PAGE 1 / 24

REPORT OF RECEIPTS AND DISBURSEMENTS

For An	Authorized Comm	ittee	Offi	ce Use Only
NAME OF TYPE OR PRING COMMITTEE (in full) TYPE OR PRING TY		nple: If typing, type the lines.	12FE4M5	
Coolidge For Congress				ı
ADDRESS (number and street)	on Road			
▼ Oharly if aliffarms				
Check if different than previously reported. (ACC)			IL 600	10
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 -E	Election Report for the	۵۰	<u> </u>
(a) Quarterly Reports:				
April 15 Quarterly Report (Q1)		Primary (12P)	General (12G)	Runoff (12R)
		Convention (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			State of
January 31 Year-End Report (YE)	(c) 30-Day POST -	-Election Report for t	he:	
		General (30G)	Runoff (30R)	Special (30S)
		serierai (300)	Hulloli (30H)	Special (303)
Termination Report (TER)	Election on	M M / D D	/ Y Y Y Y	in the State of
5. Covering Period 01 01 01	/ Y Y Y Y Y 2020	through C	M / D D / Y	Y Y Y 2020
I certify that I have examined this Report and a Coolidge, Le Type or Print Name of Treasurer		wledge and belief it i	s true, correct and co	mplete.
Coolidge, Leslie, , , Signature of Treasurer	[1	Electronically Filed]	Date 04	15 / Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroneous, or incomp	lete information may su	hiect the nerson signi	ng this Report to the p	enalties of 52 U.S.C. &30100
Office	Inomiation may su	Digot the person signif	Ing this report to the p	
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 2020 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 120.00 (from Line 17) (b) Total Offsets to Operating 15.41 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 104.59 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 143008.02 Schedule C and/or Schedule D).....

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016) Write or Type Committee Name

Coolidge For Congress

PAGE 3 / 24

01 03 01 2020 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)...... 0.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 0.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 0.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 15.41 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 15.41 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 24

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	0.00	120.00	
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
19.	LOAN REPAYMENTS:			
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00	
	(b) Of All Other Loans	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	
		200		
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	0.00	
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00	
 21.	OTHER DISBURSEMENTS	0.00	0.00	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	120.00	
	III. CASH SU	IMMARY		
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	0.00	
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00	
25.	SUBTOTAL (add Line 23 and Line 24)	0.00		
26.	TOTAL DISBURSEMENTS THIS PERIOD (froi	m Line 22)	0.00	
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		0.00	

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

PAGE 5
FOR LINE NUMBER: (check only one)

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

PAGE 6
FOR LINE NUMBER: (check only one)

13a

OF

		130		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4138		
LOAN SOURCE Full Name (Last, First, N	Middle Initial	— Flootion: 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		
100.00		0.00 100.00		
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)		
M11M / D08D / Y Ž01ť 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 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		
	T	Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona)			
TOTALS This Period (last page in this line of	ור)	······································		
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

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

X 13a

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4137
LOAN SOURCE Full Name (Lost First M	iddla Initial\	
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	☐ Memo Item	
Mailing Address 345 Old Sutton Road		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
500.00		0.00 500.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D15D / Y ZO1Ť Y	M M / D D	/ Y 12⅓31/12 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
		, , , , ,
TOTALS This Period (last page in this line on	ly)	—————————————————————————————————————
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

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X 13a 13b

OF

NAME OF COMMITTEE (IN F	•		Transaction ID : SC/10.4142
LOAN SOURCE Full Na Coolidge, Leslie, ,	•	ddle Initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road			Other (specify) ▼
City		State	ZIP Code Personal Funds of the Candidate
Barrington Hills		IL	60010
Original Amount of Loan		Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
	5154.15		0.00 5154.15
TERMS Date Incur	rred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M01M / D02D /	^Y Ž01Ž ^Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X N
List All Endorsers or Gu	uarantors (if any) t	o 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
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
0::	lo	710.0.1	Amount Guaranteed
City	State	ZIP Code	Outstanding:
4. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
	Ta	T	Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period Th	nis Page (optional)		5154.15
TOTALS This Period (last pa			,
Carry outstanding balance	only to LINE 3, Sch	nedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

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OF

NAME OF COMMITTEE (In F	•		Transa	action ID : SC/10.4141
Coolidge, Leslie, ,		ldle Initial)	☐ Memo Iter	n 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	T Croomar Famas of the Gamarada
Original Amount of Loan		Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Period
	11000.00	9	0.00	11000.00
TERMS Date Incur	rred	С	Pate Due Interest Ra	
M02M / D23D /	^Y Ž01Ž ^Y	M M / D D		0.00 % (apr) Yes X No
List All Endorsers or Gu	uarantors (if any) to	o Loan Source		
1. Full Name (Last, First	, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
·	, l		Outstanding: Name of Employer	9 9
2. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
4. Full Name (Last, First,	Middle Initial)	!	Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
SUBTOTALS This Period Th	nis Page (optional)			44000 00
TOTALS This Period (last pa				11000.00
The following flast pr		,		, , , , , , , , , , , , , , , , , , ,
Carry outstanding balance	only to LINE 3. Sch	edule D, for this	s line. If no Schedule D, carry fo	rward 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/10.4140
LOAN COURCE Full Name (Load First N	U-1-U- 1:4:-1\	Terris
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
15000.00		0.00 15000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M02 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	/ Y 12Ў31/12 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
		, 10000.00
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)

