Image# 20	)170415	590522	72733
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04/15/2017 18 : 28

PAGE 1 / 24

FEC FORM 3	AND DI		ECEIPTS EMENTS			• Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRI	NT V	Example: If typing over the lines.	g, type	12FE4M5	
				1 1 1 1		
ADDRESS (number and		on Road				
Check if diff than previou reported. (A0	Isly Barrington	CITY 4				
2. FEC IDENTIFIC		3. IS THIS REPORT	× NEW	OR	AMENDE	ZIP CODE ▲ STATE ▼ DISTRICT LIL L <sup>06</sup>
(a) Quarterly Re	PORT (Choose One) eports: Quarterly Report (Q1) Quarterly Report (Q2)	(b) 12-Day <b>P</b>	<b>RE</b> -Election Repo Primary (12P) Convention (1		General (12 Special (12	
	15 Quarterly Report (Q3)	Election	on M M /	D D /	Y Y Y Y	in the State of
January	31 Year-End Report (YE)	(c) 30-Day <b>P</b>	OST-Election Rep General (30G)		Runoff (30F	R) Special (30S)
Terminat	tion Report (TER)	Election	on M M /	D D /	Y Y Y Y Y	in the State of
5. Covering Period		/ Y Y Y Y 2017	through	M 03	/ / D D / 31	Y Y Y Y 2017
I certify that I have ex Type or Print Name o	xamined this Report and Coolidge, Li of Treasurer		v knowledge and k	pelief it is t	true, correct and	complete.
Signature of Treasure	Coolidge, Leslie, , ,		[Electronically F	Filed]	Date	/ D D / Y Y Y Y 15 2017
	alse, erroneous, or incomp	lete information m	ay subject the pers	on signing	this Report to the	penalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

Image# 201704159052272734		
FEC Form 3 (Revised 05/2016)	<b>SUMMARY PAGE</b> of Receipts and Disbursements	PAGE 2 / 24
Write or Type Committee Name Coolidge For Congress		
Report Covering the Period: From:	0.4	o: M M / D D / Y Y Y Y 31 / 2017
	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	0.00
(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	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	120.00
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	15.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	104.59
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
<ol> <li>Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)</li> </ol>	0.00	
10. Debts and Obligations Owed <b>BY</b>		

## For further information contact:

143008.02

the Committee (Itemize all on

Schedule C and/or Schedule D) .....

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

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

Γ	FEC Form 3 (Revised 05/2016)	TAILED SUMMARY PAGE of Receipts	PAGE 3 / 24
W	rite or Type Committee Name		
(	Coolidge For Congress		
R	eport Covering the Period: From:	/ D D / Y Y Y Y 01 / 2017 To	M M / D D / Y Y Y Y 03 / 31 / 2017
	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	0.00	0.00
	(such as PACs)	· · · · · · · · · · · · · · · · · · ·	
	(d) The Candidate	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
		7 7 *	
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13.	LOANS:		
	(a) Made or Guaranteed by the	0.00	0.00
	Candidate		
	(b) All Other Loans (c) TOTAL LOANS	0.00	0.00
	(add Lines 13(a) and (b))	0.00	0.00
14.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	15.41
15.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	15.41

Image# 201704159052272735

FEC Form 3 (Revised 05/2016) 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 (a) 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) ..... (d) 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**

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD			7		7		0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		_	7		7		0.00
25.	SUBTOTAL (add Line 23 and Line 24)		_	7		,		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)			7		7		0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)			7		7		0.00

