PAGE 1 / 24

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

For A	Office Use Only			
NAME OF COMMITTEE (in full)  TYPE OR F	PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Coolidge For Congress				1
ADDRESS (number and street)	sutton Road			
▼ Check if different				
than previously reported. (ACC)	n		IL 60	010
2. FEC IDENTIFICATION NUMBER ▼	CITY 4	<b>4</b>	STATE ▲	ZIP CODE ▲
				STATE ▼ DISTRICT
C C00505610	3. IS THIS REPORT	~	AMENDED (A)	IL 06
4. TYPE OF REPORT (Choose One)	(h) 40 D			
(a) Quarterly Reports:	(b) 12-Day <b>F</b>	PRE-Election Report for the:		
April 15 Overtady Papart (O1)	L	Primary (12P)	General (12G	Runoff (12R)
April 15 Quarterly Report (Q1)		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)				
October 15 Quarterly Report (Q	(3) Election	on M M / D D	/ Y Y Y Y	in the State of
January 31 Year-End Report (Y	(c) 30-Day <b>F</b>	POST-Election Report for th	e:	
		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on M M / D D	/ Y " Y " Y " Y	in the State of
5. Covering Period 04 01	7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 06	M / D D / Y	2018
I certify that I have examined this Report at	nd to the best of my	y knowledge and belief it is	true, correct and co	omplete.
Type or Print Name of Treasurer				
Coolidge, Leslie, , Signature of Treasurer	,	[Electronically Filed]	Date 07	15 / Y Y Y Y Y Z Y Z Y Z Y Z Y Z Y Z Y Z Y
NOTE: Submission of false, erroneous, or inco	mplete information m	nay subject the person signing	g this Report to the p	penalties of 52 U.S.C. §30109
Office				
Use Only				FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 24

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2018 2018 06 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 120.00 (from Line 17) ..... (b) Total Offsets to Operating 15.41 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 104.59 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 143008.02 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 24

Write or Type Committee Name

### Coolidge For Congress

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

To: MMM / DDD / YYYYY

To: MMM / DDD / YYYYYY

To: MMM / DDD / YYYYY

To: MMM / DDD / YYYYYY

To: MMM / DDD / YYYYY

To: MMM / DDD / YYYYY

To: MMM / DDD / YYYYYY

To: MMM / DDD / YYYYY

To: MMM / D

	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(e) TOTAL CONTRIBUTIONS	0.00	0.00		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00		
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
3.	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		
	OFFSETS TO OPERATING				
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	15.41		
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00		
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	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	0.00	0.00		
	by the Candidate	0.00	0.00		
	(b) Of All Other Loans	0.00	0.00		
	(c) TOTAL LOAN REPAYMENTS	0.00	0.00		
	(add Lines 19(a) and (b))	0.00	0.00		
20.	REFUNDS OF CONTRIBUTIONS TO:				
	(a) Individuals/Persons Other	0.00	0.00		
	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		
<u></u> 22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	120.00		
	III. CASH SU	MMARY			
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00		
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	0.00		
25. SUBTOTAL (add Line 23 and Line 24)					
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	0.00		
27.	CASH ON HAND AT CLOSE OF REPORTING	PERIOD	0.00		

