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Image# 15950079699

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	uthorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing er the lines.	g, type	12FE4M5	
Coolidge For Congres	SS					1
ADDRESS (number and street)	345 Old Sutton	Road				
Check if different						
than previously reported. (ACC)	Barrington					60010
2. FEC IDENTIFICATION I	NUMBER ▼	CITY			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00505610		3. IS THIS REPORT	× NEW (N)	OR	AMEND (A)	
4 TYPE OF PEROPT (C	N(
 TYPE OF REPORT (C (a) Quarterly Reports: 	noose One)	(b) 12-Day PRE	-Election Repo	rt for the:		
(a) Quarterly Nepolts.			Primary (12P)		General (1	2G) Runoff (12R)
April 15 Quarterly	Report (Q1)	П	Convention (1	12C)	Special (12	29)
July 15 Quarterly	Report (Q2)		Convention	120)	Opeciai (12	20)
October 15 Quart	terly Report (Q3)	Election on	M M /	D D /	Y " Y " Y	in the State of
X January 31 Year-I	End Report (YE)	(c) 30-Day POS	T-Election Rep	ort for the	:	
			General (30G))	Runoff (30	R) Special (30S)
Termination Repo	rt (TER)	Election on	M M /	D D /	YYYY	in the State of
5. Covering Period	10 / 01 /	Y Y Y Y Y 2014	through	M N	31	2014
I certify that I have examined	this Report and to	the best of my kr	nowledge and k	pelief it is t	true, correct and	l complete.
Type or Print Name of Treasur	rer Leslie Coolidg	е				
Signature of Treasurer Le	slie Coolidge		[Electronically I	Filed]	Date 01	/ DDD / Y Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z Z Z Z
NOTE: Submission of false, erro	neous, or incomple	te information may	subject the pers	son signing	this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

Coolidge For Congress

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		-
	(a) Total Contributions (other than loans) (from Line 11(e))	0.00	352.77
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	352.77
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	45.00	16317.09
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	1330.00
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	45.00	14987.09
	Cash on Hand at Close of Reporting Period (from Line 27)	74.59	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	143008.02	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name Coolidge For Congress		
Report Covering the Period: From:	10 01 2014 T	o: 12 31 / Y Y Y Y Y Y
I. RECEIPTS		
COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
	11 05 2014 (date of general election)	11 06 2014 (date after general election)
 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (use Schedule A) 		through 12 31 2014 (last day of reporting period)
0.00 (ii) Unitemized	250.00	0.00
0.00	102.77	0.00
(iii) Total of contributions from individu	als	
0.00	352.77	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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FEC Form 3 (Revised 1/01)

	COLUMN A	COLUMN B	COLUMN C
	Total this Period	Election Cycle Total as of *	Total for * (date after general election)
		(date of general election) (* See page 5 for date)	through * (last day of reporting period) (* See page 5 for dates)
	(d) The Candidate	((oos page o loi datos)
	(a) The Candidate		
	0.00	0.00	0.00
	(a) TOTAL CONTRIBUTIONS (other than It	oons) (add Lines 11(s)(iii) (b) (s) and (d))	
	(e) TOTAL CONTRIBUTIONS (other than lo	pans) (add Lines 11(a)(iii), (b), (c) and (d))	
	0.00	352.77	0.00
	TRANSFERS FROM OTHER AUTHORIZER	00111177777	
12.	TRANSFERS FROM OTHER AUTHORIZED	COMMITTEES	
	0.00	0.00	0.00
13.	LOANS:		
	(a) Made or Guaranteed by the Candidate		
	0.00	30.00	0.00
	(I) All Ollers Lance		
	(b) All Other Loans		
	0.00	0.00	0.00
	() TOTAL LOANS (
	(c) TOTAL LOANS (add Lines 13(a) and (b))	
	0.00	30.00	0.00
14.	OFFSETS TO OPERATING EXPENDITURE	S (Refunds, rebates, etc.)	
	0.00	1330.00	0.00
15.	OTHER RECEIPTS (Dividends, Interest, etc.)	
	0.00	0.00	0.00
16.	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14	and 15)	
	0.00	1712.77	0.00