## **DETAILED SUMMARY PAGE**

of Disbursements

J				
CHEDULE C (FEC Form 3) .OANS			Use separate schedule for each category of th Detailed Summary Pag	ne (check only one) × 13a
ME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.4139
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 Barrington Hills	State	ZIP Code 60010		Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	ayment To Da	ate Bala	I Ince Outstanding at Close of This Peric
13540.04			1500.00	12040.04
TERMS         Date Incurred           M10M         /         D18D         /         Y         Ž01 ř         Y	M M / D C		Interest Rate (If none, enter 31/12 Y 0.	
List All Endorsers or Guarantors (if a 1. Full Name (Last, First, Middle Initial	••		Name of Employer	
Mailing Address		(	Dccupation	
City Sta	te ZIP Code		Amount Guaranteed Dutstanding:	y y
2. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address		(	Dccupation	
City Sta	te ZIP Code	(	Amount Guaranteed Dutstanding:	y y
3. Full Name (Last, First, Middle Initial)		١	Name of Employer	
Mailing Address		(	Dccupation	
City Sta	te ZIP Code	(	Amount Guaranteed Dutstanding:	7
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address		(	Dccupation	
City Sta	te ZIP Code	(	Amount Guaranteed Dutstanding:	y
UBTOTALS This Period This Page (optic	-		H	7 7

				<b></b>	PAGE 6 OF 24	
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE (In Full) oolidge For Congress				Transad	ction ID : SC/10.4138	
LOAN SOURCE Full Name Coolidge, Leslie, , ,	(Last, First, Mid	Idle Initial)		Memo Item	Election: 2012 X Primary General	
Mailing Address 345 Old Sutton Road					Other (specify)	
City Barrington Hills		State IL	ZIP Code 60010	e	Personal Funds of the Candidate	
Original Amount of Loan	100.00	Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Peric 100.00	
TERMS Date Incurred			Date Due	Interest Rate	e Secured:	
M11M / D08D / Y	Ž01 Ť Y	M M / D D	/ ¥ 12	(If none, enter )/31/12 Y 0.	.00	
List All Endorsers or Guara	ntors (if any) to	o Loan Source				
1. Full Name (Last, First, Mi	iddle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First, Mic	dle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
3. Full Name (Last, First, Mic	dle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Mic	dle Initial)	-		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
UBTOTALS This Period This F	,				7 7 100.00 7 7 7 7	

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

		for each category of th	ie (check only one) × 13a	
		Use separate schedule(s) FOR LINE NUMBER:		
		Transac	tion ID : SC/10.4137	
Viddle Initial)		🗌 Memo Item	Election: 2012 Y Primary General	
			Other (specify)	
State IL	ZIP Code 60010	9	X Personal Funds of the Candidate	
Cumulative Pa	ayment To D	Date Bala	nce Outstanding at Close of This Perio	
		0.00	500.00	
I	Date Due	Interest Rate (If none, enter		
M M / D C	<sup>/</sup> <sup>Y</sup> 12	ý31/12 <sup>v</sup> 0.(		
) to Loan Source	•			
		Name of Employer		
		Occupation		
ZIP Code		Guaranteed	y y	
		Name of Employer		
		Occupation		
ZIP Code		Guaranteed	y 1 y 1 y 1 y 1	
	1	Name of Employer		
		Occupation		
ZIP Code		Guaranteed	y	
		Name of Employer		
		Occupation		
ZIP Code		Guaranteed	y 1 y 1 x 1	
·		H	500.00 7 7	
	IL Cumulative Pa Cumulative Pa () to Loan Source ZIP Code ZIP Code ZIP Code ZIP Code	IL       60010         Cumulative Payment To D         Date Due         M       /       D         /       D       /       12         /       D       /       12         /       I       I       I       I         /       I       I       I       I         /       I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I       I       I       I         I       I       I	IL       60010         Cumulative Payment To Date       Bala         0.00       0.00         Date Due       Interest Rate (If none, enter         M       M       D       Y       12/31/12       0.4         /) to Loan Source       Name of Employer       Occupation         /) to Loan Source       Amount Guaranteed Outstanding:       0         ZIP Code       Occupation       Amount Guaranteed Outstanding:       0         ZIP Code       Name of Employer       0       0         ZIP Code       Occupation       Amount Guaranteed Outstanding:       0         ZIP Code       Name of Employer       0       0         Xamount       Amount Guaranteed Outstanding:       0       0         Xamount       Amount Guaranteed Outstanding:       0       0         Xamount       Amount Guaranteed Outstanding:       0       0         Xamount       Amount Guaranteed       0       0         Xamount       Amount Guaranteed       0       0         Xamount       Amount Guaranteed       0       0         Xamount       Amount       0       0       0         Xamount       Amount       0       0       0	