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	saction ID : SC/10.4139		
	LOAN SOURCE Full Name (Last,	First Mic	ddle Initial)			m Election: 2012		
	Coolidge, Leslie, , ,				∐ Memo Ite	m Primary General		
	Mailing Address 345 Old Sutton Road					Other (specify)		
	City		State	ZIP Cod	de	✗ Personal Funds of the Candidate		
	Barrington Hills		IL	60010		- Totalian i and an and an analas		
	Original Amount of Loan Cumulative Payment To			ment To		alance Outstanding at Close of This Period		
	13540	0.04			1500.00	12040.04		
	TERMS Date Incurred Date Due			ate Due	Interest R (If none, er			
	M10 <sup>M</sup> / D18 <sup>D</sup> / Y Ž011	Υ	M M / D D	/ Y 1	2/31/12 <sup>Y</sup>	0.00 % (apr) Yes No		
	List All Endorsers or Guarantors	(if any) t	o Loan Source					
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	g		
	2. Full Name (Last, First, Middle In	itial)	·		Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,		
S	UBTOTALS This Period This Page (	optional)			······	12040.04		
Т	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	no Schedule D, carry fo	orward 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) oolidge For Congress				Trans	action ID : SC/10.4138	
Ľ		F:				T =	
	LOAN SOURCE Full Name (Last, First, Middle Initial)  Coolidge, Leslie, , ,  Mailing Address 345 Old Sutton Road				☐ Memo Ite	<b>x</b> Primary	
						General Other (specify) ▼	
	City		State	ZIP Co	de	Personal Funds of the Candidate	
	Barrington Hills		IL	60010		reisonal runds of the Candidate	
	Original Amount of Loan		Cumulative Pag	yment To	Date Ba	alance Outstanding at Close of This Period	
	9 9	0.00			0.00	100.00	
	TERMS Date Incurred Date Due				Interest Ra (If none, en	ter 0)	
	M11M / D08D / Y 2011	Y	M " M / D " D	/ Y 1	2)/31/12 Y	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:	9 9	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7	
SI	UBTOTALS This Period This Page (	optional)				100.00	
т	OTALS This Period (last page in this	line only	r)		······	7 7 7 7	
С	carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	orward to appropriate line of Summary.	
	<del>-</del>		<u> </u>				

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

FOR LINE NUMBER: (check only one)

**PAGE** 

**X** 13a 13b

OF

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Transaction ID: SC/10.4137 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 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 D 15D Ž011 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)..... 500.00 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

PAGE 8
FOR LINE NUMBER: (check only one)

**X** 13a 13b

OF

						_			130
AME OF COMMITTEE (In Full) Coolidge For Congress					Trans	action II	D : SC/10.414	12	
LOAN SOURCE Full Name (Last, First, Middle Initial)  Coolidge, Leslie, , ,  Mailing Address					] Memo Ite	<b>x</b>	tion: 2012 Primary General Other (specif	·v) ▼	
Mailing Address 345 Old Sutton Road							(-	<i>y</i>	
City		State	ZIP Cod	е		×	Personal Fu	ınds of the	e Candidate
Barrington Hills IL 60010									
Original Amount of Loan 5154	.15	Cumulative Pay	yment To I	0.00		alance O	utstanding a		f This Period 154.15
TERMS Date Incurred		, , , , , , , , , , , , , , , , , , ,	oto Duo			at a	7	7	4
			ate Due		Interest Ra (If none, en	ter 0)	-	Secur	rea:
M01 <sup>M</sup> / D02 <sup>D</sup> / Y Ž01Ž		M M / D D	/ 12	2/31/12 Y		0.00	% (apr)	Y	es 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle In	nitial)			Name of Em	ployer				
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		7	- 9	1 - 4	
2. Full Name (Last, First, Middle In	tial)	1		Name of Employer					
Mailing Address				Occupation					
				Amount					-
City	State	ZIP Code		Guaranteed Outstanding:		7	7		
3. Full Name (Last, First, Middle In	tial)			Name of Employer					
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		,	7	1 - 4	_
4. Full Name (Last, First, Middle In	tial)			Name of Employer					
Mailing Address				Occupation					
				Amount					$\overline{}$
City	State	ZIP Code		Guaranteed Outstanding:		7	9	1 4	
SUBTUTALS This Period This Page (d	JBTOTALS This Period This Page (optional)								
TOTALS This Period (last page in this	line only	/)			▶		,	,	
Carry outstanding balance only to LIN	NE 3. Sch	nedule D. for this	s line. If n	o Schedule	D. carry fo	rward t	o appropriat	e line of	Summarv
, - a.c.aa.iig balailee oilig to Ell	5, 501	, .o. und			_,,				y-

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

FOR LINE NUMBER: (check only one)

