PAGE 1 / 24

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Autho	orized Committe	e	Offic	ce Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example over the	e: If typing, type lines.	12FE4M5	
Coolidge For Congress	S		1 1 1 1 1 1		
ADDRESS (number and street)	345 Old Sutton Road	t			
▼ Check if different					
than previously reported. (ACC)	Barrington			IL 600°	10
. FEC IDENTIFICATION N	IMRER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00505610		. IS THIS X	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
1. TYPE OF REPORT (Ch	oose One) (b)	12-Day PRE -Elect	ion Report for the	e:	
(a) Quarterly Reports:			nary (12P)	General (12G)	Runoff (12R)
X April 15 Quarterly F	Report (Q1)			and the same of	nulion (12h)
July 15 Quarterly F	Report (Q2)	Con	vention (12C)	Special (12S)	
October 15 Quarter	rly Report (Q3)	Election on	M M / D D	/ Y Y Y Y	in the State of
January 31 Year-En	nd Report (YE) (c)	30-Day POST -Elec	ction Report for th	ne:	
		Gen	eral (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 0	M / D D / Y	^y 2024 Y	hrough 0	3 / 31 / Y	Y Y Y 2024
certify that I have examined th	Coolidge Leelie		lge and belief it is	s true, correct and cor	mplete.
THE OF THE MAINS OF HEASUICE					
Gignature of Treasurer	lidge, Leslie, , ,			Date 04 /	15 /
NOTE: Submission of false, errone	eous, or incomplete inf	ormation may subjec	t the person signir	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

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Coolidge	For Congress	

^M03 2024 2024 31 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)) 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Coolidge For Congress

01 31 01 2024 03 2024 Report Covering the Period: From: To: **COLUMN B COLUMN A** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 0.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 (d) The Candidate TOTAL CONTRIBUTIONS (other than loans) 0.00 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS:

(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	15.41
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	15.41

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

	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(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	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
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	120.00
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00

Use separate schedule(s) for each category of the

PAGE 5 OF FOR LINE NUMBER: X 13a (check only one)

				Detailed	Summary Page	• (, , ,	,	13b		
AME OF COMMITTEE (In Full)					Transacti	ion ID : SC/10.4139				
Coolidge For Congress										
LOAN SOURCE Full Name (Last	t, First, M	iddle Initial)			Memo Item	Election: 2012				
Coolidge, Leslie, , ,						Primary				
Mailing Address 345 Old Sutton Road						General Other (specify)	▼			
City		State	ZIP Code							
Barrington Hills		IL	60010			X Personal Fun	ds of the Ca	andidate		
Original Amount of Loan		Cumulative Pa	yment To Da	ate	Balan	nce Outstanding at	Close of Thi	is Period		
	40.04	- Cumulativo i a	tymont to be	1500.00		ioo odiotariding at	12040.0			
100	10.04	3	9	1300.00			12040.0	J4		
TERMS Date Incurred		Γ	Date Due		Interest Rate (If none, enter 0	0)	Secured:			
10 / 18 / Y Y Y 11 12 12 12 12 12 12 12 12 12 12 12 12		M M / D D		31/12 Y	0.0		Yes	X No		
List All Endorsers or Guarantors	s (if any)	to Loan Source								
1. Full Name (Last, First, Middle				lame of Em	nployer					
Mailing Address			0	Occupation						
, and the second										
City	State	ZIP Code		mount Guaranteed				1		
				Outstanding:		7				
2. Full Name (Last, First, Middle	2. Full Name (Last, First, Middle Initial)					Name of Employer				
Mailing Address			C	Occupation						
			A	mount				_		
City	State	ZIP Code		Guaranteed Outstanding:	. L	7				
3. Full Name (Last, First, Middle	 Initial)			Name of Employer						
				<u> </u>						
Mailing Address				Occupation						
	Ta			mount Guaranteed				1		
City	State	ZIP Code		outstanding:	:	7		_		
4. Full Name (Last, First, Middle	Initial)	•	١	Name of Employer						
Mailing Address			(Occupation						
				mount						
City	State	ZIP Code		Guaranteed Outstanding		7				
SUBTOTALS This Period This Page	(optional)				▶	7 7	12040.0)4		
TOTALS This Period (last page in th	is line on	ly)								
						7				
Carry outstanding balance only to I	INF 3. Sc	hedule D. for this	is line. If no	Schedule	D. carry forwa	ard to appropriate	line of Sun	nmarv.		