	PAGE 8 OF 24	
Use separate schedule(s) for each category of the Detailed Summary Page		
Transac	ction ID : SC/10.4142	
Memo Item	Election: 2012 X Primary General	
	Other (specify) ▼	
	X Personal Funds of the Candidate	
Bala	ance Outstanding at Close of This Perio	
	5154.15	
Interest Rate (If none, enter		
0.	.00 % (apr) Yes X No	
oloyer		
	g g	
oloyer		
	y	
oloyer		
	y y	
oloyer		
··· ▶ []	5154.15	
	… ▶	

0					
SCHEDULE C (FEC Form 3) LOANS			Use separate schedu for each category of Detailed Summary Pa	the (check only one) × 13a	
ME OF COMMITTEE (I oolidge For Cong	,			Transa	action ID : SC/10.4141
LOAN SOURCE Full Coolidge, Leslie	•	ddle Initial)		Memo Iten	<b>x</b> Primary
Mailing Address 345 Old Sutton Road					General Other (specify) ▼
City Barrington Hills		State	ZIP Code 60010	9	Personal Funds of the Candidate
Original Amount of L	oan	Cumulative P	ayment To D	Date Ba	Iance Outstanding at Close of This Perio
,	11000.00	,		0.00	11000.00
TERMS Date In	ncurred		Date Due	Interest Ra (If none, ente	
<sup>M</sup> 02 <sup>M</sup> / <sup>D</sup> 23 <sup>D</sup>	′ <u> </u>	M M / D	D / Y 12	ý31/12 <sup>×</sup>	0.00 % (apr) Yes X No
List All Endorsers or		o Loan Source		Name of Employer	
1. Full Name (Last, F	-irst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
2. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
3. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
4. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
JBTOTALS This Period					7 7 7 11000.00 **

					PAGE 10 OF 24
SCHEDULE C (FEC Form 3) LOANS			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Coolidge For Cong	,			Transac	ction ID : SC/10.4140
LOAN SOURCE Full N Coolidge, Leslie,	•	ddle Initial)		☐ Memo Item	Election: 2012 X Primary General
Mailing Address 345 Old Sutton Road					Other (specify) ▼
City Barrington Hills		State IL	ZIP Code 60010	e	Personal Funds of the Candidate
Original Amount of Lo	an	Cumulative Pa	lyment To D	Date Bala	ance Outstanding at Close of This Perio
	15000.00	7		0.00	15000.00
TERMS Date Inc	curred	[	Date Due	Interest Rate (If none, enter	
M02M / D26D /	<sup>ү</sup> Ž01Ž <sup>ү</sup>	M M / D C	0 / Y 12	)/31/12 <sup>Y</sup> 0.	00 % (apr) Yes 🗶 No
List All Endorsers or	Guarantors (if any) t	o Loan Source			
1. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
2. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
SUBTOTALS This Period					7 7
Carry outstanding balanc	e only to LINE 3, Sch	nedule D, for thi	s line. If n	o Schedule D, carry forv	ward to appropriate line of Summary.

				r	PAGE 11 OF 24
SCHEDULE C (FEC Form 3) LOANS			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Coolidge For Cong	,			Transad	ction ID : SC/10.4143
LOAN SOURCE Full f Coolidge, Leslie,	•	Idle Initial)		🗌 Memo Item	Election: 2012 X Primary General
Mailing Address 345 Old Sutton Road					Other (specify)
City Barrington Hills		State IL	ZIP Code 60010	e	X Personal Funds of the Candidate
Original Amount of Lo	an	Cumulative Pa	lyment To D	Date Bala	ance Outstanding at Close of This Perio
	15900.95			0.00	15900.95
TERMS Date Inc	curred	[	Date Due	Interest Rate (If none, enter	
M03M / D07D /	<sup>ү</sup> Ž01Ž <sup>ү</sup>	M M / D D	0 / Y 12	ý/31/12 <sup>v</sup>	.00 Yes X No
List All Endorsers or	Guarantors (if any) t	o Loan Source			
1. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
2. Full Name (Last, First	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x x 1
4. Full Name (Last, Firs	st, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
SUBTOTALS This Period					15900.95
Carry outstanding balanc	e only to LINE 3, Sch	edule D, for thi	s line. If n	o Schedule D, carry forv	ward to appropriate line of Summary.

