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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	A		Authorized (Committee	Off	fice Use Only
1. NAME OF COMMITTEE (in		TYPE OR PRIN	Τ ▼	Example: If typing, type over the lines.	12FE4M5	
Coolidge For C	Congress					
ADDRESS (number ar	nd street)	345 Old Sutton	n Road			
▼ Check if dif	ferent					
than previous reported. (A		Barrington				
2. FEC IDENTIFIC	CATION NU	MBER ▼	CITY	, A	STATE A	ZIP CODE A
C C005056	10		3. IS THI REPOR		AMENDED (A)	STATE ▼ DISTRICT
	eports:	eport (Q1)	(b) 12-Day	PRE-Election Report for to Primary (12P) Convention (12C)	he: General (12G) Special (12S)	
	Quarterly Re	port (Q2) / Report (Q3)	Electio	on on	/ Y " Y " Y " Y	in the State of
January	/ 31 Year-End	Report (YE)	(c) 30-Day	POST-Election Report for	the:	
				General (30G)	Runoff (30R)	Special (30S)
Termina	ation Report (TER)	Electio	on on	/ Y " Y " Y " Y	in the State of
5. Covering Period	M N	/ 01	Y Y Y Y 2016	through	03 / D D / Y	2016
I certify that I have e	examined this	Report and to	o the best of r	my knowledge and belief it	is true, correct and co	omplete.
Type or Print Name	of Treasurer	Leslie Coolid	ge			
Signature of Treasure	er <u>Leslie</u>	Coolidge		[Electronically Filed]	Date 04	15 / Y Y Y Y Y Y 2016
NOTE: Submission of	false, errone	ous, or incompl	ete information	may subject the person sign	ning this Report to the p	penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

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

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Write or Type Committee Name

Coolidge For Congress

03 31 2016 01 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period 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)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 120.00 (from Line 17) (b) Total Offsets to Operating 0.00 15.41 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 12/2003)

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Write or Type Committee Name

Coolidge For Congress

Report Covering the Period: From: 01 01 2016 To: May 7 2016

	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
,		0.00	0.00
`	(b) Political Party Committees(c) Other Political Committees	0.00	
	(such as PACs)	0.00	0.00
`	(d) The Candidate(e) 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	200	0.00
ŀ	AUTHORIZED COMMITTEES	0.00	0.00
	LOANS:		
((a) Made or Guaranteed by the Candidate	0.00	0.00
((b) All Other Loans	0.00	0.00
((c) TOTAL LOANS	0.00	0.00
	(add Lines 13(a) and (b))	, , , ,	3.00
	OFFSETS TO OPERATING EXPENDITURES		
	(Refunds, Rebates, etc.)	0.00	15.41
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
1	TOTAL RECEIPTS (add Lines 11(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 02/2003)

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		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	0.00	120.00
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LO	AN 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.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00	0.00
	(b)	Political Party Committees Other Political Committees	0.00	0.00
	()	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTI	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	0.00	120.00
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	то	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	0.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		0.00
26.	TO	TAL DISBURSEMENTS THIS PERIOD (fron	m Line 22)	0.00
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13h

OF

DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.4139
Coolidge For Congress			
LOAN SOURCE Full Name (Last, First, Middle	Initial) "PERSONAL FUN	IDS] Memo Item	Election: 2012
Leslie Coolidge			Primary
Mailing Address 345 Old Sutton Road			General Other (specify) ▼
	710.0		
City Sta Barrington Hills II)	
Original Amount of Loan Cu	umulative Payment To D	ate Bala	nce Outstanding at Close of This Period
13540.04	7 7	1500.00	12040.04
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M 10 ^M / D 18 ^D / Y 2011 Y	/ D D / Y 12	/31/12 Y 0.0	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Lo	an Source		165 110
1. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
		Amount	
City State Z	IP Code	Guaranteed Outstanding:	, , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	(Occupation	
		Amount	
City State Z	IF COUE	Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	(Occupation	
		Amount	
City State Z	ii Oodc	Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
	<u> </u>	Amount	
City State Z	IP Code	Guaranteed Outstanding:	9 9
•			
UBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			, , , , , , , , , , , , , , , , , , , ,
Carry outstanding balance only to LINE 3, Schedu	le D, for this line. If no	Schedule D, carry forw	vard to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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JANS		Detailed Summary Page	(check only one) 13a	
AME OF COMMITTEE (In Full)		Transaction	ID : SC/10.4138	
Coolidge For Congress				
LOAN SOURCE Full Name (Last, First Leslie Coolidge	t, Middle Initial) PERSONAL FU		ection: 2012 Primary General	
Mailing Address 345 Old Sutton Road			Other (specify)	
City	State ZIP Cod	de		
Barrington Hills	IL 60010			
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period	
100.00		0.00	100.00	
TERMS Date Incurred	Date Due	Interest Rate	Secured:	
M11M / D08D / Y 2011 Y		2/31/12 Y 0.00	% (apr) Yes No	
List All Endorsers or Guarantors (if a	ny) to Loan Source		100 110	
1. Full Name (Last, First, Middle Initial	1)	Name of Employer		
Mailing Address		Occupation		
City Sta	ite ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City Sta	te ZIP Code	Guaranteed Outstanding:	9	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City Sta	ite ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City Sta	tte ZIP Code	Guaranteed Outstanding:	9	
UBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line	e only)		7 7 7	
Carry outstanding balance only to LINE 3	3, Schedule D, for this line. If r	no Schedule D, carry forward	to appropriate line of Summary.	