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OF

						13	<u>u</u>
AME OF COMMITTEE (In Full) Coolidge For Congress					Transac	ction ID : SC/10.4141	
LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,					Election: 2012  X Primary  General	
Mailing Address 345 Old Sutton Road						Other (specify) ▼	
City		State	ZIP Cod	de		Personal Funds of the Candid	ate
Barrington Hills		IL	60010				
Original Amount of Loan	.00	Cumulative Pay	yment To	Date 0.00		ance Outstanding at Close of This Pe	riod
TERMS Date Incurred		D	ate Due		Interest Rate		
<sup>M</sup> 02 <sup>M</sup> / <sup>D</sup> 23 <sup>D</sup> / Y Ž01Ž	Υ	M M / D D	/ Y 1	2/31/12 <sup>Y</sup>		00	No
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle In	nitial)			Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed			
City	State	ZIP Code		Outstanding:		7	
2. Full Name (Last, First, Middle In	tial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7	
3. Full Name (Last, First, Middle In	tial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7	
4. Full Name (Last, First, Middle In	tial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	
SUBTOTALS This Period This Page (o	ptional).				•	11000.00	_
FOTALS This Period (last page in this	line only	y) ·····					
Carry outstanding balance only to LIN	NE 3, Scl	nedule D, for this	s line. If	no Schedule	D, carry forv	vard to appropriate line of Summar	—— у.

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-II- I:4:-I\	Terminal Control of the Control of t
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 <sup>M</sup> / D26 <sup>D</sup> / 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 State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	)	
		, 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 /Lock Firet	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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OF

		135
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4146
	1-11- 1	T =
LOAN SOURCE Full Name (Last, First, Mic Coolidge, Leslie, , ,	idle Initial)	☐ Memo Item Election: 2012  ▼ Primary
Mailing Address 345 Old Sutton Road		General Other (specify) ▼
City	State	ZIP Code
Barrington Hills	IL	60010 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period
653.85		0.00 653.85
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M03M / D07D / Y Ž01Ž Y	M M / D D	/ Y 12/31/12 Y 0.00
List 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:
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:
SUBTOTALS This Period This Page (optional)		653.85
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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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

NAME OF COMMITTEE (In F	•		Transa	ction ID : SC/10.4145		
Coolidge, Leslie, ,		ldle Initial)	☐ Memo Item	Election: 2012  X Primary  General		
Mailing Address 345 Old Sutton Road	Mailing Address 345 Old Sutton Road					
City		State	ZIP Code	Personal Funds of the Candidate		
Barrington Hills		IL	60010	1 crosman runus or the Canadate		
Original Amount of Loan		Cumulative Pa	ment To Date Bal	ance Outstanding at Close of This Period		
	18861.70	-	0.00	18861.70		
TERMS Date Incu	rred	Г	ate Due Interest Rat			
M03M / D13D /	<sup>Y</sup> Ž01Ž <sup>Y</sup>	M M / D D		% (apr) Yes X No		
List All Endorsers or Gu		o Loan Source				
1. Full Name (Last, First	, Middle Initial)		Name of Employer			
Mailing Address	Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First,	Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
	T		Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9		
3. Full Name (Last, First,	Middle Initial)	·	Name of Employer	Name of Employer		
Mailing Address			Occupation	Occupation		
Oit.	04-4-	7ID 0- 4-	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9		
4. Full Name (Last, First,	Middle Initial)		Name of Employer			
Mailing Address	Mailing Address			Occupation		
0''	101.1	710.0.1	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9		
SUBTOTALS This Period Th	nis Page (optional)			18861.70		
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Carry outstanding balance	only to LINE 3, Sch	neaule D, for this	s line. It no Schedule D, carry for	ward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

