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Image# 13960772756

FEC FORM 3

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An A	uthorized	Comm	ittee			Office	e Use Only
1. NAME OF COMMITTEE (in		TYPE OR PRINT	•		າple: If typinຸ the lines.	g, type	12FE4M	.5	
Coolidge For (Congress								
	1 1 1 1	1 1 1 1 1	1 1 1 1 1	1 1	1 1 1 1	1 1 1			1
ADDRESS (number ar	nd street)	345 Old Sutton	Road						
Check if dir than previo reported. (A	usly	Barrington					LIL .	60010)
2. FEC IDENTIFIC	CATION NU	MBER ▼	CITY	<u>Y</u> ▲			STATE A		ZIP CODE A STATE ▼ DISTRICT
C C005056	10		3. IS THI REPO		× NEW (N)	OR	AMEN (A)	IDED	IL 06
4. TYPE OF RE (a) Quarterly R April 15	`	,	(b) 12-Day		lection Repo Primary (12P) Convention (1		General Special		Runoff (12R)
Octobe	Quarterly Re	port (Q2) y Report (Q3)	Electio	on on	M = M /	D " D	/ Y Y Y	Y	in the State of
× January	y 31 Year-End	I Report (YE)	(c) 30-Day	POST-	Election Rep	ort for the	e:		
					General (30G))	Runoff (3	30R)	Special (30S)
Termina	ation Report (TER)	Election	on on	M M /	D D	/ Y Y Y	Y	in the State of
5. Covering Period	M 11	7 D D 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Y Y Y 2012	Υ	through	M 12		/ Y	Y Y Y 2012
I certify that I have e	examined this	s Report and to	the best of	my knov	vledge and k	pelief it is	true, correct a	nd con	nplete.
Type or Print Name	of Treasurer	Brett Smiley							
Signature of Treasure	er <i>Brett</i> .	Smiley		[<i>E</i>	Electronically F	iled]	Date 01	VI /	31 /
NOTE: Submission of	false, errone	ous, or incomple	te information	n may su	bject the pers	son signin	g this Report to	the pe	nalties of 2 U.S.C. §437g.
Office Use Only									EC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

Coolidge For Congress

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	302.77	302.77
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	302.77	302.77
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	2240.96	15252.56
	(b) Total Offsets to Operating Expenditures (from Line 14)	937.50	937.50
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1303.46	14315.06
	Cash on Hand at Close of Reporting Period (from Line 27)	2226.62	
•	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Ο.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	144508.02	

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 12/2003)

PAGE 3 / 28

Write or Type Committee Name

Coolidge For Congress

27 2012 12 31 2012 Report Covering the Period: From: To:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
I1. C	ONTRIBUTIONS (other than loans) FROM:		
(a	n) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	250.00	250.00
	(ii) Unitemized(iii) TOTAL of contributions	52.77	52.77
	from individuals	302.77	302.77
(b		0.00	0.00
(C	c) Other Political Committees (such as PACs)	0.00	0.00
(c (e	TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	302.77	302.77
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00
3. L	OANS:		
(a	Made or Guaranteed by the Candidate	30.00	30.00
(b	·	0.00	0.00
(c	c) TOTAL LOANS (add Lines 13(a) and (b))	30.00	30.00
	FFSETS TO OPERATING XPENDITURES		
	Refunds, Rebates, etc.)	937.50	937.50
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
1	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	1270.27	1270.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

ursements

PAGE 4 / 28

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	2240.96	15252.56
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	9 9	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)	2240.96	15252.56
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	3197.31
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	1270.27
25.	SUBTOTAL (add Line 23 and Line 24)		4467.58
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	2240.96
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		2226.62

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: [PAGE	:	5	OF	28
(che	ck only	or	ne)						
X	11a		11b		11c		11	d	_
	12		13a		13b		14		15

