PAGE 1 / 24

FORM 3

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

1 011111 0	For An A	Authorized Cor	mmittee	Offi	ce Use Only
NAME OF COMMITTEE (in 1	TYPE OR PRIN		Example: If typing, type over the lines.	12FE4M5	
Coolidge For C	ongress				
	345 Old Sutto	n Road			
ADDRESS (number and	street)				
Check if difference than previous reported. (AC	sly   Barrington			IL 600	10
		CITY ▲		STATE A	ZIP CODE ▲
C C00505610	ATION NUMBER ▼	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
(a) Quarterly Re		(b) 12-Day <b>PR</b>	RE-Election Report for the	e:  General (12G)	Runoff (12R)
	Quarterly Report (Q1)  Quarterly Report (Q2)		Convention (12C)	Special (12S)	
October	15 Quarterly Report (Q3)	Election o	n M M / D D	/ Y Y Y Y	in the State of
January	31 Year-End Report (YE)	(c) 30-Day <b>PC</b>	<b>OST</b> -Election Report for	he:	
			General (30G)	Runoff (30R)	Special (30S)
Terminat	ion Report (TER)	Election o	n	/ Y " Y " Y " Y	in the State of
5. Covering Period	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y 2023	through	M / D D / Y	Y Y Y 2023
I certify that I have ex	ramined this Report and to Coolidge, Le f Treasurer		knowledge and belief it	is true, correct and co	mplete.
Signature of Treasurer	Coolidge, Leslie, , ,		[Electronically Filed]	Date 04	11 / Y Y Y Y Y Y 2023
NOTE: Submission of fa	alse, erroneous, or incompl	ete information may	y 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

PAGE 2 / 24

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2023 2023 03 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 Cong
-------------------

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)

ursements

PAGE 4 / 24

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	120.00
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans(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		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
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 S	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	DRTING 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 (fr	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	NG PERIOD	0.00

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

PAGE 5
FOR LINE NUMBER: (check only one)

13a 13b

OF

		100	
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4139	
LOAN SOURCE Full Name // get First N	liddle Initial\		
Coolidge, Leslie, , ,	ilidale initial)	☐ Memo Item	
Mailing Address 345 Old Sutton Road		Other (specify)	
City	State	ZIP Code  Personal Funds of the Candidate	
Barrington Hills	IL	60010	
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period	
13540.04		1500.00 12040.04	
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)	
M10 <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

FOR LINE NUMBER: (check only one)

PAGE

6

13a 13b

OF

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

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

PAGE 7
FOR LINE NUMBER: (check only one)

13a

OF

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

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

FOR LINE NUMBER: (check only one)

PAGE 8

13a

		Detailed Garrinary 1	13b
NAME OF COMMITTEE (In Full)	Trans	action ID : SC/10.4142	
Coolidge For Congress			
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Iter	m Election: 2012
Coolidge, Leslie, , ,			<b>x</b> Primary
			General
Mailing Address 345 Old Sutton Road			Other (specify)
040 Old Oddolf Rodd			
City	State	ZIP Code	
Barrington Hills	IL	60010	<b>X</b> Personal Funds of the Candidate
Barrington rillis	IL.	00010	
Original Amount of Loan	Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Period
5154.15		0.00	5154.15
TERMS Date Incurred		Date Due Interest Ra	ate Secured:
Date incurred	_	(If none, en	
M <sub>01</sub> M / D <sub>02</sub> D / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y	0.00
		ععا لعننا ل	% (apr) Yes X No
List All Endorsers or Guarantors (if any	/) to Loan Source		
Full Name (Last, First, Middle Initial)	,,	Name of Employer	
1. Full Name (Last, First, Middle Hittal)			
Mailing Address		Occupation	
maining / tourises		·	
		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:	9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
		O constitue	
Mailing Address		Occupation	
		Amount	
City State	zIP Code	Guaranteed	
City	zir Code	Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
, , , , , , , , , , , , , , , , , , , ,			
Mailing Address		Occupation	
		·	
		Amount	
City	ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
	•	·	
CURTOTAL C This Deviced This Device (curtism	-1\	Г.	
SUBTOTALS This Period This Page (optional) 5154.15			
TOTALS This Period (last page in this line only)			
TOTALS THIS PERIOD (LAST PAGE IN THIS LINE O	Jiliy) ······	<b></b>	
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carrv fo	rward to appropriate line of Summarv.