PAGE 15

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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, , ,	viiddie II iii iaij	☐ 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 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 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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		2001.20
TOTALS This Period (last page in this line of	nly)	······································
Carry outstanding balance only to LINE 3, 5	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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			Detailed Summar	y Page		13b
NAME OF COMMITTEE (In Full)	Tra	nsaction	ID : SC/10.4148			
Cooliage For Congress	Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mic Coolidge, Leslie, , ,	☐ Memo	Item Ele	ection: 2012 Primary			
Mailing Address 345 Old Sutton Road				x	General Other (specify) ▼	
	1	1				
City	State	ZIP Code	Э	×	Personal Funds of the	Candidata
Barrington Hills	IL	60010			Fersonal Funds of the	Januluale
Original Amount of Loan	Cumulative Pag	yment To D	Oate	Balance	Outstanding at Close of T	his Period
1000.00	3	7	0.00		1000	
TERMS Date Incurred		Date Due		Rate enter 0)	Secured	l:
M04 <sup>M</sup> / P03 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ 12	ў31/12 <sup>Y</sup>	1 4 1	% (apr) Yes	x No
List All Endorsers or Guarantors (if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		-	Occupation			
			Amount			
City	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			7
City State	ZIP Code		Guaranteed Outstanding:	7	· · · · · · · · · · · · · · · · · · ·	
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)  Name of Employer					
Mailing Address			Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:		y	
SUBTUTALS THIS PERIOD THIS Page (optional).	SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only	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	forward	to appropriate line of Su	ımmary.

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/10.4149		
LOAN SOURCE Full Name (Last, First	Middle Initial)	Election: 0040		
Coolidge, Leslie, , ,	☐ Memo Item			
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		
1652.64		0.00 1652.64		
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)		
M04 <sup>M</sup> / D26 <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 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 (optional) 1652.64				
TOTALS This Period (last page in this line	only)			
Carry outstanding balance only to LINE 3	, Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

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OF

		130		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4136		
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)	Memo Item Election: 2012		
Coolidge, Leslie, , ,	-2.5 milal	Memo Item Primary General		
Mailing Address 345 Old Sutton Road		Other (specify) ▼		
City	State	ZIP Code  X Personal Funds of the Candidate		
Barrington Hills	IL	60010		
Original Amount of Loan	Cumulative Pay	<del> </del>		
71.61	7	0.00 71.61		
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)		
M10M / D01D / Y Z01Z 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)	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).		71.61		
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

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OF

						130
	ME OF COMMITTEE (In Full) oolidge For Congress				Transac	ction ID : SC/10.4132
	LOAN SOURCE Full Name (Last,	First, Mic	Idle Initial)		☐ Memo Item	Election: 2012
	Coolidge, Leslie, , ,					Primary
Mailing Address 345 Old Sutton Road  ✓ General Other (specify) ▼					Other (specify)	
	City		State	ZIP Co	de	▼ Personal Funds of the Candidate
	Barrington Hills		IL	60010		Fersonal Funds of the Candidate
	Original Amount of Loan		Cumulative Pag	yment To	Date Bala	ance Outstanding at Close of This Period
	439	.77			0.00	439.77
	TERMS Date Incurred		D	ate Due	Interest Rate (If none, ente	
	M10M / D19D / Y Ž01Ž	Y	M M / D D	/ Y	12/31/12 <sup>v</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	
			ı		Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	9
	2. Full Name (Last, First, Middle Initial)				Name of Employer	
	Mailing Address				Occupation	
	0.1	0	710.0.1		Amount Guaranteed	
	City	State	ZIP Code			7
	3. Full Name (Last, First, Middle Initial)			Name of Employer		
	Mailing Address				Occupation	
	Cia.	Ctata	ZID Code		Amount Guaranteed	
	City	State	ZIP Code		Outstanding:	9
4. Full Name (Last, First, Middle Initial) Name of Employer						
	Mailing Address				Occupation	
		la			Amount Guaranteed	
	City	State	ZIP Code		Outstanding:	9 9
SI.	URTOTALS This Poriod This Page (	ontional)			. [	
	SUBTOTALS This Period This Page (optional) 439.77					
TO	OTALS This Period (last page in this	line only	v)		······································	, , , , , ,
С	arry outstanding balance only to LI	NE 3, Sch	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

FOR LINE NUMBER: (check only one)