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

PAGE 6 OF FOR LINE NUMBER: (check only one)

X 13a

			Detailed Summar	y Page			13b	
NAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4138							
Coolidge For Congress								
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	ILEIII I	ection: 2012			
Coolidge, Leslie, , ,					Primary General			
Mailing Address 345 Old Sutton Road					Other (specify) ▼			
City	State	ZIP Code)		7.5. 1.5. 1.4.			
Barrington Hills	IL	60010			Personal Funds of the	Can	didate	
Original Amount of Loan	Cumulative Pay	yment To D		Balance	Outstanding at Close of	-	-	
100.00	7	7	0.00		10	00.00	<u>'</u>	
TERMS Date Incurred		ate Due	· · · ·	Rate enter 0)	Secure	∌d:		
11 / 08 / Y Y Y Y Y Y	M M / D D	/ Y 12	/31/12 ^Y	0.00	% (apr)	s >	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 Guaranteed			$\overline{}$		
City	ZIP Code		Outstanding:	7	7	Ш		
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(Occupation					
			Amount Guaranteed			\neg		
City	ZIP Code		Outstanding:	7	7			
3. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address		(Occupation					
	T		Amount Guaranteed					
City	ZIP Code		Outstanding:	7	7	Ш		
4. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address			Occupation					
			Amount			$\overline{}$		
City	ZIP Code		Guaranteed Outstanding:	7		<u> </u>		
SUBTOTALS This Period This Page (optional).					4/	00.00	$\overline{}$	
<u> </u>			<u>_</u>	-	7	,0.00	#	
TOTALS This Period (last page in this line only	/)		······································	<u></u>	7 7	-		
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward	to appropriate line of §	Sumn	nary.	

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

PAGE 7 OF FOR LINE NUMBER: (check only one)

DANS				Summary Page		one)	13a 13b
AME OF COMMITTEE (In Full)		•	Transaction ID : SC/10.4137				<u> </u>
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)			Memo Item	Election: 2012		
Coolidge, Leslie, , ,					Y Primary General		
Mailing Address 345 Old Sutton Road					Other (specify) 🔻	
City	State	ZIP Code					
Barrington Hills	IL	60010			X Personal Fur	nds of the	Candidate
Original Amount of Loan	Cumulative Pay	yment To Da	ıte	Balan	nce Outstanding at	Close of T	his Period
500.00	7	,	0.00		7	500	0.00
TERMS Date Incurred	D	ate Due		Interest Rate (If none, enter 0	0)	Secureo	d:
12 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D		31/12 Y	0.0	0 0, ,	Yes	s X No
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)		N	ame of Em	ployer			
Mailing Address		O	Occupation				
City State	ZIP Code	G	mount juaranteed jutstanding:		7 7		
2. Full Name (Last, First, Middle Initial)			ame of Em	ployer			
Mailing Address		C	Occupation				
City State	ZIP Code	G	mount juaranteed jutstanding:		7 7		
3. Full Name (Last, First, Middle Initial)		N	Name of Employer				
Mailing Address		С	Occupation				
City State	ZIP Code	G	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		N	ame of Em	ployer			
Mailing Address			Occupation				
City	ZIP Code	G	mount juaranteed jutstanding:		7		
SUBTOTALS This Period This Page (optional). TOTALS This Period (last page in this line only	/)				7	500	0.00

Use separate schedule(s)

PAGE 8 OF 24

FOR LINE NUMBER: for each category of the **X** | 13a (check only one) Detailed Summary Page 13b Transaction ID: SC/10.4142 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road City State ZIP Code Personal Funds of the Candidate 60010 IL Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5154.15 0.00 5154.15 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 02 0.00 2012 12/31/12 01 Yes 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 ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5154.15 TOTALS This Period (last page in this line only).....

