PAGE 1 / 24

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For An	Authorized Committ	:ee	Off	fice Use Only
NAME OF COMMITTEE (in full) TYPE OR PRI	NT ▼ Exampl over th	le: If typing, type e lines.	12FE4M5	
Coolidge For Congress				I
<u> </u>				
ADDRESS (number and street)	on Road			
•				
Check if different than previously reported. (ACC)			IL 600	010
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00505610	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One)	(b) 12-Day PRE -Elec	ction Report for the	o.	
(a) Quarterly Reports:			,. 	
April 15 Quarterly Report (Q1)	Prir	mary (12P)	General (12G	Runoff (12R)
	Cor	nvention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)		M M / D D	/ Y Y Y Y	in the
October 15 Quarterly Report (Q3)	Election on		<u> </u>	State of
January 31 Year-End Report (YE)	(c) 30-Day POST -Ele	ection Report for th	 ne:	
_				0 : 1 (220)
	Gei	neral (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M M / D D	/ Y Y Y	in the State of
5. Covering Period 10 / 01	/ Y Y Y Y Y 2020	through 12	M / D D / Y	Y Y Y Y 2020
I certify that I have examined this Report and Coolidge, L Type or Print Name of Treasurer		edge and belief it is	s true, correct and co	omplete.
Coolidge, Leslie, , , Signature of Treasurer	[Elec	ctronically Filed]	Date 01	31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroneous, or incomp	lete information may subje	ect the person signir	ng this Report to the p	penalties of 52 U.S.C. §30109
Office				
Use Only				FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 24

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2020 10 2020 12 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

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	
2.	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	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	15.41	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	15.41	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 24 **COLUMN A COLUMN B** II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 0.00 120.00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 120.00 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 0.00 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 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)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 0.00 (subtract Line 26 from Line 25).....

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

FOR LINE NUMBER: (check only one)

PAGE 5

13a

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, , ,	☐ 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 ^M / D18 ^D / 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	N	
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

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13a

OF

							130
AME OF COMMITTEE (In Full) Coolidge For Congress					Transac	ction ID : SC/10.4138	
LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	First, Mic	ddle Initial)			Memo Item	Election: 2012 x Primary General	
Mailing Address 345 Old Sutton Road						Other (specify)	
City		State	ZIP Cod	le		X Personal Funds of the	• Candidate
Barrington Hills		IL	60010				
Original Amount of Loan	00	Cumulative Pay	yment To			ance Outstanding at Close of	
100	.00		, ,	0.00		7 7	00.00
TERMS Date Incurred		D	Date Due		Interest Rate (If none, enter	r 0)	ed:
M11M / D08D / Y Ž01Ť	Υ	M M / D D	/ Y 1	2/31/12 Y	0.	.00 % (apr) Ye	es 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle II	nitial)			Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code Amount Guaranteed Outstanding:		7			
2. Full Name (Last, First, Middle Initial)				Name of Em	ployer		
Mailing Address				Occupation			
City	State ZIP Code			Amount Guaranteed Outstanding:		7 7 7	
3. Full Name (Last, First, Middle Initial)				Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		y y	
4. Full Name (Last, First, Middle In	tial)			Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code Amount Guaranteed Outstanding:			7 7 7		
SUBTOTALS This Period This Page (optional)							
Carry outstanding balance only to LII	NE 3, Scl	nedule D, for this	s line. If r	no Schedule I	D, carry forv	ward to appropriate line of	Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

: **X** 13a

			Detailed Summary	/ rage		13b
NAME OF COMMITTEE (In Full)			Tra	nsaction I	D : SC/10.4137	
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo	Item Elec	ction: 2012	
Coolidge, Leslie, , ,	Coolidge, Leslie, , ,					
Mailing Addross					General	
Mailing Address 345 Old Sutton Road					Other (specify) ▼	
City	State	ZIP Code	•	×	Personal Funds of the C	Candidate
Barrington Hills	IL	60010			T crosman r ands or the c	- analato
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance (Outstanding at Close of Th	nis Period
500.00			0.00		500	.00
TERMS Date Incurred		Date Due	Interest	Rate	Secured	
		_	(If none,	enter 0) 0.00	_	
M12M / P15D / Y 201 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)			Name of Employer			
Mailing Address		. 1	Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:	7	, , , , , , , , , , , , , , , , , , ,	_
2. Full Name (Last, First, Middle Initial)	·		Name of Employer			
Mailing Address			Occupation			
			Amount			7
City State	ZIP Code		Guaranteed Outstanding:	7	9	
3. Full Name (Last, First, Middle Initial) Name of Employer						
Mailing Address		- 1	Occupation			
			Amount			7
City	ZIP Code		Guaranteed Outstanding:	7	· · · · · · · · · · · · · · · · · · ·	_
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		-	Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:	7	9	
CURTOTAL O This David LTU						
SUBTOTALS This Period This Page (optional)			······		500	.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	to appropriate line of Su	mmary.