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			Detailed Cultilliary	l age	13b
NAME OF COMMITTEE (In Full)			Tran	saction ID : SC/10.4150	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, N	liddle Initial)		☐ Memo Ite	em Election: 2012	
Coolidge, Leslie, , ,				Primary	
				<b>✗</b> General	
Mailing Address 345 Old Sutton Road				Other (specify) ▼	
545 Old Sullon Road					
City	State	ZIP Code	)		
Barrington Hills	IL	60010		<b>x</b> Personal Funds of the	Candidate
Barrington Fillis	IL.	00010			
Original Amount of Loan	Cumulative Pa	ayment To D	ate E	Balance Outstanding at Close of	This Period
10000.00					
12000.00			0.00	1200	00.00
TERMS Date Incurred		Date Due	Interest F	Rate Secure	d:
TENNO Date incurred	L	Date Due	(If none, e		u.
M10 <sup>M</sup> / D19 <sup>D</sup> / Y Z012 Y	M M / D D	/ Y 12	/31/12 <sup>Y</sup>	0.00	
		_		% (apr)	s X No
List All Endorsers or Guarantors (if any)	to Loan Source	<u> </u>			
Full Name (Last, First, Middle Initial)			Name of Employer		
1. I dii Name (Last, First, Middle Initial)					
Mailing Address		(	Occupation		
, maining / mainsss			•		
		7	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:	7 7	
3. Full Name (Last, First, Middle Initial)  Name of Employer					
M. W. A.H.					
Mailing Address		'	Occupation		
			Amount		
City State	ZIP Code		Guaranteed		
Oity	Zii Oode	(	Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer		
,			, ,		
Mailing Address		(	Occupation		
		/	Amount	<del></del>	
City State	ZIP Code		Guaranteed		
		(	Outstanding:	, , , , , , , , , , , , , , , , , , ,	
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			<u> </u>		
Carry outstanding balance only to LINE 3, S	cnedule D, for thi	is line. If no	Schedule D, carry f	orward to appropriate line of S	ummary.

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

FOR LINE NUMBER: (check only one)

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		Detailed Guill	13b	
NAME OF COMMITTEE (In Full)		•	Transaction ID : SC/10.4135	
Coolidge For Congress				
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Me	emo Item Election: 2012	
Coolidge, Leslie, , ,			Primary	
			<b>✗</b> 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	Balance Outstanding at Close of This Perio	
32161.19		0.00	32161.19	
TERMS Date In surred		Nata Diva	Constant Date	
TERMS Date Incurred	L		erest Rate Secured:	
M10 <sup>M</sup> / D26 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y	0.00	
20 2012		12/01/12	% (apr) Yes X No	
List All Endorsers or Guarantors (if any	n to Loan Source			
Full Name (Last, First, Middle Initial)	, to Louis Gouldo	Name of Employ	/er	
1. Full Name (Last, First, Middle Illitial)		Name of Employ		
Mailing Address		Occupation		
Walling Address		o o o a panon		
		Amount		
City State	ZIP Code	Guaranteed		
only of the state	2 0000	Outstanding:	7	
2. Full Name (Last, First, Middle Initial)	I .	Name of Employ	ver	
2. Can reache (2005) Fried Friedrich Friedrich				
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed		
		Outstanding:	,	
3. Full Name (Last, First, Middle Initial)		Name of Employ	ver	
Mailing Address		Occupation		
		A		
011	710.0.1	Amount Guaranteed		
City	ZIP Code	Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)		Name of Employ	vor	
4. I dii Name (Last, First, Middle Illitial)		Name of Employ	(G)	
Mailing Address		Occupation		
maining / tadrooc		o o o a panon		
		Amount		
City	ZIP Code	Guaranteed		
,		Outstanding:	7	
	ı	1		
	n.			
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Carry outstanding balance only to LINE 3.	Schedule D, for thi	s line. If no Schedule D. o	earry 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/10.4134		
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  ✓ General Other (specify)   ✓				
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:		
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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/10.4130		
LOAN COURCE Full Names // set First N	الماطاء المنائدا/	Fores		
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	☐ Memo Item			
Mailing Address 345 Old Sutton Road	Other (specify)			
City	State	ZIP Code  Personal Funds of the Candidate		
Barrington Hills	IL	60010 Personal Funds of the Candidate		
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	/ Y 12⅓31/12 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 State	ZIP Code	Guaranteed Outstanding:		
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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

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13b Transaction ID: SC/10.4164 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 30.00 0.00 30.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 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)..... 30.00 TOTALS This Period (last page in this line only)..... 143008.02 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.