				by any person for the purpose of soliciting contributions from such committee to solicit contributions from such com		
	NAME OF COMMITTEE (In Full) Coolidge For Congress					
Α.	Full Name (Last, First, Middle Initial) Leonard Feinkind Mailing Address 5710 Astony Ct			Date of Receipt	T Y	
	City	State	Zip Code	11 28 2012 Transaction ID : SA11AI.4119		
	Hinsdale FEC ID number of contributing federal political committee.	C	60521	Amount of Each Receipt this Perio		
	Name of Employer Self Employed	Occupation Physician		2012 General Debt See Earmark Bel	60.00 ow	
	Receipt For: 2012 Primary General Other (specify)	Election Cyc		50.00		
В.	Full Name (Last, First, Middle Initial) ActBlue Mailing Address P.O. Box 382110			Date of Receipt		
		11 28 2012	Y			
	City Cambridge	State MA	Zip Code 02238	Transaction ID : SA11AI.4119.0		
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Perio	-	
	Name of Employer	Occupation		Note: Above Contribution earmarked organization.	through this	
	Receipt For: 2012 Primary General Other (specify)	Election Cyc		[MEMO ITEM]		
_	Full Name (Last, First, Middle Initial)			Date of Receipt		
C.	Mailing Address			M M / D D / Y Y Y	Y	
	City	State	Zip Code			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Perio	od	
	Name of Employer	Name of Employer Occupation				
	Receipt For: Primary General Other (specify)	Election Cyc	cle-to-Date			
Г	SUBTOTAL of Receipts This Page (optional)				0.00	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

	FO	R LINE	NU	MBER:	PAGE	6 O	F	28
Use separate schedule(s)	(ch	neck only	or	ne)				
for each category of the		11a		11b	11c	11d		
Detailed Summary Page		12	X	13a	13b	14		15

				,	ŭ	12	X 13a	13b	14	15				
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements mad a	ay not be soddress of a	old or used any political	by any po	erson for eto solicit	the purpose contribution	of soliciting s from such	contribu commit	tions tee.				
	NAME OF COMMITTEE (In Full) Coolidge For Congress													
_	Full Name (Last, First, Middle Initial) Leslie Coolidge					5.	(D							
A.	Mailing Address 345 Sutton Road City State Zip Code						Date of Receipt 12 01 2012							
							ction ID : SA	13A.4164						
	Barrington Hills FEC ID number of contributing federal political committee.	C	00010			Amoi	unt of Each F	Receipt this	Period					
	Name of Employer	Occupation				 L.			30.0	0				
	Receipt For: 2012 Primary Seneral Other (specify)	Election Cy	cle-to-Date		30.00									
_	Full Name (Last, First, Middle Initial)					Date	of Receipt							
B.	Mailing Address					M	M / D I) / Y Y	YYY	1				
	City State Zip Code													
	FEC ID number of contributing federal political committee.					Amo	unt of Each I	Receipt this	Period	-				
	Name of Employer	Occupation] [-			-	-				
	Receipt For: Primary General Other (specify)	Election Cy		,										
	Full Name (Last, First, Middle Initial)					Date	of Receipt							
C.	Mailing Address					M		D / Y T Y	YYY	1				
	City	State	Zip Cod	de										
	FEC ID number of contributing federal political committee.					Amo	unt of Each I	Receipt this	Period	_				
	Name of Employer Occupation] L			-	-				
	Receipt For: Primary General Other (specify)	Election Cy	cle-to-Date	,										
Г	UBTOTAL of Receipts This Page (optional)					F			30.00	Ħ.				

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 7 OF 28 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 14

ITEMIZED RECEIPTS 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Coolidge For Congress Full Name (Last, First, Middle Initial) Palatine Retail Center, LLC Date of Receipt Mailing Address 2215 York Road 2012 18 Suite 503 City State Zip Code Transaction ID: SA14.4114 IL 60523 Oak Brook FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 937.50 Name of Employer Occupation Return of Rent Security Deposit Receipt For: 2012 Election Cycle-to-Date Primary X General 937.50 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 937.50 SUBTOTAL of Receipts This Page (optional)..... 937.50 TOTAL This Period (last page this line number only).....

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	10000772700			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 8 OF 28 (check only one) X 17
	y information copied from such Reports and Statements r for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)			person for the purpose of soliciting contributions
	Coolidge For Congress			
A.	Full Name (Last, First, Middle Initial) Breaker Press Co., Inc		Date of Disbursement	
	Mailing Address 2421 S. Western Avenue			12 05 2012
	City State Chicago IL	Zip Code 60608	ı	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing - Thank You Cards Candidate Name		Category/	738.46 Transaction ID : SB17.4107
	Office Sought: House Senate President Disbursement Formany Other (Type	
В.	State: District: Full Name (Last, First, Middle Initial) KNI Communications Mailing Address 4300 N. Marine Dr., Apt 202			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y 28 2012
	City State Chicago IL	Zip Code 60613		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Management Services/salary Candidate Name		Category/ Type	1100.00 Transaction ID : SB17.4103
	Office Sought: House Disbursement Formany		71	
С	Full Name (Last, First, Middle Initial) United States Postal Service			Date of Disbursement
•	Mailing Address 1515 South Grove Avenue			M M / D D / Y Y Y Y 1 1 1 27 2012
	•	Zip Code 60010	Category/	Amount of Each Disbursement this Period 225.00 Transaction ID: SB17.4101
	Office Sought: House Senate President State: Disbursement For Primary Other (Type	