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

FOR LINE NUMBER: (check only one)

PAGE

9

13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4141
LOAN SOURCE Full Name (Last, First,	Middle Initial	Flaskings and
Coolidge, Leslie, , ,	Middle Initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road		Other (specify)
City	State	ZIP Code  Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
11000.00		0.00 11000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M02 <sup>M</sup> / D23 <sup>D</sup> / Y Z012 Y	M M / D D	/ 12/31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	aı)	11000.00
TOTALS This Period (last page in this line of	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

**PAGE** 

10 OF

13a 13b

24

Transaction ID: SC/10.4140 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>26<sup>D</sup> M 02M Ž01Ž Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 11

X	13a
	13h

OF

NAME OF COMMITTEE (In Full)  Coolidge For Congress				
LOAN SOURCE Full Name (Last, First, Coolidge, Leslie, , ,	Middle Initial)	☐ Memo Item		
Mailing Address 345 Old Sutton Road  Other (specify) ▼				
City Barrington Hills	State	ZIP Code 60010  Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay			
15900.95		0.00		
TERMS Date Incurred		ate Due Interest Rate Secured: (If none, enter 0)		
M03 <sup>M</sup> / D07 <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 and 1. Full Name (Last, First, Middle Initial)	y) to Loan Source	Name of Employer		
Mailing Address		Occupation		
City	zIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		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)————————————————————————————————————				
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** 12 OF FOR LINE NUMBER: **X** 13a (check only one)

24

13b Transaction ID: SC/10.4146 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 653.85 0.00 653.85 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D07D M 03M Ž01Ž Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 653.85 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 13

13a

OF

		100	
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4144	
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Election: 0040	
Coolidge, Leslie, , ,	Middle Illitial)	☐ 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	
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 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:	
CUPTOTAL O TILL D. L. L. T. L. C. L.			
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	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

FOR LINE NUMBER: (check only one)

PAGE 14

13a 13b

OF

NAME OF COMMITTEE (In F			Transaction ID : SC/10.4145
Coolidge, Leslie, ,		ddle Initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road			Other (specify) ▼
City		State	ZIP Code  Reports  Personal Funds of the Candidate
Barrington Hills		IL	60010
Original Amount of Loar	1	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
	18861.70		0.00 18861.70
TERMS Date Incu	rred	Γ	Pate Due Interest Rate Secured: (If none, enter 0)
M03M / D13D /	<sup>Y</sup> Ž01Ž <sup>Y</sup>	M M / D D	/
List All Endorsers or G	uarantors (if any) t	o Loan Source	
1. Full Name (Last, Firs	t, 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
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First	, Middle Initial)	'	Name of Employer
Mailing Address			Occupation
	T-	T	Amount Guaranteed
City	State	ZIP Code	Outstanding:
4. Full Name (Last, First	, Middle Initial)		Name of Employer
Mailing Address			Occupation
	T <sub>a</sub>	T	Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period T	his Page (optional).		18861.70
TOTALS This Period (last p			,
		•	, , , , , , , , , , , , , , , , , , ,
Carry outstanding balance	only to LINE 3. Sch	edule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

**PAGE** 

15 OF

13a

24

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

FOR LINE NUMBER: (check only one)

PAGE 16

13a

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, , ,	☐ 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	di)	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

PAGE 17
FOR LINE NUMBER: (check only one)