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4143
LOAN COURSE Full Name (Last First I	M:-I-II- I:+:-IV	I FL :
Coolidge, Leslie, , ,	☐ Memo Item	
Mailing Address 345 Old Sutton Road	Other (specify) ▼	
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
15900.95	,	0.00 15900.95
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D07D / Y Z01Ž 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	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:
CURTOTAL C. This Deviced This Device (authors	.n	
SUBTOTALS This Period This Page (optional		15900.95
TOTALS This Period (last page in this line of	only)	······
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

		135
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4146
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	Memo Item Election: 2012 x Primary General	
Mailing Address 345 Old Sutton Road		Other (specify) \blacktriangledown
City	State	ZIP Code Reports 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
653.85		0.00 653.85
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03 ^M / D07 ^D / Y Ž01Ž Y	M M / D D	/
List All Endorsers or Guarantors (if ar	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	naı)	653.85
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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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) \blacktriangledown		
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.				
SUBIUIALS This Period This Page (option	SUBTOTALS This Period This Page (optional) 6000.00			
TOTALS This Period (last page in this line	only)			
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

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OF

		100		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4145		
LOAN SOURCE Full Name (Last, First,	Middle Initial	Floation: co.co		
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		
18861.70		0.00		
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)		
M03 ^M / D13 ^D / Y Ž01Ž Y	M M / D D	/		
List All Endorsers or Guarantors (if an	y) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	e ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed		
City	e ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)	3. Full Name (Last, First, Middle Initial) Name of Employer			
Mailing Address		Occupation		
		Amount Guaranteed		
City	e ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	T	Amount		
City State	e ZIP Code	Guaranteed Outstanding:		
CURTOTAL O TILL D. L. LTILL D. L. L.	n			
SUBIUIALS This Period This Page (option	SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line	only)	······································		
Carry outstanding balance only to LINE 3,	Schedule D, for this	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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13b Transaction ID: SC/10.4147 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General X Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2661.28 0.00 2661.28 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D20^D M 03M Ž01Ž ^Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2661.28 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		13b	
AME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4148	
LOAN SOURCE Full Name (Last, First, Notice Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road	fiddle Initial)	☐ Memo Item Election: 2012 Primary General Other (specify) ▼	
City Barrington Hills	State	ZIP Code 60010 Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period 0.00 1000.00	
TERMS Date Incurred M04M / D03D / Y Z01Z Y	M M / D D	Date Due Interest Rate (If none, enter 0) / Y 12//31/12 Y	
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	•	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	1	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. S	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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Transaction ID: SC/10.4149 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 1652.64 0.00 1652.64 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D26^D M 04M 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)..... 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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NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4136
LOAN SOURCE Full Name (Last, First	Middle Initial	Election: 0040
Coolidge, Leslie, , ,	☐ Memo Item Election: 2012 ☐ Primary ☐ General	
Mailing Address 345 Old Sutton Road		Other (specify) Other
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	Г	Date Due Interest Rate Secured: (If none, enter 0)
M10M / D01D / Y 2012 Y	M M / D D	
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
CURTOTAL O TILL D. L. LTLL D	0	
SUBTOTALS This Period This Page (optio	าเลเ)	71.61
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.

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	ME OF COMMITTEE (In Full) coolidge For Congress				Trans	action ID : SC/10.4132
_	LOAN SOURCE Full Name /Lost	First Mis	Idla Initial			Flories 2010
	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road				☐ Memo Ite	m Election: 2012 Primary General
						Other (specify)
	City		State	ZIP Co	de	✗ Personal Funds of the Candidate
	Barrington Hills		IL	60010		1 ersonal i unus oi the Candidate
	Original Amount of Loan		Cumulative Pay	yment To	Date Ba	alance Outstanding at Close of This Period
	439	0.77			0.00	439.77
	TERMS Date Incurred			ate Due	Interest Ra (If none, en	ter 0)
	M10M / P19P / Y 2012	Y	M " M / D " D	/ Y 1	2)/31/12 Y	0.00 % (apr) Yes X No
	List All Endorsers or Guarantors	(if any) to	o Loan Source			
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	9 9
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer	
					Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	7
	Full Name (Last, First, Middle Initial) Mailing Address			Name of Employer		
					Occupation	
		T			Amount	
	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:	7
-		"				
S	UBTOTALS This Period This Page (optional)			<u> </u>	439.77
T	TOTALS This Period (last page in this line only)					
С	Carry outstanding balance only to LII	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	orward to appropriate line of Summary.
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NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4150	
LOAN SOURCE Full Name (Last, First, Mic	Idla Initial		
Coolidge, Leslie, , ,	idie initial)	☐ Memo Item	
Mailing Address 345 Old Sutton Road			
City	State	ZIP Code Region Personal Funds of the Candidate	
Barrington Hills	IL	60010	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
12000.00		0.00 12000.00	
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)	
M10M / P19D / 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	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)		12000.00	
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.	

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		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4135
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	☐ Memo Item ☐ Primary ☐ x 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
32161.19		0.00 32161.19
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D26 ^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	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
CODICIALS THIS Fellow This Fage (optional)		32161.19
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.

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NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4134
LOAN COURSE FINAL (L. L. F. L. N	4: 1 II 1 :1: IV	
LOAN SOURCE Full Name (Last, First, No. Coolidge, Leslie, , ,	Memo Item Election: 2012 Primary	
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	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.

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

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		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4164
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	☐ Memo Item	
		X 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
30.00		0.00
TERMS Date Incurred	Г	Oate Due Interest Rate Secured: (If none, enter 0)
M12M / D01D / Y Ž01Ž Y	M M / D D	/ Y 12⅓31/12 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)	to Loan Cource	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	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))	30.00
TOTALS This Period (last page in this line or	ıly)	143008.02
Carry outstanding balance only to LINE 3, Se	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.