,	- 7			
4. Full Name (Last, First, Middle Initia		Name of Employer								
Mailing Address				Occupation						
				Amount						1
City	tate	ZIP Code		Guaranteed Outstanding:		7	7		W	
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4130
LOAN COURCE Full Names // set First N	الماطاء المنافاءا/	Firefree
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	ilddie 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
1780.84		0.00 1780.84
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)
M11M / D06D / Y Ž01Ž 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 State	ZIP Code	Guaranteed Outstanding:
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Use separate schedule(s) for each category of the Detailed Summary Page

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	ME OF COMMITTEE (In Full) Coolidge For Congress				Trans	saction ID : SC/10.4164		
Ľ								
	LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	First, Mic	ddle Initial)		☐ Memo Ite	Election: 2012 Primary		
						General		
	Mailing Address 345 Old Sutton Road					Other (specify)		
	City	State ZIP Code 60010			✗ Personal Funds of the Candidate			
	Barrington Hills							
	Original Amount of Loan		Cumulative Pay	ment To	Date Balance Outstanding at Close of This Period			
	30	0.00	9		0.00	30.00		
	TERMS Date Incurred		D	ate Due	Interest F (If none, e			
	M12M / D01D / Y Ž01Ž	Y	M M / D D	/ Y 1	2)/31/12 <sup>Y</sup>	0.00 % (apr) Yes X No		
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer			
	Mailing Address				Occupation  Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,		
	2. Full Name (Last, First, Middle In	itial)	'		Name of Employer  Occupation  Amount			
	Mailing Address							
	City	State	ZIP Code		Guaranteed Outstanding:	7		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer  Occupation			
	Mailing Address							
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	y y		
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
				Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9		
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