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

PAGE 8
FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4142
LOAN SOURCE Full Name (Last, First, N	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
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5154.15		0.00 5154.15
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M01M / D02D / Y 2012 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
	1	Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	1	Amount Guaranteed
City	ZIP Code	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:
CURTOTAL C. This Deviced This Days (antisys	.n	
SUBTOTALS This Period This Page (optional		5154.15
TOTALS This Period (last page in this line o	nly)	······································
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

X 13a 13b

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OF

Transaction ID: SC/10.4141 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 11000.00 0.00 11000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D23^D 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)..... 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.

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

FOR LINE NUMBER: (check only one)

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OF

		130		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4140		
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	Memo Item Election: 2012		
Coolidge, Leslie, , ,	idie iliitiai)	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 Pay			
15000.00	-	0.00 15000.00		
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)		
M02 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	/		
List All Endorsers or Guarantors (if any) t	o Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	1	Name of Employer		
Mailing Address		Occupation Amount		
City	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)		15000.00		
TOTALS This Period (last page in this line only	v)	·······		
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4143
LOAN COURCE Fill Name / act First	Middle heitiel	Floring
LOAN SOURCE Full Name (Last, First, Coolidge, Leslie, , ,	Middle Initial)	Memo Item Election: 2012 X Primary General
Mailing Address 345 Old Sutton Road		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	ment To Date Balance Outstanding at Close of This Period
15900.95		0.00 15900.95
TERMS Date Incurred		ate Due Interest Rate Secured: (If none, enter 0)
^M 03 ^M / ^D 07 ^D / ^Y Ž01Ž ^Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	al)	15900.95
TOTALS This Period (last page in this line of	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER:
(check only one)

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		135
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4146
	1-11- 1	T =
LOAN SOURCE Full Name (Last, First, Mic Coolidge, Leslie, , ,	idle Initial)	☐ Memo Item Election: 2012 ▼ Primary
Mailing Address 345 Old Sutton Road		General Other (specify) ▼
City	State	ZIP Code
Barrington Hills	IL	60010 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
653.85		0.00 653.85
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M03M / D07D / Y Ž01Ž Y	M M / D D	/ Y 12/31/12 Y 0.00
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City 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:
SUBTOTALS This Period This Page (optional)		653.85
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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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, , ,	☐ 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	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 (option	aı)	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)

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							130
AME OF COMMITTEE (In Full) Coolidge For Congress					Transac	ction ID : SC/10.4145	
LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,			Memo Item	Election: 2012 x Primary General			
Mailing Address 345 Old Sutton Road						Other (specify)	
City		State	ZIP Cod	de		X Personal Funds of the	Candidate
Barrington Hills		IL	60010			To resonant and or and	
Original Amount of Loan		Cumulative Pay	yment To			ance Outstanding at Close of T	
18861	.70			0.00		1886	1.70
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter		d:
M03M / D13D / Y Ž01Ž	Y	M M / D D	/ Y 1	2)/31/12 ^Y	0.	.00 % (apr) Yes	s 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle II	nitial)			Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code Amount Guaranteed Outstanding:				7	
2. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		· · · · · · · · · · · · · · · · · · ·	
3. Full Name (Last, First, Middle In	itial)			Name of Em	ployer		
Mailing Address				Occupation			
	a			Amount Guaranteed			\neg
City	State	ZIP Code		Outstanding:		<i>y y x</i>	
4. Full Name (Last, First, Middle Initial)				Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 1 9 1 9	
SUBTOTALS This Period This Page (o	optional).					1886	1.70
FOTALS This Period (last page in this	line only	/)			•	7 7	
Carry outstanding balance only to LIF	NE 3, Scl	nedule D, for this	s line. If r	no Schedule	D, carry for	ward to appropriate line of S	ummary.

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

FOR LINE NUMBER: (check only one)