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

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4139 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 13540.04 0.00 13540.04 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 18^D ^M 10^M 2011 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 13540.04 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

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(check only one) Detailed Summary Page Transaction ID: SC/10.4138 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100.00 0.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= м} 08 2011 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 100.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page Transaction ID: SC/10.4137 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^м 12^м 2011 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 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

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Detailed Summary Page Transaction ID: SC/10.4142 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5154.15 0.00 5154.15 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 01 ^M 02 Ž012 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5154.15 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4141 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 11000.00 0.00 11000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 23 ^M 02^M Ž012 12/31/12 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 11000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4140 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) ullet345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D26 ^M 02^M Ž012 12/31/12 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4143 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) ullet345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15900.95 0.00 15900.95 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 ^M 03^M Ž012 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 15900.95 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one) Detailed Summary Page 13b Transaction ID: SC/10.4146 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road City State ZIP Code IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 653.85 0.00 653.85 **TERMS** Date Incurred Date Due Interest Rate Secured: 07 ^M 03^M Ž012 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 653.85 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.4144 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) ullet345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 03^M 09 Ž012 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 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

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(check only one) Detailed Summary Page 13b Transaction ID: SC/10.4145 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 18861.70 0.00 18861.70 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^M 03^M Ž012 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 18861.70 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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LUANS	Detailed Summary Page (Check Only One) 13b
NAME OF COMMITTEE (In Full) Coolidge For Congress	Transaction ID : SC/10.4147
LOAN SOURCE Full Name (Last, First, Middle Initial) Leslie Coolidge	[PERSONAL FUNDS] Election: 2012 Primary General
Mailing Address 345 Sutton Road	Other (specify)
City State ZIP Code Barrington Hills IL 60010	e
Original Amount of Loan Cumulative Payment To D	Date Balance Outstanding at Close of This Period
2661.28	0.00 2661.28
TERMS Date Incurred Date Due M 03 M / D 20 D / Y 2012 Date Due	Interest Rate Secured: 0.00 (apr)
List All Endorsers or Guarantors (if any) to Loan Source	Yes No
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	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	o Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4148 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 04^M 03 Ž012 12/31/12 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 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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(check only one) Detailed Summary Page Transaction ID: SC/10.4149 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1652.64 0.00 1652.64 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D26 ^M 04^M Ž012 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1652.64 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4136 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge ★ General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road City State ZIP Code IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 71.61 0.00 71.61 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 10^M Ž012 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 71.61 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4132 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 439.77 0.00 439.77 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 19^D ^M 10^M Ž012 12/31/12 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 439.77 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.4150 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 12000.00 0.00 12000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 19^D ^M 10^M Ž012 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 12000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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AME OF COMMITTEE (In Full)			Transac	ction ID : SC/10.4135	
Coolidge For Congress					
Loan source Full Name Leslie Coolidge	(Last, First, Midd	e Initial)	[PERSONAL FUNDS]	Election: 2012 Primary General	
Mailing Address 345 Sutton Road				Other (specify)	
City	S	tate ZIP Co	de		
Barrington Hills		IL 60010			
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close of	This Period
	32161.19		0.00	32′	161.19
Date Incurred	ž01ž Y	Date Due	Interest Rate	% (apr)	X
List All Endorsers or Guara	ntors (if any) to	Loan Source		Yı	es No
1. Full Name (Last, First, Mi			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, First, Mic	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7	
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7	
SUBTOTALS This Period This F	Page (optional)		·····	32	161.19
TOTALS This Period (last page	in this line only).				
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Detailed Summary Page Transaction ID: SC/10.4134 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= м} 02 Ž012 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.4130 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1780.84 0.00 1780.84 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} 06 Ž012 12/31/12 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1780.84 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page 13b Transaction ID: SC/10.4164 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Leslie Coolidge General Mailing Address Other (specify) \blacktriangledown 345 Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30.00 0.00 30.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^м 12^м Ž012 12/31/12 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 30.00 144508.02 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.