Memo Item	(check only one) X 13a
Memo Item	Election: 2012  Primary General
le	X Primary General
Date Balan	Personal Funds of the Candidate
	ce Outstanding at Close of This Perio
0.00	653.85
Interest Rate (If none, enter 0	Secured:
2ў́31/12 <sup>×</sup> 0.00	
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	y
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	y 1 y 1 x 1
_	653.85
	Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed

	-10			r	PAGE 13 OF 24	
CHEDULE C (FE DANS	EC Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
ame of committee (i Coolidge For Cong	,			Transad	ction ID : SC/10.4144	
LOAN SOURCE Full Coolidge, Leslie,	• • •	ddle Initial)		🗌 Memo Item	Election: 2012 X Primary General	
Mailing Address 345 Old Sutton Road					Other (specify) ▼	
City Barrington Hills		State IL	ZIP Code 60010	e	Personal Funds of the Candidate	
Original Amount of Lo	oan	Cumulative Pa	lyment To D	Date Bala	ance Outstanding at Close of This Perio	
	6000.00			0.00	6000.00	
TERMS Date Ir	ncurred	[	Date Due	Interest Rate (If none, enter		
<sup>M</sup> 03 <sup>M</sup> / <sup>D</sup> 09 <sup>D</sup>	<sup>7</sup> Ž01Ž <sup>Y</sup>	M M / D D	0 / Y 12	ý/31/12 <sup>v</sup>	.00 Yes X No	
List All Endorsers or	Guarantors (if any) t	o Loan Source				
1. Full Name (Last, F	irst, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
3. Full Name (Last, Fi	rst, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, Fi	rst, Middle Initial)	4		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
<b>SUBTOTALS</b> This Period					6000.00 7 7	
Carry outstanding balan	ce only to LINE 3, Sch	nedule D, for thi	s line. If n	o Schedule 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)       13a         Transaction ID : SC/10.4145         Memo Item       Election: 2012         Primary       General         Other (specify) ▼         ZIP Code         60010       X         Personal Funds of the Candida         nent To Date       Balance Outstanding at Close of This Peri         0.00       18861.70         te Due       Interest Rate (if none, enter 0)         / 12/31/12       0.00         Vame of Employer
Image: Memo Item       Election: 2012         Image: Primary       General         Other (specify)       Image: Primary         General       Other (specify)         ZIP Code       Image: Personal Funds of the Candida         60010       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida       Image: Personal Funds of the Candida         Image: Personal Funds of the Candida
Interior Rate 60010       Interest Rate (If none, enter 0)       Personal Funds of the Candida         / 12/31/12       0.00       9% (apr)       Yes
ZIP Code 60010   Personal Funds of the Candida nent To Date Balance Outstanding at Close of This Peri 0.00 18861.70  te Due Interest Rate (If none, enter 0) / Y 12//31/12 Y 0.00 % (apr) Yes N
60010       Personal Funds of the Candida         nent To Date       Balance Outstanding at Close of This Period         0.00       18861.70         te Due       Interest Rate (If none, enter 0)         / Y 12/31/12 Y       0.00         % (apr)       Yes X N
0.00 18861.70 te Due Interest Rate Secured: (If none, enter 0) / Y 12/31/12 Y 0.00 % (apr) Yes X N
te Due Interest Rate (If none, enter 0)
(If none, enter 0) / Y 12//31/12 Y 0.00 % (apr) Yes X N
12/3/12 % (apr) Yes ★ N
Name of Employer
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
18861.70