POST-ELECTION DETAILED SUMMARY PAGE Report of Receipts and Disbursements PAGE 5 / 27 FEC Form 3 (Revised 1/01) Write or Type Committee Name Coolidge For Congress 10 01 2014 2014 Report Covering the Period: 12 31 From: To: **II. DISBURSEMENTS COLUMN A COLUMN B COLUMN C** Total for * (date after general election) **Total this Period** Election Cycle Total as of * (date of general election) through * (last day of reporting period) (* See page 5 for date) (* See page 5 for dates) 17. OPERATING EXPENDITURES 45.00 30.00 16317.09 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 0.00 0.00 0.00 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate 0.00 1500.00 0.00 (b) Of All Other Loans 0.00 0.00 0.00 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) 0.00 1500.00 0.00 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees

0.00	0.00	0.00

(b) Political Party Committees

0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
	(c) Other Political Committees (such as PA	ACs)	
	0.00	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (ac	dd Lines 20(a), (b) and (c))	
	0.00	0.00	0.00
21	OTHER DISBURSEMENTS		
۷۱.	OTTEN DIODONOLINENTO		
	0.00	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 1	8, 19(c), 20(d) and 21)	
	45.00	17817.09	30.00
	III. NET CONTRIBUTIONS (OTHER	THAN LOANS)	
	(Note: Substitute in lieu of Line #6	of Summary Page for this report only; subtra	ct Line 20(d) from Line 11(e))
	0.00	352.77	0.00
	IV. NET OPERATING EXPENDITUR	RES	_
	(Note: Substitute in lieu of Line	#7 of Summary Page for this report only; sub	tract Line 14 from Line 17)
	45.00	14987.09	30.00
	V. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	ORTING PERIOD	119.59
24.	TOTAL RECIEPTS THIS PERIOD (from Lin	e 16)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		119.59
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	45.00
27.	CASH ON HAND AT CLOSE OF REPORTI	NG PERIOD (subtract Line 26 from Line 25)	74.59

S

Use separate schedule(s) (check only one)					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Coolidge For Congress Full Name (Last, First, Middle Initial) A. Chase Mailing Address 136 West Northwest Highway City State State State State State State President State First, Middle Initial) B. Mailing Address City State		•	for each category	edule(s) of the	(check only one) X 17 18 19a 19b
Coolidge For Congress Full Name (Last, First, Middle Initial) A. Chase Mailing Address 136 West Northwest Highway City Barrington Barrington Barrington Barrington Coolidge For Congress Office Sought: State Senate President Condidate Name Coolidge For Congress City State Senate President Condidate Initial) B. Mailing Address City State Disbursement For: Candidate Name Coolidge For Congress City State Disbursement For: Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Category/ Type Date of Disbursement Mailing Address City State Disbursement For: Category/ Type Date of Disbursement Mailing Address City State Disbursement For: Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement Mailing Address City State Disbursement For: Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement Category/ Type Date of Disbursement Amount of Each Disbursement this Period Date of Disbursement Category/ Type Date of Disbursement Mailing Address City State Disbursement Category/ Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Disbursement Category/ Type Office Sought: House Disbursement For: Type Office Sought: Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement Mailing Address City State Disbursement Category/ Type Office Sought: Date of Disbursement Date of Disbursement this Period Date of Disbursement Mailing Address City State Disbursement Date of Disbursement Date of Disbursement this Period Date of Disbursement					erson for the purpose of soliciting contributions
A. Chase Mailing Address 136 West Northwest Highway City State Zip Code Barrington IL 60010 Purpose of Disbursement Box Senate Primary General Primary General Other (specify) Bate of Disbursement this Period Transaction ID : SB17.4217 Amount of Each Disbursement this Period Transaction ID : SB17.4217 Transaction ID : SB17.4217 Transaction ID : SB17.4217 Amount of Each Disbursement this Period Transaction ID : SB17.4217 Transaction ID		, ,			
City State Zip Code Barrington IL 60010 Purpose of Disbursement Bank Fees Candidate Name Coolidge For Congress Office Sought: House President President Category/ Type Bank Fees City State Zip Code Purpose of Disbursement For: 2014 Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID : SB17.4217 Amount of Each Disbursement this Period Transaction ID : SB17.4217 Date of Disbursement this Period Date of Disbursement Category/ Type Office Sought: House President Other (specify) General Office Sough: President Other (specify) Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbu	Α.				
Barrington IL 60010 Purpose of Disbursement Barik Fées Candidate Name Coolidge For Congress Office Sought: House Senate Prissident State: IL District: 06 Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement For: Category/ Type Office Sought: House Primary General Other (specify) Category/ Type Office Sought: House Primary General Other (specify) Category/ Type Office Sought: House Disbursement For: Category/ Type		Mailing Address 136 West Northwest Highway			10 31 2014
Bank Fees Candidate Name Coolidge For Congress Office Sought: House Senate Primary Other (specify) B. Mailing Address City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) State: District: Office Sought: Senate Primary General Other (specify) Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Date of Disbursement Cadegory/ Type Office Sought: House Disbursement For: Category/ Type					Amount of Each Disbursement this Period
Coolidge For Congress Office Sought:		Bank Fees		001	
Senate President Other (specify) State: IL District: 06 Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Other (specify) Date of Disbursement this Period Amount of Each Disbursement this Period Primary General Other (specify) Date of Disbursement this Period Amount of Each Disbursement this Period Primary General Other (specify) Date of Disbursement this Period Primary General Other (specify) Date of Disbursement this Period Category' Type Date of Disbursement this Period Amount of Each Disbursement this Period Category' Date of Disbursement this Period Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Senate Primary General Other (specify)		Coolidge For Congress	: 2014		
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General President District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement Amount of Each Disbursement Amount of Each Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Senate Primary President Other (s	X General		
Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General President Other (specify) Category/ Type Date of Disbursement Candidate Name Category/ Type Other (specify) Category/ Type Office Sought: House Disbursement Candidate Name Category/ Type Office Sought: House Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Other (specify)		Full Name (Last, First, Middle Initial)			Date of Dishursement
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify)	В.	Mailing Address			
Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify)		City State	Zip Code		Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Senate President President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Candidate Name Disbursement For: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify)					
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Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify)		Senate Primary	General		
City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Date of Disbursement Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify)					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify)	C.	Full Name (Last, First, Middle Initial)			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: Senate Primary Other (specify) Other (specify)		Mailing Address			M M / D D / Y Y Y Y
Candidate Name Category/ Type Office Sought: House Senate Primary President Other (specify)			p Code		Amount of Each Disbursement this Period
Office Sought: House Senate President Disbursement For: Gategory Type Office Sought: Offi					
Senate Primary General President Other (specify)					
		Senate Primary	General		
	_		· •·		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15.00