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		Detailed Garrinary 1	13b			
NAME OF COMMITTEE (In Full)		Transa	action ID : SC/10.4147			
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Iter	m Election: 2012			
Coolidge, Leslie, , ,			Primary			
			x General			
Mailing Address 345 Old Sutton Road			Other (specify) \blacktriangledown			
040 Old Oddolf Rodd						
City	State	ZIP Code				
Barrington Hills	IL	60010	✗ Personal Funds of the Candidate			
Barringtorriniis	IL	00010				
Original Amount of Loan	Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Period			
2661.28		0.00	2661.28			
TERMS Date Incurred		Date Due Interest Ra	See			
TERMS Date Incurred	L	Oate Due Interest Ra (If none, en				
M ₀₃ M / D ₂₀ D / Y Ž01Ž Y	M M / D D	/ Y 12/31/12 Y	0.00			
20 2012		12/01/12	% (apr) Yes X No			
List All Endorsers or Guarantors (if any	ı) to Loan Source					
Full Name (Last, First, Middle Initial)	7) to Loan Godice	Name of Employer				
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
Mailing Address		o coapation				
		Amount				
City State	ZIP Code	Guaranteed				
State	2 0000	Outstanding:	7			
2. Full Name (Last, First, Middle Initial)	l .	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	Occupation			
		A				
		Amount Guaranteed				
City	ZIP Code	Outstanding:	9			
4. Full Name (Last, First, Middle Initial)		Name of Employer				
4. I dii Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
Walling Address		o coapation				
		Amount				
City	ZIP Code	Guaranteed				
5.19		Outstanding:	7			
	ı					
		-	 			
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 thi	s line. If no Schedule D, carry 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)

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			Detailed Summar	y Page		13b
NAME OF COMMITTEE (In Full)	Tra	nsaction	ID : SC/10.4148			
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First, Mic Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie				ection: 2012 Primary	
Mailing Address 345 Old Sutton Road				x	General Other (specify) ▼	
	1	1				
City	State	ZIP Code	Э	×	Personal Funds of the	Candidata
Barrington Hills	IL	60010			Fersonal Funds of the	Januluale
Original Amount of Loan	Cumulative Pag	yment To D	Oate	Balance	Outstanding at Close of T	his Period
1000.00	3	7	0.00		1000	
TERMS Date Incurred		Date Due		Rate enter 0)	Secured	l:
M04 ^M / P03 ^D / Y Ž01Ž Y	M M / D D	/ 12	ў31/12 ^Y	1 4 1	% (apr) Yes	x No
List All Endorsers or Guarantors (if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		-	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7	, , , , , , ,	
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)					
Mailing Address		-	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			7
City State	ZIP Code		Guaranteed Outstanding:	7	· · · · · · · · · · · · · · · · · · ·	
4. Full Name (Last, First, Middle Initial) Name of Employer						
Mailing Address			Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:		y	
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only	/)		·····•		, ,	
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry	forward	to appropriate line of Su	ımmary.

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

PAGE 17
FOR LINE NUMBER: (check only one)

13a 13b

		Detailed	Summary Page		13b	
AME OF COMMITTEE (In Full)	Transaction	ID : SC/10.4149				
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First, Mid	ection: 2012					
Coolidge, Leslie, , ,				Primary General		
Mailing Address 345 Old Sutton Road				Other (specify) ▼		
City	State	ZIP Code				
Barrington Hills	IL	60010	X	Personal Funds of the	Candidate	
Original Amount of Loan	Cumulative Pay	ment To Date	Balance	Outstanding at Close of 1	This Period	
1652.64		0.00	0	165	2.64	
TERMS Date Incurred	Da	ate Due	Interest Rate (If none, enter 0)	Secure	d:	
^M 04 ^M / □26 ^D / Y Ž01Ž Y	M M / D D	/ 12/31/12 Y	0.00	% (apr)	s 🗶 No	
List All Endorsers or Guarantors (if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Em	nployer			
Mailing Address		Occupation				
		Amount Guaranteed			\neg	
City	ZIP Code	Outstanding	:			
2. Full Name (Last, First, Middle Initial)	1	Name of Em	Name of Employer			
Mailing Address		Occupation				
0.1	710.0.1	Amount Guaranteed				
City	ZIP Code	Outstanding		7		
3. Full Name (Last, First, Middle Initial)		Name of Em	nployer			
Mailing Address		Occupation				
City	ZID Code	Amount Guaranteed			7	
City	ZIP Code	Outstanding	:			
4. Full Name (Last, First, Middle Initial)	Name of Em	nployer				
Mailing Address		Occupation				
		Amount			_	
City	ZIP Code	Guaranteed Outstanding:	:			
SUBTOTALS This Period This Page (optional)					2.64	
OTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule	D, carry forward	to appropriate line of S	ummary.	