					PAGE 15 OF 24	
CHEDULE C (F DANS	EC Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
ame of committee Coolidge For Con	( )			Transac	ction ID : SC/10.4147	
LOAN SOURCE Fu Coolidge, Leslie	II Name (Last, First, Mic Ə, , ,	ddle Initial)		🗌 Memo Item	Election: 2012 Primary X General	
Mailing Address 345 Old Sutton Road					Other (specify) ▼	
City Barrington Hills		State IL	ZIP Code 60010	9	Personal Funds of the Candidate	
Original Amount of	Loan	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio	
	2661.28	· · · · · ·		0.00	2661.28	
TERMS Date	Incurred	C	Date Due	Interest Rate (If none, enter		
<sup>M</sup> 03 <sup>M</sup> / <sup>D</sup> 20 <sup>D</sup>	<sup>/</sup> Ž01Ž <sup>Y</sup>	M M / D D	/ <sup>Y</sup> 12	ý31/12 <sup>v</sup> 0.	00 % (apr) Yes X No	
List All Endorsers of	or Guarantors (if any) t	o Loan Source				
1. Full Name (Last,	First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last, I	First, Middle Initial)	L		Name of Employer		
Mailing Address				Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
3. Full Name (Last, I	First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (Last, I	First, Middle Initial)	ļ		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
	od This Page (optional).				2661.28	
Carry outstanding bala	nce only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.	

age# 201104105002212140			1		
CHEDULE C (FEC Form 3) DANS				Use separate schedule for each category of t Detailed Summary Pag	he (check only one) X 13a
ME OF COMMITTEE (In Full)				Transac	ction ID : SC/10.4148
LOAN SOURCE Full Name (La Coolidge, Leslie, , ,	ast, First, Mio	ddle Initial)		Memo Item	Election: 2012 Primary X General
Mailing Address 345 Old Sutton Road					Other (specify) ▼
City Barrington Hills		State IL	ZIP Code 60010		Personal Funds of the Candidat
Original Amount of Loan		Cumulative Pa	yment To D	ate Bala	ance Outstanding at Close of This Perio
	1000.00			0.00	1000.00
TERMS Date Incurred		[	Date Due	Interest Rate (If none, enter	
<sup>M</sup> 04 <sup>M</sup> / <sup>D</sup> 03 <sup>D</sup> / <sup>Y</sup> Ž0	лž <sup>ү</sup>	M M / D D	y 12	/31/12 <sup>Y</sup>	w (apr) Yes ₩ N
List All Endorsers or Guarant		o Loan Source			
1. Full Name (Last, First, Mide	lle Initial)			Name of Employer	
Mailing Address				Dccupation	
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	y
2. Full Name (Last, First, Midd	e Initial)		1	Name of Employer	
Mailing Address			(	Occupation	
City	State	ZIP Code		Amount Guaranteed Dutstanding:	y
3. Full Name (Last, First, Midd	e Initial)		1	Name of Employer	
Mailing Address			(	Dccupation	
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	y y
4. Full Name (Last, First, Midd	e Initial)		1	Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:	y y
UBTOTALS This Period This Pag OTALS This Period (last page in					, 1000.00

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( for each category of th Detailed Summary Page Transact	e (check only one) X 13a
	tion ID : SC/10.4149
Memo Item	
	Election: 2012 Primary General
	Other (specify) <b>v</b>
9	X Personal Funds of the Candidate
Date Balar	nce Outstanding at Close of This Perio
0.00	1652.64
Interest Rate (If none, enter	
ý31/12 <sup>v</sup> 0.0	
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	
Name of Employer	
Occupation	
Amount Guaranteed Outstanding:	y
	7 7 7
	Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding:

					PAGE 18 OF 24	
CHEDULE C (FEC DANS	; Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In F Coolidge For Congre	,			Transac	ction ID : SC/10.4136	
LOAN SOURCE Full Na Coolidge, Leslie, ,	•	dle Initial)		🗌 Memo Item	Election: 2012 Primary X General	
Mailing Address 345 Old Sutton Road					Other (specify)	
City Barrington Hills		State IL	ZIP Code 60010	e	Personal Funds of the Candidate	
Original Amount of Loan	1	Cumulative Pa	lyment To D	Date Bala	ance Outstanding at Close of This Perio	
	71.61			0.00	71.61	
TERMS Date Incu	rred	[	Date Due	Interest Rate (If none, enter		
M10 <sup>M</sup> / D01 <sup>D</sup> /	<sup>ү</sup> Ž01Ž <sup>ү</sup>	M M / D D	9 <sup>/</sup> 12	ý31/12 <sup>v</sup> 0.	00 % (apr) Yes X No	
List All Endorsers or G	uarantors (if any) to	Loan Source				
1. Full Name (Last, First	t, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	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:	y y	
4. Full Name (Last, First,	, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 7 1	
SUBTOTALS This Period Th				H	71.61	
Carry outstanding balance	only to LINE 3, Sch	edule D, for thi	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.	

