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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 011111 0	For An	Authorized Cor	nmittee	Offic	ce Use Only
NAME OF COMMITTEE (in	TYPE OR PRIM		xample: If typing, type ver the lines.	12FE4M5	
Coolidge For C	Congress				
ADDRESS (number an	d street)	on Road			
▼	1				
Check if diff than previou reported. (A	usly Barrington			IL 600	10
2. FEC IDENTIFIC	CATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C0050561		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
(a) Quarterly Re		(b) 12-Day PR	E -Election Report for th Primary (12P)	e: General (12G)	Runoff (12R)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)		Convention (12C)	Special (12S)		
October	r 15 Quarterly Report (Q3)	Election or	M M / D D	/ Y Y Y Y	in the State of
January	31 Year-End Report (YE)	(c) 30-Day PO	ST-Election Report for	the:	
			General (30G)	Runoff (30R)	Special (30S)
Termina	tion Report (TER)	Election or	M M M / D D	/ Y " Y " Y	in the State of
5. Covering Period	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y Y 2023	through	M / D D / Y	y y y 2023
I certify that I have e	xamined this Report and a Coolidge, Le of Treasurer		knowledge and belief it	is true, correct and co	mplete.
Signature of Treasure	Coolidge, Leslie, , ,		[Electronically Filed]	Date 07	15 / Y Y Y Y Y Y 2023
NOTE: Submission of	false, erroneous, or incomp	lete information may	subject the person signi	ing this Report to the pe	enalties of 52 U.S.C. §30109
Office Use Only				F	FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2023 2023 06 30 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)

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Write or Type Committee Name

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11. (CONTRIBUTIONS (other than loans) FROM:			
(:	a) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	0.00	0.00	
	(ii) Unitemized(iii) TOTAL of contributions	0.00	0.00	
	from individuals	0.00	0.00	
``	b) Political Party Committees	0.00	0.00	
(1	c) Other Political Committees (such as PACs)	0.00	0.00	
``	d) The Candidatee) TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3. L	OANS:			
(;	a) Made or Guaranteed by the Candidate	0.00	0.00	
`.	b) All Other Loans	0.00	0.00	
(1	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
	DFFSETS TO OPERATING			
	EXPENDITURES Refunds, Rebates, etc.)	0.00	15.41	
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
1	TOTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	15.41	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	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
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	3.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	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	
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
5.	SUBTOTAL (add Line 23 and Line 24)		0.00
6.	TOTAL DISBURSEMENTS THIS PERIOD (froi	m Line 22)	0.00
	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	G PERIOD	0.00

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

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Transaction ID: SC/10.4139 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 13540.04 1500.00 12040.04 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 D 18D Ž011 Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed 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)..... 12040.04 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 6
FOR LINE NUMBER: (check only one)

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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, , ,	nddie iriitiai)	☐ 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)	
		, 100.00
TOTALS This Period (last page in this line of	ווy)	······································
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

PAGE FOR LINE NUMBER: **X** 13a (check only one)

OF

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Detailed Summary Page 13b Transaction ID: SC/10.4137 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 D 15D Ž011 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)..... 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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

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				Detailed 0	diffillary i a	gc			13k)
AME OF COMMITTEE (In Full) Coolidge For Congress					Transa	ction ID :	SC/10.4142	2		
LOAN SOURCE Full Name (Last, Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road	First, Mic	ddle Initial)			Memo Item] G	n: 2012 imary eneral ther (specify	·) ▼		
City Barrington Hills		State	ZIP Coc 60010	le		X F	ersonal Fur	nds of the (Candida	 ite
Original Amount of Loan	.15	Cumulative Pay	yment To	Date 0.00	Bala	ance Out	standing at	Close of TI	-	od
TERMS Date Incurred M01M / D02D / Y Z01Z	Y	D D D	eate Due		Interest Rate (If none, ente 0		% (apr)	Secured Yes	~	lo
List All Endorsers or Guarantors		o Loan Source								
1. Full Name (Last, First, Middle II	nitial)			Name of Emp	oloyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
2. Full Name (Last, First, Middle Initial)				Name of Emp	oloyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7				
3. Full Name (Last, First, Middle In	itial)			Name of Emp	oloyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7				
4. Full Name (Last, First, Middle In	itial)			Name of Emp	oloyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
UBTOTALS This Period This Page (optional) 5154.15 OTALS This Period (last page in this line only)]						
Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If r	o Schedule D), carry for	ward to	appropriate	line of Su	ımmarı	<i>r</i> .