13a

			Detailed Guillinary I	age	13b
NAME OF COMMITTEE (In Full) Coolidge For Congress			Trans	action ID : SC/10.4149	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Ite	m Election: 2012	
Coolidge, Leslie, , ,				Primary	
				& General	
Mailing Address 345 Old Sutton Road				Other (specify) ▼	
City	State	ZIP Code	<b>;</b>		
Barrington Hills	IL	60010		Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pay	yment To D	ate B	alance Outstanding at Close of T	his Period
1652.64			0.00	105	2.64
1032.04			0.00	100.	2.64
TERMS Date Incurred	D	ate Due	Interest Ra (If none, en		d:
M04M / D26D / Y Ž01Ž Y	M M / D D	/ Y 12	/31/12 <sup>Y</sup>	0.00 % (apr) Yes	s x No
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)		1	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		
		7	Amount		
City State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address			Occupation		
Mailing Address					
			Amount		
City	ZIP Code		Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer		,
Mailing Address		(	Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7 7 7 7	
	ı				
SUBTOTALS This Period This Page (optional)			······	1652	2.64
TOTALS This Period (last page in this line only	/)		······	7 7	
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no	Schedule D. carry fo	prward to appropriate line of Si	ummarv.

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

FOR LINE NUMBER: (check only one)

PAGE 18

13a

OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4136
LOAN SOURCE Full Name (Last, First, Mi	ddlo Initial)	Election: 0040
Coolidge, Leslie, , ,	☐ Memo Item ☐ Election: 2012 ☐ Primary ☐ General	
Mailing Address 345 Old Sutton Road	Other (specify)	
City	State	ZIP Code  Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date  Balance Outstanding at Close of This Period
71.61		0.00 71.61
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M10 <sup>M</sup> / D01 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
		, , , , , ,
TOTALS This Period (last page in this line onl	y)	······································
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 19

13a 13b

OF

NAME OF COMMITTEE Coolidge For Cor	, ,		Transaction ID : SC/10.4132
Coolidge, Lesli	III Name (Last, First, Mide, , ,	ddle Initial)	Memo Item Election: 2012 Primary General
Mailing Address 345 Old Sutton Road			Other (specify) ▼
City		State	ZIP Code  Resource Personal Funds of the Candida
Barrington Hills		IL	60010
Original Amount of	Loan	Cumulative Pa	syment To Date Balance Outstanding at Close of This Peri
7	439.77		0.00 439.77
TERMS Date	Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M10 <sup>M</sup> / D19 <sup>D</sup>	/ Y Ž01Ž Y	M M / D D	0.00 % (apr) Yes X N
List All Endorsers	or Guarantors (if any) t	o Loan Source	
1. Full Name (Last,	First, Middle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last,	First, Middle Initial)		Name of Employer
Mailing Address			Occupation
	la.	o .	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)	<u> </u>	Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Peri	od This Page (optional).		
Carry outstanding bala	ance only to LINE 3. Scl	nedule 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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 20

13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4150
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	Memo Item Primary  General	
Mailing Address 345 Old Sutton Road	Other (specify) ▼	
City	State	ZIP Code  Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
12000.00		0.00 12000.00
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M10 <sup>M</sup> / D19 <sup>D</sup> / Y Ž01Ž 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 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 (optional)		
		1200.00
TOTALS This Period (last page in this line on	ly)	<b>-</b>
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 21 OF FOR LINE NUMBER: **X** 13a (check only one)

24

Detailed Summary Page 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) M 10<sup>M</sup> 0.00 <sup>D</sup>26<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)..... 32161.19 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 22
FOR LINE NUMBER: (check only one)

13a

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

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

FOR LINE NUMBER: (check only one)

**PAGE** 

23 OF

×	13a
	13b

24

Transaction ID: SC/10.4130 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General X Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1780.84 0.00 1780.84 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 D06D Ž01Ž Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1780.84 TOTALS This Period (last page in this line only) ..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 24 OF FOR LINE NUMBER: (check only one)

24

**X** 13a Detailed Summary Page 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.