<b>J</b>					PAGE 19 OF 24	
HEDULE C (FEC Form 3) ANS				Use separate schedule(s) for each category of the Detailed Summary Page		
ME OF COMMITTEE oolidge For Cor	, ,			Transa	action ID : SC/10.4132	
LOAN SOURCE Fu Coolidge, Leslie	II Name (Last, First, Mic e, , ,	ddle Initial)		Memo Item	Primary	
Mailing Address 345 Old Sutton Road					Cher (specify) ▼	
City Barrington Hills		State	ZIP Code 60010	9	Personal Funds of the Candidate	
Original Amount of	Loan	Cumulative P		Date Ba	lance Outstanding at Close of This Peric	
	439.77			0.00	439.77	
TERMS Date	Incurred		Date Due	Interest Rat (If none, ente		
<sup>M</sup> 10 <sup>M</sup> / <sup>D</sup> 19 <sup>D</sup>	<sup>/</sup> Ž01Ž <sup>Y</sup>	M M / D	D / Y 12	ý31/12 <sup>×</sup>	0.00 % (apr) Yes X No	
	or Guarantors (if any) t	o Loan Source		Name of Employer		
1. Full Name (Last,	First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
2. Full Name (Last, I	First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	- y	
3. Full Name (Last, I	First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (Last, I	First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1	
	od This Page (optional). ast page in this line only				439.77 7 7 7	

	-			r	PAGE 20 OF 24	
CHEDULE C (FE) DANS	C Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Coolidge For Congr	,			Transac	ction ID : SC/10.4150	
LOAN SOURCE Full N Coolidge, Leslie,	•	Idle Initial)		☐ Memo Item	Election: 2012 Primary <b>x</b> General	
Mailing Address 345 Old Sutton Road					Other (specify) ▼	
City Barrington Hills		State IL	ZIP Code 60010	e	X Personal Funds of the Candidate	
Original Amount of Loa	an	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio	
· · · · · ·	12000.00			0.00	12000.00	
TERMS Date Inc	urred	[	Date Due	Interest Rate (If none, enter		
M10 <sup>M</sup> / D19 <sup>D</sup> /	YŽ01Ž Y	M M / D D	2 / Y 12	∛31/12 <sup>×</sup> 0.	.00 % (apr) Yes X No	
List All Endorsers or C	Guarantors (if any) t	o Loan Source				
1. Full Name (Last, Fin	st, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last, Firs	t, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
3. Full Name (Last, Firs	t, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
4. Full Name (Last, Firs	t, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
<b>SUBTOTALS</b> This Period <sup>-</sup>	,				12000.00	
Carry outstanding balance	e only to LINE 3, Sch	edule D, for thi	s line. If n	o Schedule D, carry forv	ward to appropriate line of Summary	

				<b></b>	PAGE 21 OF 24	
CHEDULE C (FEC DANS	C Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In I Coolidge For Congre	,			Transac	ction ID : SC/10.4135	
LOAN SOURCE Full Na Coolidge, Leslie, ,	•	ddle Initial)		🗌 Memo Item	Election: 2012 Primary Ceneral	
Mailing Address 345 Old Sutton Road					Other (specify)	
City Barrington Hills		State IL	ZIP Code 60010	e	Personal Funds of the Candidate	
Original Amount of Loar	n	Cumulative Pa	lyment To D	Date Bala	ance Outstanding at Close of This Perio	
	32161.19	,		0.00	32161.19	
TERMS Date Incu	urred	[	Date Due	Interest Rate (If none, enter		
M10 <sup>M</sup> / D26 <sup>D</sup> /	<sup>ү</sup> Ž01Ž <sup>ү</sup>	M M / D D	9 / Y 12	ў́31/12 <sup>×</sup> 0.	.00 % (apr) Yes X No	
List All Endorsers or G	uarantors (if any) t	o Loan Source				
1. Full Name (Last, Firs	t, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	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:	y y	
4. Full Name (Last, First	, Middle Initial)	ļ		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
<b>OTALS</b> This Period T					32161.19	
Carry outstanding balance	only to LINE 3, Sch	nedule D, for thi	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary	

