

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 Barrington IL 60010 CITY STATE ZIP CODE

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) 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 01 / 01 / 2024 through M M / D D / Y Y Y Y 03 / 31 / 2024

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 Coolidge, Leslie, , ,

Signature of Treasurer Coolidge, Leslie, , , Date M M / D D / Y Y Y Y 04 / 15 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

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))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="0.00"/>	<input type="text" value="120.00"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="0.00"/>	<input type="text" value="15.41"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="0.00"/>	<input type="text" value="104.59"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="0.00"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="143008.02"/>	

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

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2024 To: MM / DD / YYYY 03 / 31 / 2024

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.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. 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
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
of Disbursements

FEC Form 3 (Revised 05/2016)

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	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	0.00	120.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING 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 Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4139**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
345 Old Sutton Road			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Barrington Hills	IL	60010	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
13540.04	1500.00	12040.04

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 18 / 2011	M M / D D / Y Y Y 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:
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).....▶	12040.04
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)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
345 Old Sutton Road			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
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 (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 08 / 2011	M M / D D / Y Y Y 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:
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)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
345 Old Sutton Road			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Barrington Hills	IL	60010	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 15 / 2011	M M / D D / Y Y Y 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:
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).....▶	500.00
TOTALS This Period (last page in this line only).....▶	

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

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)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
345 Old Sutton Road			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
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 (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 02 / 2012	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
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)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
345 Old Sutton Road			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Barrington Hills	IL	60010	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 23 / 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).....▶	11000.00
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/10.4140**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
345 Old Sutton Road			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
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	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 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).....▶	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

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4143**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 345 Old Sutton Road			
City Barrington Hills	State IL	ZIP Code 60010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 15900.95	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15900.95
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 07 / 2012	M M / D D / Y Y Y 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:
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)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
345 Old Sutton Road			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
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 (If none, enter 0)	Secured:
	03 / 07 / 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).....▶	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

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4144**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
345 Old Sutton Road			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
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 (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	03 / 09 / 2012	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
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

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4145**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 345 Old Sutton Road			<input type="checkbox"/> General
City Barrington Hills		State IL	ZIP Code 60010
			<input checked="" type="checkbox"/> Personal Funds of the Candidate
Original Amount of Loan		Cumulative Payment To Date	Balance Outstanding at Close of This Period
18861.70		0.00	18861.70

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 13 / 2012	M M / D D / Y Y Y 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:
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

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4147**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input type="checkbox"/> Primary
Mailing Address			<input checked="" type="checkbox"/> General
345 Old Sutton Road			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
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 (If none, enter 0)	Secured:
	03 / 20 / 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).....▶	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)

Transaction ID : SC/10.4148

Coolidge For Congress

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

Memo Item

Election: 2012

Coolidge, Leslie, , ,

Primary

General

Other (specify) ▼

Mailing Address

345 Old Sutton Road

City

Barrington Hills

State

IL

ZIP Code

60010

Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 03 / 2012

M M / D D / Y Y Y 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)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input type="checkbox"/> Primary
Mailing Address 345 Old Sutton Road			<input checked="" type="checkbox"/> General
City Barrington Hills		State IL	ZIP Code 60010
			<input type="checkbox"/> Other (specify) ▼
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	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

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4136**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Coolidge, Leslie, , ,		Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 345 Old Sutton Road		
City Barrington Hills	State IL	ZIP Code 60010
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 01 / 2012	M M / D D / Y Y Y 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:
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) <input type="checkbox"/> Memo Item Coolidge, Leslie, , ,		Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 345 Old Sutton Road		
City Barrington Hills	State IL	ZIP Code 60010
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 19 / 2012	M M / D D / Y Y Y 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 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).....▶	439.77
TOTALS This Period (last page in this line only).....▶	<input 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

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4150**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Coolidge, Leslie, , ,		Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 345 Old Sutton Road		
City Barrington Hills	State IL	ZIP Code 60010
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 19 / 2012	M M / D D / Y Y Y 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:
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) <input type="checkbox"/> Memo Item Coolidge, Leslie, , ,		Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 345 Old Sutton Road		
City Barrington Hills	State IL	ZIP Code 60010 <input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 26 / 2012	M M / D D / Y Y Y 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:
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)		<input type="checkbox"/> Memo Item	Election: 2012
Coolidge, Leslie, , ,			<input type="checkbox"/> Primary
Mailing Address			<input checked="" type="checkbox"/> General
345 Old Sutton Road			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
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 (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	11 / 02 / 2012	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
City	State
State	ZIP Code
	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
State	ZIP Code
	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
State	ZIP Code
	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
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

NAME OF COMMITTEE (In Full) **Coolidge For Congress** Transaction ID : **SC/10.4130**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Coolidge, Leslie, , ,		Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 345 Old Sutton Road		
City Barrington Hills	State IL	ZIP Code 60010 <input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 06 / 2012	M M / D D / Y Y Y 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:
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)

Transaction ID : SC/10.4164

Coolidge For Congress

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

Memo Item

Election: 2012

Coolidge, Leslie, , ,

Primary

General

Other (specify) ▼

Mailing Address

345 Old Sutton Road

City

Barrington Hills

State

IL

ZIP Code

60010

Personal Funds of the Candidate

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 / 01 / 2012

M M / D D / Y Y Y 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).....▶

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.