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

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

PAGE 9 OF
FOR LINE NUMBER:
(check only one)

X 13a

				Detailed Summary	Page	13b		
NAME OF COMMITTEE (In Full)				Trar	nsaction ID : SC/10.4141			
Coolidge For Congress								
LOAN SOURCE Full Name	(Last, First, Mic	ddle Initial)		☐ Memo It				
Coolidge, Leslie, , ,					Y Primary General			
Mailing Address 345 Old Sutton Road					Other (specify) ▼			
City		State	ZIP Code					
Barrington Hills		IL	60010		Personal Funds of the Can	ıdidate		
Original Amount of Loan		Cumulative Pay	yment To D	ate	Balance Outstanding at Close of This	Period		
, , ,	11000.00	2		0.00	11000.00)		
TERMS Date Incurred		D	ate Due	Interest (If none, e				
02 / D D D / Y	^Y 2012 Y	M M / D D		/31/12 ^Y	0.00 % (apr) Yes	X No		
List All Endorsers or Guara	antors (if any) t	o Loan Source						
1. Full Name (Last, First, N	liddle Initial)		1	Name of Employer				
Mailing Address			(Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
2. Full Name (Last, First, Mi	ddle Initial)	•	I	Name of Employer				
Mailing Address			(Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,			
3. Full Name (Last, First, Mi	ddle Initial)		1	Name of Employer				
Mailing Address			(Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:	9 9			
4. Full Name (Last, First, Mi	ddle Initial)			Name of Employer				
Mailing Address			(Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
	'	'	<u> </u>					
SUBTOTALS This Period This Page (optional)								
TOTALS This Period (last page	in this line only	/)		······				
Carry outstanding balance onl	v to LINE 3. Sci	nedule D. for this	s line. If no	Schedule D. carry	forward to appropriate line of Sumr	marv.		
Carry outstanding balance onl	y to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line of Sumr	nary		

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

FOR LINE NUMBER: (check only one)

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X	13a
	13h

			Detailed Summary	rage 13b			
NAME OF COMMITTEE (In Full)			Transaction ID : SC/10.4140				
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo Ite				
Coolidge, Leslie, , ,				Primary General			
Mailing Address 345 Old Sutton Road				Other (specify) ▼			
City	State	ZIP Code)				
Barrington Hills	IL	60010		Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pay	ment To D	ate E	Balance Outstanding at Close of This Period			
15000.00	7	7	0.00	15000.00			
TERMS Date Incurred	D	ate Due	Interest F (If none, e				
02 26 7 2012	M M / D D		/31/12 ^Y	0.00 % (apr) Yes 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 State	ZIP Code		Guaranteed Outstanding:	7			
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	9 9			
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	9 9 9			
4. Full Name (Last, First, Middle Initial)	•	1	Name of Employer				
Mailing Address			Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7			
SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last page in this line only	y)						
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry f	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

13a

			Detailed Summary	y Page			13b	
NAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4143							
Coolidge For Congress								
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		Memo	ILEIII	ction: 2012			
Coolidge, Leslie, , ,					Primary General			
Mailing Address 345 Old Sutton Road					Other (specify)	▼		
City	State	ZIP Code)		i			
Barrington Hills	IL	60010			Personal Fund	s of the Ca	ndidate	
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance (Outstanding at C	lose of This	Period	
15900.95			0.00		7 7	15900.9	5	
TERMS Date Incurred	D	ate Due	· ·	Rate enter 0)	_	Secured:		
03 7 07 7 2012	M M / D D	12	/31/12 ^Y	0.00	% (apr)	Yes	X No	
List All Endorsers or Guarantors (if any) t	o Loan Source							
1. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7	7			
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7	7	(R)		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address		(Occupation					
			Amount					
City	ZIP Code	(Guaranteed Outstanding:	7	7	W		
4. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
		ļ.,	Amount					
City	ZIP Code		Guaranteed Outstanding:	7	7	-		
SUBTOTALS This Period This Page (optional).				<u></u>	, , ,	15900.9	5	
TOTALS This Period (last page in this line only	/)		······		7 7			
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry	forward	to appropriate I	ine of Sum	mary.	