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/10.4141
LOAN SOURCE Full Name (Last, First,	Middle Initial	Flaskings and
Coolidge, Leslie, , ,	Middle 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
11000.00		0.00 11000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M02 ^M / D23 ^D / Y Z012 Y	M M / D D	/ 12/31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	y) 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 (options	aı)	11000.00
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

		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\	Terminal Control of the Control of t
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	liddie initial)	☐ 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 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)	
		, 1000.00
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

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

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

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

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

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4144 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D09D 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)..... 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.

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, , ,	iviluale 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
18861.70		0.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M03 ^M / D13 ^D / Y Z01Ž 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)		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	
SUBTOTALS This Period This Page (option	າສາງ	18861.70
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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		Detailed Garrinary 1	13b				
NAME OF COMMITTEE (In Full)		Transa	action ID : SC/10.4147				
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Iter	m Election: 2012				
Coolidge, Leslie, , ,			Primary				
			x General				
Mailing Address 345 Old Sutton Road			Other (specify)				
040 Old Oddolf Rodd							
City	State	ZIP Code					
Barrington Hills	IL	60010	✗ Personal Funds of the Candidate				
Barringtorriniis	IL	00010					
Original Amount of Loan	Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Period				
2661.28		0.00	2661.28				
TERMS Date Incurred		Date Due Interest Ra	See				
TERMS Date Incurred	L	Oate Due Interest Ra (If none, en					
M ₀₃ M / D ₂₀ D / Y Ž01Ž Y	M M / D D	/ Y 12/31/12 Y	0.00				
20 2012		12/01/12	% (apr) Yes X No				
List All Endorsers or Guarantors (if any	ı) to Loan Source						
Full Name (Last, First, Middle Initial)	7) to Loan Godice	Name of Employer					
1. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
Mailing Address		o coapation					
		Amount					
City State	ZIP Code	Guaranteed					
State	2 0000	Outstanding:	7				
2. Full Name (Last, First, Middle Initial)	l .	Name of Employer					
Mailing Address		Occupation	Occupation				
		Amount					
City	ZIP Code	Guaranteed					
		Outstanding:	,				
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer				
Mailing Address		Occupation					
		A					
		Amount Guaranteed					
City	ZIP Code	Outstanding:	9				
4. Full Name (Last, First, Middle Initial)		Name of Employer					
4. I dii Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
Walling Address		o coapation					
		Amount					
City	ZIP Code	Guaranteed					
5.19		Outstanding:	7				
	ı						
		-					
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TOTALS This Period (last page in this line	only)	······					
			, ,				
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry fo	rward to appropriate line of Summarv.				

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

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Transaction ID: SC/10.4148 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 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D03D 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)..... 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 S	bummary Pag	je			13b
AME OF COMMITTEE (In Full) Trans.					tion ID	: SC/10.4149		
Coolidge For Congress								
LOAN SOURCE Full Name (Last, First, Midd			Memo Item		ion: 2012 Primary			
Coolidge, Leslie, , ,						General		
Mailing Address 345 Old Sutton Road					Other (specify) \blacktriangledown			
City	State	ZIP Code	Э			Damanal Funda a	-f +h - C	al: al a t a
Barrington Hills	IL	60010			X	Personal Funds of	if the Can	ididate
Original Amount of Loan	Cumulative Pay	ment To D	ate	Bala	ance O	utstanding at Clos	e of This	Period
1652.64	,	,	0.00			, ,	1652.64	
TERMS Date Incurred	Da	ate Due		Interest Rate (If none, enter		S	ecured:	
M 04 ^M / D 26 ^D / Y Z 2012 Y	M / D D	/ Y 12	ý31/12 ^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 Em	ployer				
Mailing Address			Occupation					
	T		Amount Guaranteed					
City	ZIP Code		Outstanding:		7	7		
2. Full Name (Last, First, Middle Initial)		Name of Em	ployer					
Mailing Address			Occupation					
011	710.0		Amount Guaranteed					
City State	ZIP Code		Outstanding:		7	7		
3. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address			Occupation					
011	710.0		Amount Guaranteed					
City State	ZIP Code		Outstanding:		7	7		
4. Full Name (Last, First, Middle Initial)		Name of Em	ployer					
Mailing Address			Occupation					
	I		Amount					
City State	ZIP Code		Guaranteed Outstanding:		7	7		
SUBTOTALS This Period This Page (optional)								
TO TALE THIS FERIOU THIS FAGE (OPTIONAL)				···•	_	7	1652.64	4
FOTALS This Period (last page in this line only)				▶		,		
Carry outstanding balance only to LINE 3, Sche	dule D, for this	line. If no	Schedule I	D, carry for	ward to	appropriate line	of Sumr	nary.