15.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4139
Coolidge For Congress	
Loan source Full Name (Last, First, Middle Initial) Leslie Coolidge	[PERSONAL FUNDS] Election: 2012 Primary General
Mailing Address 345 Old Sutton Road	Other (specify) ▼
City State ZIP Cod	de
Barrington Hills IL 60010	
Original Amount of Loan Cumulative Payment To I	
13540.04	1500.00 12040.04
Date Incurred Date Due	Interest Rate Secured:
	% (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)	12040.04
**COTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	7 7

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4138 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road City State ZIP Code IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100.00 0.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= м} 08 2011 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4137 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road City State ZIP Code IL 60010 Barrington Hills 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 Secured: ^D 15 ^м 12^м 2011 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4142 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 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: ^M 01 ^M 02 Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4141 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City 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: 23 ^M 02^M Ž012 12/31/12 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4140 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D26 ^M 02^M Ž012 12/31/12 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4143 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15900.95 0.00 15900.95 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 ^M 03^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4146 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road City State ZIP Code IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 653.85 0.00 653.85 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 ^M 03^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4144 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 03^M 09 Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4145 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills 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 Secured: ^D 13^D ^M 03^M Ž012 12/31/12 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4147 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2661.28 0.00 2661.28 **TERMS** Date Incurred Date Due Interest Rate Secured: 20 ^M 03^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4148 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 04 03 Ž012 12/31/12 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4149 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge ★ General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road City State ZIP Code IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1652.64 0.00 1652.64 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D26 ^M 04^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4136 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge ★ General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road City State ZIP Code IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 71.61 0.00 71.61 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 10^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4132 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road City State ZIP Code IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 439.77 0.00 439.77 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 19^D ^M 10^M Ž012 12/31/12 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 439.77 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.

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Detailed Summary Page Transaction ID: SC/10.4150 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills 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 Secured: ^D 19^D ^M 10^M Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4135 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge ★ General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 32161.19 0.00 32161.19 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D26 ^M 10^M Ž012 12/31/12 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4134 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road City State ZIP Code IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= м} 02 Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4130 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road City State ZIP Code IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1780.84 0.00 1780.84 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} 06 Ž012 12/31/12 0.00 % (apr) 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 Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

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Detailed Summary Page Transaction ID: SC/10.4164 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Old Sutton Road State ZIP Code City 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: 01 ^м 12^м Ž012 12/31/12 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 30.00 143008.02 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.