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

PAGE 12 OF
FOR LINE NUMBER:
(check only one)

	_
X	13a
	13b

		Detailed	Summary Page		13b		
AME OF COMMITTEE (In Full)	•	Transaction	n ID : SC/10.4146	-			
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		INICITIO ILCITI	lection: 2012			
Coolidge, Leslie, , ,							
Mailing Address 345 Old Sutton Road	_	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	e Outstanding at Close of T	his Period		
653.85	9	0.0	0	, 65	3.85		
TERMS Date Incurred	D	ate Due	Interest Rate (If none, enter 0)	Secured	:t		
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y 12/31/12 Y	0.00	% (apr)	s X No		
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)		Name of En	nployer				
Mailing Address		Occupation					
		Amount			_		
City	ZIP Code	Guaranteed Outstanding					
2. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of En	Name of Employer				
Mailing Address		Occupation	Occupation				
		Amount Guaranteed					
City	ZIP Code	Outstanding	p		_		
3. Full Name (Last, First, Middle Initial)		Name of En	nployer				
Mailing Address		Occupation	Occupation				
		Amount			$\overline{}$		
City	ZIP Code	Guaranteed Outstanding	p:				
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address	Occupation	Occupation					
		Amount			$\overline{}$		
City	ZIP Code	Guaranteed Outstanding		7			
UBTOTALS This Period This Page (optional)							
FOTALS 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	d 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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X 13a

			Detailed Summar	y Page			13b
NAME OF COMMITTEE (In Full)			Tra	ansaction I	D : SC/10.4144		
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	ILEIII	etion: 2012		
Coolidge, Leslie, , ,					Primary General		
Mailing Address 345 Old Sutton Road				Other (specify) ▼			
City	State	ZIP Code)		1 - 1 - 1 - 1	_	
Barrington Hills	IL	60010			Personal Funds of the	e Can	ididate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance (Outstanding at Close of	This	Period
6000.00		2	0.00		, ,	00.00)
TERMS Date Incurred		ate Due	Interest (If none,	Rate enter 0)	Secur	ed:	
03 / 09 / 2012	M M / D D	12/	/31/12	0.00	% (apr)	es 2	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	7		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
	T		Amount Guaranteed				
City	ZIP Code	(Outstanding:	7	7		
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(Occupation				
			Amount				
City	ZIP Code	(Guaranteed Outstanding:	7	7	_	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address			Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7	9	_	
CURTOTAL C This Deviced This Deve (and in the		•				_	-
SUBTOTALS This Period This Page (optional)			>		60	00.00	
TOTALS This Period (last page in this line only	/)		······		, ,		
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward t	to appropriate line of	Sumr	mary.

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

FOR LINE NUMBER: (check only one)

PAGE 14 OF

X	13a
	13h

						130		
	ME OF COMMITTEE (In Full)				Trans	action ID : SC/10.4145		
С	oolidge For Congress							
	LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)		☐ Memo Ite			
	Coolidge, Leslie, , ,					Primary General		
	Mailing Address 345 Old Sutton Road					Other (specify) ▼		
	City		State	ZIP Co	de	Personal Funds of the Candidate		
	Barrington Hills		IL	60010		Torsonal Funds of the Candidate		
	Original Amount of Loan		Cumulative Pay	yment To	Date B	alance Outstanding at Close of This Period		
	18861	.70			0.00	18861.70		
	TERMS Date Incurred		D	ate Due	Interest R (If none, er			
	03 / D D / Y Y 2012	Υ	M M / D D	/ Y	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:	, , , , , , , ,		
	2. Full Name (Last, First, Middle In	itial)	l		Name of Employer			
	Mailing Address				Occupation			
					Amount			
١	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:	7		
	4. Full Name (Last, First, Middle In	itial)	'		Name of Employer			
	Mailing Address			Occupation				
			Amount					
	City	State	ZIP Code		Guaranteed Outstanding:	7		
			·					
SI	UBTOTALS This Period This Page (optional)			······	18861.70		
т	OTALS This Period (last page in this	line only	/)		······	, , , , , , , , , , , , , , , , , , ,		
С	arry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	prward to appropriate line of Summary.		
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Garrinary	y rage	13b		
NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)						
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		☐ Memo	Item Election: 2012			
Coolidge, Leslie, , ,				Primary			
Mailing Address				General Other (specify)	•		
345 Old Sutton Road							
City	State	ZIP Code					
Barrington Hills	IL	60010		Personal Funds	s of the Candidate		
Original Amount of Loan	Cumulative Page	yment To D	ate	Balance Outstanding at C	lose of This Perio		
2661.28			0.00		2661.28		
9 9	9	7		7 7			
TERMS Date Incurred		Date Due	Interest (If none,	t Rate , enter 0)	Secured:		
M M / D D / Y Y Y Y Y 1 M M / D D / Y 1			/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		1	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:	7 7			
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7	(R)		
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	7 7			
SUBTOTALS This Period This Page (optional)			·····		2661.28		
TOTALS This Period (last page in this line onl	y)			7			
Carry outstanding balance only to LINE 3, Sc	hedule D. for this	s lina If n	Schedule D. carry	/ forward to appropriate li	ne of Summary		
ı — Darı v Dulbianunu Daranıce Univ ili Line J. Dü	HOUGH D, IUI IIII	3 mic. ii ii	, concuuie D, cdiiv	, ioiwaiu to appiopiidle li	ne or outfilliary.		

