

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Coolidge For Congress

ADDRESS (number and street) 345 Old Sutton Road Check if different than previously reported. (ACC) Barrington IL 60010

2. FEC IDENTIFICATION NUMBER C C00505610 3. IS THIS REPORT NEW (N) OR AMENDED (A) IL 06

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2013 through M M / D D / Y Y Y Y 09 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Leslie Coolidge

Signature of Treasurer Leslie Coolidge [Electronically Filed] Date M M / D D / Y Y Y Y 10 / 14 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 8 columns and 1 row. Office Use Only. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Coolidge For Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	302.77
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	302.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	72.50	16030.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	200.00	1330.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-127.50	14700.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1841.07	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	144508.02	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Coolidge For Congress

Report Covering the Period: From: / / To: / /

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	250.00
(ii) Unitemized.....	0.00	52.77
(iii) TOTAL of contributions from individuals ▶	0.00	302.77
(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
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	302.77
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	30.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	30.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	200.00	1330.00
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)..... ▶	200.00	1662.77

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72.50	16030.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	72.50	16030.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1713.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	200.00
25. SUBTOTAL (add Line 23 and Line 24).....	1913.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	72.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1841.07

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Full Name (Last, First, Middle Initial) A. CFO Compliance, LLC		Date of Disbursement
Mailing Address One Park Row, 5th Flr		MM / DD / YYYY 09 / 23 / 2013
City Providence	State RI	Zip Code 02903
Purpose of Disbursement Compliance Consulting	Amount of Each Disbursement this Period 27.50	
Candidate Name Coolidge For Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 06		

Transaction ID : SB17.4183

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement	Amount of Each Disbursement this Period	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement	Amount of Each Disbursement this Period	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	27.50
TOTAL This Period (last page this line number only).....	27.50

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Transaction ID : SC/10.4139

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leslie Coolidge

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
13540.04 0.00 13540.04

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 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
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 13540.04

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4138**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Leslie Coolidge Primary
 Mailing Address 345 Sutton Road General Other (specify) ▼

City State ZIP Code
 Barrington Hills IL 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 11 / D 08 / Y 2011 M M / D D / Y 12/31/12 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 100.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4137**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Leslie Coolidge Primary
 Mailing Address 345 Sutton Road General
 Other (specify) ▼

City State ZIP Code
 Barrington Hills IL 60010

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

TERMS Date Incurred Date Due Interest Rate Secured:
 M^M 12 / D^D 15 / Y^Y 2011 / M^M / D^D / Y^Y 12/31/12 / Y^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
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4142**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Leslie Coolidge Primary
 Mailing Address 345 Sutton Road General Other (specify) ▼

City State ZIP Code
 Barrington Hills IL 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5154.15	0.00	5154.15

TERMS Date Incurred Date Due Interest Rate Secured:
 M 01 / D 02 / Y 2012 M M / D D / Y 12/31/12 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4141**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Leslie Coolidge Primary
 Mailing Address General
 345 Sutton Road Other (specify) ▼

City State ZIP Code
 Barrington Hills IL 60010

Original Amount of Loan 11000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 11000.00
-------------------------------------	------------------------------------	---

TERMS Date Incurred Date Due Interest Rate Secured:
 M^M / D^D / Y^Y 2012 Y^Y M^M / D^D / Y^Y 12/31/12 Y^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
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....
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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Transaction ID : **SC/10.4140**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leslie Coolidge

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred: M 02 / D 26 / Y 2012
 Date Due: M / D / Y 12/31/12
 Interest Rate: 0.00 % (apr)
 Secured: 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
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 15000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Transaction ID : **SC/10.4143**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leslie Coolidge

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15900.95	0.00	15900.95

TERMS

Date Incurred: M 03 / D 07 / Y 2012
 Date Due: M M / D D / Y 12/31/12
 Interest Rate: 0.00 % (apr)
 Secured: 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
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	15900.95
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4146**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Leslie Coolidge Primary
 Mailing Address 345 Sutton Road General Other (specify) ▼

City State ZIP Code
 Barrington Hills IL 60010

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:
 M M / D D / Y Y Y Y M M / D D / Y Y Y 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
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 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.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Transaction ID : **SC/10.4144**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leslie Coolidge

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
6000.00 0.00 6000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 09 / Y 2012 M M / D D / Y 12/31/12 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 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.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Transaction ID : **SC/10.4145**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leslie Coolidge

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
18861.70	0.00	18861.70

TERMS

Date Incurred: M 03 / D 13 / Y 2012
 Date Due: M / D / Y 12/31/12
 Interest Rate: 0.00 % (apr)
 Secured: 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
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	18861.70
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Transaction ID : **SC/10.4147**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leslie Coolidge

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

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:
M 03 / D 20 / Y 2012 M M / D D / Y 12/31/12 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Transaction ID : **SC/10.4148**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leslie Coolidge

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

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:
M 04 / D 03 / Y 2012 M M / D D / Y 12/31/12 % (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
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4149**

LOAN SOURCE Full Name (Last, First, Middle Initial) Leslie Coolidge	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 345 Sutton Road		

City	State	ZIP Code
Barrington Hills	IL	60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1652.64	0.00	1652.64

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 26 / 2012	12/31/12	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1652.64
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Transaction ID : **SC/10.4136**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leslie Coolidge

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
71.61 0.00 71.61

TERMS

Date Incurred Date Due Interest Rate Secured:
10 / 01 / 2012 M M / D D / 12/31/12 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 71.61

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4132**

LOAN SOURCE Full Name (Last, First, Middle Initial) Leslie Coolidge	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 345 Sutton Road		

City	State	ZIP Code
Barrington Hills	IL	60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
439.77	0.00	439.77

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 19 / Y 2012	M M / D D / Y 12/31/12	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 150px;" type="text" value="439.77"/>
TOTALS This Period (last page in this line only).....	<input style="width: 150px;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Transaction ID : SC/10.4150

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leslie Coolidge

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

TERMS

Date Incurred: M 10 / D 19 / Y 2012
 Date Due: M / D / Y 12/31/12
 Interest Rate: 0.00 % (apr)
 Secured: 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
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4135**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Leslie Coolidge
 Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

Original Amount of Loan 32161.19	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 32161.19
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M 10 / D 26 / Y 2012	Date Due M / D / Y 12/31/12	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4134**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Leslie Coolidge
 Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 11 / D 02 / Y 2012
 Date Due: M / D / Y 12/31/12
 Interest Rate: 0.00 % (apr)
 Secured: 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
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 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.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Transaction ID : **SC/10.4130**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leslie Coolidge

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1780.84	0.00	1780.84

TERMS

Date Incurred: M 11 / D 06 / Y 2012
 Date Due: M M / D D / Y 12/31/12
 Interest Rate: 0.00 % (apr)
 Secured: 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
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1780.84
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Coolidge For Congress

Transaction ID : **SC/10.4164**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Leslie Coolidge

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
345 Sutton Road

City State ZIP Code
Barrington Hills IL 60010

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:
M 12 / D 01 / Y 2012 M M / D D / Y 12/31/12 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 30.00
TOTALS This Period (last page in this line only)..... ▶ 144508.02

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.