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

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			Detailed Summary	/ Page		131)
NAME OF COMMITTEE (In Full)	Tra	nsaction l	D : SC/10.4136				
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		Memo	Item Elec	ction: 2012		
Coolidge, Leslie, , ,					Primary General		
Mailing Address 345 Old Sutton Road				X	Other (specify) ▼		
345 Old Sutton Road							
City	State	ZIP Code	Э		1		_
Barrington Hills	IL	60010		×	Personal Funds of the	Candida	ate
Original Amount of Loan	Cumulative Page	yment To D	ate	Balance (Outstanding at Close of T	his Per	iod
71.61			0.00		7	1.61	1
7 7	9	,	4		3 3		4
TERMS Date Incurred		Date Due	Interest (If none,		Secured	i:	
M10 ^M / D01 ^D / Y Ž01Ž Y	M M / D D	/ Y 12	/31/12 ^Y	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			_	
City State	ZIP Code	I	Guaranteed Outstanding:	- 9			
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
	T		Amount Guaranteed				
City	ZIP Code		Outstanding:	7	, , , , ,		
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:	7	9		
SUBICIALS This Period This Page (optional).	SUBTOTALS This Period This Page (optional) 71.61						
TOTALS This Period (last page in this line only)							
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no	Schedule D, carry	forward	to appropriate line of Su	ımmarı	

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Transaction ID: SC/10.4132 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 439.77 0.00 439.77 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D19^D 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)..... 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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OF

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NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4150
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	Memo Item Primary General	
Mailing Address 345 Old Sutton Road		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
12000.00		0.00 12000.00
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D19 ^D / Y Ž01Ž Y	M M / D D	/ Y 12⅓31/12 Y 0.00 % (apr) Yes ▼ No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
		1200.00
TOTALS This Period (last page in this line on	ly)	-
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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	ME OF COMMITTEE (In Full) Coolidge For Congress				Transac	ction ID : SC/10.4135	
LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,				Memo Item Election: 2012 Primary			
	Mailing Address 345 Old Sutton Road					✓ General Other (specify) ▼	
	City		State	ZIP Co 60010		Personal Funds of the Candidate	
	Barrington Hills						
	Original Amount of Loan 32161	.19	Cumulative Pay	yment To	Date Bala	ance Outstanding at Close of This Period 32161.19	
	TERMS Date Incurred			ate Due	Interest Rat		
	M10 ^M / D26 ^D / Y Ž01Ž	Y	M M / D D	/ Y	(If none, ente	00	
	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 Guaranteed			
	City	State	ZIP Code			y y w	
	2. Full Name (Last, First, Middle Initial)			Name of Employer			
	Mailing Address				Occupation		
	City	State	ZIP Code		Amount Guaranteed		
	-		211 0000		Outstariumg.	7	
	Full Name (Last, First, Middle Initial) Mailing Address			Name of Employer			
					Occupation		
	City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address			Occupation			
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
S	UBTOTALS This Period This Page (optional)				32161.19	
	OTALS This Period (last page in this					02101110	
			•			, , , , , , , , , , , , , , , , , , ,	
l C	arry outstanding balance only to LI	N⊏ 3, Sch	eaule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.	

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NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4134
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	Wilder Hillary	Memo Item Election: 2012 Primary General
Mailing Address 345 Old Sutton Road		Other (specify) Other
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
6000.00		0.00 6000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M11M / D02D / Y Ž01Ž Y	M M / D D	/
List All Endorsers or Guarantors (if ar	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
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	າaı)	6000.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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13b 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) M 11M 0.00 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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Transaction ID: SC/10.4164 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General X Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30.00 0.00 30.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 D01D Ž01Ž Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 30.00 TOTALS This Period (last page in this line only) 143008.02 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.