					PAGE 22 OF 24	
CHEDULE C (FEC DANS	C Form 3)			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In I Coolidge For Congre	,			Transac	ction ID : SC/10.4134	
LOAN SOURCE Full Na Coolidge, Leslie, ,	•	Idle Initial)		🗌 Memo Item	Election: 2012 Primary K General	
Mailing Address 345 Old Sutton Road					Other (specify) ▼	
City Barrington Hills		State IL	ZIP Code 60010	9	▼ Personal Funds of the Candidate	
Original Amount of Loar	า	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Perio	
,	6000.00	<u> </u>	7	0.00	6000.00	
TERMS Date Incu	irred	C	Date Due	Interest Rate (If none, enter		
M11M / D02D /	<sup>ү</sup> Ž01Ž <sup>ү</sup>	M M / D D	/ <sup>Y</sup> 12	ў́31/12 <sup>×</sup> 0.	.00 % (apr) Yes 🗴 No	
List All Endorsers or G	uarantors (if any) t	o Loan Source				
1. Full Name (Last, Firs	t, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	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 T					6000.00	
Carry outstanding balance	only to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summar	

				PAGE 23 OF 24	
CHEDULE C (FEC Form 3) DANS			Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) × 13a	
AME OF COMMITTEE (In Full) Coolidge For Congress			Transac	tion ID : SC/10.4130	
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	iddle Initial)		Memo Item	Election: 2012 Primary X General	
Mailing Address 345 Old Sutton Road				Other (specify)	
City Barrington Hills	State IL	ZIP Code 60010	3	X Personal Funds of the Candidate	
Original Amount of Loan 1780.84	Cumulative Pa	yment To D	ate Bala	nce Outstanding at Close of This Perio 1780.84	
TERMS Date Incurred	Ē	Date Due	Interest Rate (If none, enter		
M11M / D06D / Y Ž01Ž Y	M 11 M / D 06 D / Y Ž012 Y M M / D D / Y			00 % (apr) Yes 🗶 No	
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address			Occupation		
City State	State ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	State ZIP Code		Amount Guaranteed Outstanding:	y	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code	(	Amount Guaranteed Outstanding:	y	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code	(	Amount Guaranteed Outstanding:	y 1 y 1 y 1	
SUBTOTALS This Period This Page (optional)				, 1780.84 , , , , , , , , , , , , , , , , , , ,	
TOTALS This Period (last page in this line on Carry outstanding balance only to LINE 3, So				vard to appropriate line of Summary	

				[	
CHEDULE C (FEC Form DANS	3)			Use separate schedule for each category of th Detailed Summary Pag	he (check only one) × 13a
AME OF COMMITTEE (In Full) Coolidge For Congress				Transac	tion ID : SC/10.4164
LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,				🗌 Memo Item	Election: 2012 Primary X General
Mailing Address 345 Old Sutton Road					Other (specify) ▼
City Barrington Hills		State IL	ZIP Cod 60010	e	× Personal Funds of the Candidate
Original Amount of Loan Cumulative Payment To			yment To [	Date Bala	nce Outstanding at Close of This Peric
30	0.00		,	0.00	30.00
TERMS Date Incurred		C	Date Due	Interest Rate (If none, enter	
M 12M / D01D / Y Ž01Ž	Y	M M / D D	/ Y 12	ž/31/12 <sup>v</sup> 0.	00 % (apr) Yes X No
List All Endorsers or Guarantors	(if any) t	o Loan Source			
1. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
2. Full Name (Last, First, Middle In	itial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
3. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)				Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y
SUBTOTALS This Period This Page (					30.00
	NE 3, Sci	nedule D, for this	s line. If n	o Schedule D, carry forv	vard to appropriate line of Summary.