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

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			Detailed Garrinary	y i age			13b
NAME OF COMMITTEE (In Full)	Tra	nsaction	ID : SC/10.4148				
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		Memo	Item Ele	ction: 2012		
Coolidge, Leslie, , ,					Primary		
Mailing Address				$ \times$	General Other (specify) ▼		
345 Old Sutton Road					Other (specify)		
City	State	ZIP Code	,				
Barrington Hills	IL	60010		×	Personal Funds of the	∍ Can	didate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance	Outstanding at Close of	This	Period
1000.00			0.00	Г.	10	00.00	П
TERMO Data la constitución de la	7)	Literat	Dute			_
TERMS Date Incurred	L	Date Due	Interest (If none,		Secur	ea:	
04 03 / Y Y Y Y M M / D D / Y Y Y Y Y 12/31/12					% (apr)	es >	< 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:	,		Ц	
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		-	Occupation				
			Amount				
City State	ZIP Code		Guaranteed			П	
	Zii Oodc		Outstanding:	7	7		
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount			$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	7	, ,	_	
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount			_	
City	ZIP Code	I	Guaranteed Outstanding:	7		Ш	
,		·					
SUBTOTALS This Period This Page (optional)-			·····		10	00.00	
TOTALS This Period (last page in this line only	/)				7		Ī
Carry outstanding balance only to LINE 3, Sci	nedule D. for this	s line. If no	Schedule D. carry	forward	to appropriate line of	Sumn	narv
	P. IVI IIII	.	, Jonesaule Di Call V	.v. walu	TO APPROPRIATE HITCH	Juilli	···· y·

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-0/110					Detailed S	Summary Pag	е (`	, ,		13b
NAME OF COMM	ITTEE (In Full)					Transact	tion ID : SC/	10.4149		_
Coolidge For										
	CE Full Name (Last,	First, Mid	ddle Initial)			Memo Item	Election:	2012		
Coolidge,	Leslie, , ,						Primary Genera	•		
Mailing Addres 345 Old Sutton							Other ((specify) \blacktriangledown		
City			State	ZIP Code)					
Barrington Hills			IL	60010			X Perso	nal Funds o	f the Ca	ndidate
Original Amo	unt of Loan		Cumulative Pag	yment To D	ate	Balar	nce Outstand	ding at Close	e of This	s Period
	165	2.64		7	0.00				1652.6	i4
TERMS	Date Incurred		Г	Date Due		Interest Rate (If none, enter		Se	ecured:	
M M /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ	M M / D D		/31/12 Y	0.0	00 %	(apr)	Yes	X No
List All Endor	sers or Guarantors	(if any) t	o Loan Source							
1. Full Name	(Last, First, Middle	Initial)		1	Name of Emp	oloyer				
Mailing Ac	Idress			(Occupation					
City		State	ZIP Code		Amount Guaranteed Outstanding:		7 1 1	, ,		
2. Full Name	(Last, First, Middle I	l nitial)			Name of Emp	oloyer				
Mailing Add	dress			(Occupation					
					Amount					
City		State	ZIP Code	(Guaranteed Outstanding:		7	7		
3. Full Name	(Last, First, Middle I	nitial)		1	Name of Emp	oloyer				
Mailing Add	dress			(Occupation					
				1	Amount				-	1
City		State	ZIP Code		Guaranteed Outstanding:		,	,		
4. Full Name	(Last, First, Middle I	nitial)		1	Name of Emp	oloyer				
Mailing Address			(Occupation						
					Amount					1
City		State	ZIP Code		Guaranteed Outstanding:		7	7	<u> </u>	l
SUBTOTALS Thi	s Period This Page	(optional)				··· >			1652.6	4
TOTALS This Pe	riod (last page in thi	s line only	y)			>		,		
Carry outstandin	ng halance only to I	INF 3 Sci	nedule D. for this	s line If no	Schedule F) carry forw	ard to appr	onriate line	of Sum	marv