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

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FOR LINE NUMBER: (check only one)

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OF

		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 ^M / D01 ^D / 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	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:		
SURTOTALS This Daried This Dags (antisms)				
SUBTOTALS This Period This Page (optional) 71.61				
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

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			Detailed Garrinary 1	age	13b	
NAME OF COMMITTEE (In Full) Coolidge For Congress			Trans	action ID : SC/10.4132		
9						
LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2012						
Coolidge, Leslie, , ,				Primary		
Mailing Address				General		
Mailing Address 345 Old Sutton Road				Other (specify)		
City	State	ZIP Code)	X Personal Funds of the	Candidate	
Barrington Hills	IL	60010				
Original Amount of Loan	Cumulative Pa	yment To D	ate Ba	alance Outstanding at Close of T	his Period	
420.77						
439.77	9		0.00	438	9.77	
TERMS Date Incurred	С	Date Due	Interest Ra (If none, en		l:	
M10 ^M / D19 ^D / Y Ž01Ž Y	M M / D D) / Y 12		0.00 % (apr) Yes	x No	
List All Fordersons on Occareators (if and	ta Laan Causaa			70 (αρι)		
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source		Name of Employer			
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	Mailing Address					
		7	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:	7	_	
	•	•				
SUBTOTALS This Period This Page (optional)				120).77	
				100		
TOTALS This Period (last page in this line on	ly)		······•			
				, , , , ,		
Carry outstanding balance only to LINE 3, So	hedule D, for this	s line. If no	Schedule D, carry fo	prward to appropriate line of Su	ımmary.	

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

FOR LINE NUMBER: (check only one)

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OF

		100		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4150		
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 ^M / D19 ^D / 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:		
SURTOTALS This Period This Pega (antional)				
SUBTOTALS This Period This Page (optional) 12000.00				
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)

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			talica Garrinary r ag	jc	13b	
NAME OF COMMITTEE (In Full) Coolidge For Congress		•	Transac	ction ID : SC/10.4135		
5						
LOAN SOURCE Full Name (Last, First, Middle Initial)						
Coolidge, Leslie, , ,				Primary		
Mailing Address				General		
Mailing Address 345 Old Sutton Road				Other (specify)		
City	State	ZIP Code		X Personal Funds of the	Candidate	
Barrington Hills	IL	60010				
Original Amount of Loan	Cumulative Pa	yment To Date	Bala	ance Outstanding at Close of T	his Period	
32161.19			0.00	3216 ⁻	1.19	
2 2	,	,				
TERMS Date Incurred		Date Due	Interest Rate (If none, enter		1:	
M10 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	¹ 12/31/12	Υ 0.	00 % (apr) Yes	x No	
List All Endorsers or Guarantors (if an	y) to Loan Source					
1. Full Name (Last, First, Middle Initial)		Name	of Employer			
,						
Mailing Address		Occup	ation			
		Amour	nt			
City	e ZIP Code	Guarai Outsta	nteed anding:	y y		
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)					
Mailing Address		Occup	ation			
		A 200 0 1 10				
0.1	710.0.1	Amour Guarai			7	
City	e ZIP Code		anding:	7	_	
3. Full Name (Last, First, Middle Initial)		Name	Name of Employer			
Mailing Address		Occup	Occupation			
		Amour	nt .			
City Stat	e ZIP Code	Guarai				
Stati	e Zir Code	Outsta	anding:	-yy	_	
4. Full Name (Last, First, Middle Initial)	Name	of Employer				
Mailing Address		Occup	ation			
		Amour	nt .			
City Stat	e ZIP Code	Guarai				
City	e Zii Gode		anding:	7		
SUBTOTALS This Period This Page (option	nal)			32161	1.19	
TOTALS This Period (last page in this line	onlv)			7 7	-	
				7 7		
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Sche	edule D, carry forv	ward to appropriate line of St	ummary.	

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

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FOR LINE NUMBER: (check only one)

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OF

		100			
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4134			
LOAN COURSE FINAL (L. L. F. L. N	4: 1 II				
LOAN SOURCE Full Name (Last, First, No. Coolidge, Leslie, , ,	☐ Memo Item				
Mailing Address 345 Old Sutton Road	Mailing Address 345 Old Sutton Road				
City	State	ZIP Code Results Personal Funds of the Candidate			
Barrington Hills	IL	60010 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
6000.00		0.00 6000.00			
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)			
M11M / D02D / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	City State ZIP Code Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
	T	Amount			
City State	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
CURTOTALS This Deviced This Degre (entires	I)				
SUBTOTALS This Period This Page (optional	ı)·····	6000.00			
TOTALS This Period (last page in this line o	nly)	······································			
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

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OF

		100	
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4130	
LOAN COURCE Full Names // set First N	الماطاء المنائدا/	Fores	
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	☐ Memo Item		
Mailing Address 345 Old Sutton Road	Other (specify)		
City	State	ZIP Code Personal Funds of the Candidate	
Barrington Hills	IL	60010 Personal runds of the Candidate	
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period	
1780.84		0.00 1780.84	
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)	
M11M / D06D / Y Ž01Ž Y	M M / D D	/ Y 12⅓31/12 Y 0.00	
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	City State ZIP Code Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	•	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional			
CODICIALS This renou this rage (optional	,	1780.84	
TOTALS This Period (last page in this line or	nly)	······································	
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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OF

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