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)						
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)	☐ Memo Iten	n Election: 2012 Primary			
Coolidge, Leslie, , ,			General			
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 Pag	ment To Date Ba	alance Outstanding at Close of This Period			
71.61		0.00	71.61			
TERMS Date Incurred	С	ate Due Interest Ra				
M 10	M M / D D	/ Y 12/31/12 Y	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) t	to Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:	9 9			
2. Full Name (Last, First, Middle Initial)	l	Name of Employer	Name of Employer			
Mailing Address		Occupation	Occupation			
		Amount				
City	ZIP Code	Guaranteed Outstanding:	7			
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation	Occupation			
		Amount				
City	ZIP Code	Guaranteed Outstanding:	9-1-9-1-8-1			
4. Full Name (Last, First, Middle Initial)	'	Name of Employer	Name of Employer			
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:	7			
		_				
SUBTOTALS This Period This Page (optional)		·····	71.61			
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, Sc	hedule D, for this	line. If no Schedule D, carry for	rward to appropriate line of Summary.			

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OF

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NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4132
Coolidge For Congress		
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,		Primary General
Mailing Address 345 Old Sutton Road		Other (specify)
City	State	ZIP Code Region 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
439.77		0.00 439.77
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ 12/31/12
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)	<u> </u>	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)	439.77
TOTALS This Period (last page in this line or	nly)	
Carry outstanding balance only to LINE 3, S	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

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			Detailed Summary	Page 13b
NAME OF COMMITTEE (In Full)			Tran	saction ID : SC/10.4150
Coolidge For Congress				
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo Ite	
Coolidge, Leslie, , ,				Primary General
Mailing Address 345 Old Sutton Road				Other (specify) ▼
City	State	ZIP Code)	
Barrington Hills	IL	60010		Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To D	ate E	Balance Outstanding at Close of This Period
12000.00	7	7	0.00	12000.00
TERMS Date Incurred	D	ate Due	Interest F (If none, e	
10 19 / Y Y Y Y Y Y	M M / D D		/31/12 ^Y	0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) t	o Loan Source			
1. Full Name (Last, First, Middle Initial)		ı	Name of Employer	
Mailing Address		(Occupation	
			Amount	
City State	ZIP Code	I	Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)	-	1	Name of Employer	
Mailing Address		(Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	y
3. Full Name (Last, First, Middle Initial)		ı	Name of Employer	
Mailing Address		(Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle Initial)	•	ı	Name of Employer	
Mailing Address		(Occupation	
			Amount	
City State	ZIP Code		Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page (optional)			<u> </u>	12000.00
TOTALS This Period (last page in this line only	y)			, ,
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry f	forward to appropriate line of Summary.

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

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			Detailed Garrinary	y ruge	13b
NAME OF COMMITTEE (In Full)			Tra	ansaction ID : SC/10.4135	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		Memo	Item Election: 2012	
Coolidge, Leslie, , ,				Primary	
Mailing Address				General Other (specify) ▼	
345 Old Sutton Road				Other (specify)	
City	State	ZIP Code	,	N	
Barrington Hills	IL	60010		Personal Funds of	the Candidate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close	of This Period
32161.19			0.00	;	32161.19
TERMS Date Incurred	,	ate Due	Interest	t Data Co	cured:
			(If none,	, enter 0)	sureu.
10 / 26 / Y Y Y Y Y Y	M = M / D = D	12	/31/12 ^Y	0.00 % (apr)	Yes 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		
		7	Amount		
City State	ZIP Code	I	Guaranteed Outstanding:	7	
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
		,	Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle Initial)	1	1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
		,	Amount		
City	ZIP Code		Guaranteed Outstanding:	9 9 9 9	
	·				
SUBTOTALS This Period This Page (optional)			······	3	32161.19
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 Summary.

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

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			Detailed Summary	y Page			13b
NAME OF COMMITTEE (In Full)			Tra	nsaction II	D : SC/10.4134		
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo		tion: 2012		
Coolidge, Leslie, , ,					Primary General		
Mailing Address 345 Old Sutton Road					Other (specify) ▼		
City	State	ZIP Code)				
Barrington Hills	IL	60010			Personal Funds of the	• Can	ıdidate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance C	Outstanding at Close of	This	Period
6000.00	2		0.00		60	00.00)
TERMS Date Incurred	D	ate Due	· · ·	Rate enter 0)	Secur	ed:	
11 02 Y Y Y Y Y Y	M M / D D	12	/31/12 Y	0.00	% (apr)	es D	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	ZIP Code		Guaranteed Outstanding:	7	7		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
	T		Amount Guaranteed			\neg	
City	ZIP Code		Outstanding:	7	- T		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
	T		Amount Guaranteed				
City	ZIP Code		Outstanding:	7		_	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
			Amount			_	
City	ZIP Code		Guaranteed Outstanding:	7	7	<u> </u>	
SUPTOTALS This Period This Page (entional)							$\overline{}$
SUBTOTALS This Period This Page (optional)				<u></u>	60	00.00	
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 t	o appropriate line of	Sumr	mary.

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

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			Detailed Guillinary	1 13	b
NAME OF COMMITTEE (In Full)			Trar	nsaction ID : SC/10.4130	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo It	tem Election: 2012	
Coolidge, Leslie, , ,				Primary	
Mailing Address			General Other (specify) ▼		
345 Old Sutton Road				— — — — — — — — — — — — — — — — — — —	
City	State	ZIP Code	9	Personal Funds of the Candid	late
Barrington Hills	IL	60010		7 Toronal Funds of the Ganala	
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close of This Pe	riod
1780.84			0.00	1780.84	7
TERMS Date Incurred	,	Date Due	Interest	Rate Secured:	_
			(If none,		
11 06 Y Y Y Y Y Y	M = M / D = D	12	/31/12 ^Y	0.00 % (apr) Yes	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:		
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)	1	1	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:	9 9	
SUBTOTALS This Period This Page (optional).				17000	7
-				1780.84	4
TOTALS This Period (last page in this line only	/)		······	, , , , , , , , , , , , , , , , , , ,	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line of Summar	~~ v.

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

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			Detailed Guillinary	1 age	13b
NAME OF COMMITTEE (In Full)			Trar	nsaction ID : SC/10.4164	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo I	tem Election: 2012	
Coolidge, Leslie, , ,				Primary	
Mailing Address				General Other (specify) ▼	
345 Old Sutton Road				— Guier (opcorry) V	
City	State	ZIP Code	e	Personal Funds of the Car	ndidata
Barrington Hills	IL	60010		7 Toronar Farias of the Gar	
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close of This	Period
30.00			0.00	30.00)
TERMS Date Incurred	,	ate Due	Interest	Rate Secured:	
			(If none,		
12 / 01 / Y Y Y Y Y Y Y	M M / D D	12	/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 Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code	I	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
2. Full Name (Last, First, Middle Initial)	l		Name of Employer		
Mailing Address			Occupation		
		ļ.	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:	7 7 7	
SUBTOTALS This Period This Page (optional)				30.00)
TOTALS This Period (last page in this line only	/)		······	143008.02	2
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line of Sumi	mary.