Use separate schedule(s)

FOR LINE NUMBER:

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DANS			Detailed Summary		(check only one)	×	13a 13b
AME OF COMMITTEE (In Full)			Tra	nsaction	ID : SC/10.4137		
Coolidge For Congress							
Loan source Full Name (Leslie Coolidge	Last, First, Midd	le Initial) 'PERSONAL FU	NDS] Memo Item		ction: 2012 Primary General		
Mailing Address 345 Old Sutton Road					Other (specify)		
City	S	state ZIP Coc	le				
Barrington Hills		IL 60010					
Original Amount of Loan		Cumulative Payment To	Date	Balance	Outstanding at Clos	se of This	s Period
2	500.00		0.00		, , ,	500.0	00
TERMS		Data Dua	Interest	Data			
Date Incurred	Ž011 Y	Date Due	Interest 2/31/12	0.00	% (apr)		X
List All Endorsers or Guarar	ntors (if any) to	Loan Source				Yes	No
1. Full Name (Last, First, Mid	ddle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	7		
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	7		
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	7	-	
UBTOTALS This Period This Page (optional)							
TOTALS This Period (last page i	in this line only).		·····		7		
Carry outstanding balance only	to LINE 3. Sched	dule D. for this line. If n	o Schedule D. carry	forward	to appropriate line	e of Sum	ımarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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LOANS	Detailed Summary Page (onesk strily stre)
NAME OF COMMITTEE (In Full) Coolidge For Congress	Transaction ID : SC/10.4142
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PEF Leslie Coolidge	SONAL FUNDS] Memo Item Election: 2012 Primary General
Mailing Address 345 Old Sutton Road	Other (specify)
City State Barrington Hills IL	ZIP Code 60010
Original Amount of Loan Cumulative F 5154.15	ayment To Date Balance Outstanding at Close of This Period 0.00 5154.15
Date Incurred MO1 / DO2 / Y ZO12 Y	Date Due Interest Rate Secured: D / Y 12/31/12 Y 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	9
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3. Schedule D. for the	nis 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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JANS		Detailed Summary Page (Check only one) 13a		
AME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4141		
LOAN SOURCE Full Name (Last, Leslie Coolidge	First, Middle Initial) "PERSO	DNAL FUNDS]		
Mailing Address 345 Old Sutton Road		Other (specify) ▼		
City	State	ZIP Code		
Barrington Hills	IL	60010		
Original Amount of Loan	Cumulative Payr	ment To Date Balance Outstanding at Close of This Period		
11000	.00	0.00 11000.00		
TERMS Date Incurred M 02 Y Y 2012	Da M M / D D	te Due Interest Rate Secured: / Y 12/31/12 Y 0.00		
List All Endorsers or Guarantors				
1. Full Name (Last, First, Middle I	nitial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle In	itial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle In	itial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle In	itial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
UBTOTALS This Period This Page (optional)				
OTALS This Period (last page in this		7 7		
Carry outstanding balance only to LI	NE 3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: SC/10.4140 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2012 Memo Item Primary Leslie Coolidge General Mailing Address Other (specify) 345 Old Sutton Road State ZIP Code City IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^M 02^M ^D26 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)..... 15000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS			Detailed Sur	mmary Page	(official official)	13b
AME OF COMMITTEE (In Full) Coolidge For Congress				Transaction	ID : SC/10.4143	
LOAN SOURCE Full Name (Last, Leslie Coolidge	First, Middle Initial) 'PE	ERSONAL FUNI	OSJ Memo		ection: 2012 Primary	
Mailing Address 345 Old Sutton Road					General Other (specify) ▼	
City	State	ZIP Code				
Barrington Hills	IL	60010				
Original Amount of Loan	Cumulative	Payment To Da	ite	Balance	Outstanding at Clos	e of This Period
1590	0.95	, ,	0.00			15900.95
Date Incurred Mo3 / Do7 / Y 2012	Y M M / D	Date Due	In 31/12 ^Y	terest Rate 0.00	% (apr)	ecured: Yes No
List All Endorsers or Guarantors	(if any) to Loan Source	ce				163 110
1. Full Name (Last, First, Middle	nitial)	V	ame of Emplo	oyer		
Mailing Address		С	ccupation			
City	State ZIP Code	G	mount luaranteed lutstanding:	7		
2. Full Name (Last, First, Middle Ir	nitial)	٨	ame of Emplo	oyer		
Mailing Address		С	ccupation			
City	State ZIP Code	G	mount uaranteed outstanding:	,	7	
3. Full Name (Last, First, Middle In	nitial)	N	ame of Emplo	oyer		
Mailing Address		С	ccupation			
City	State ZIP Code	G	mount auaranteed outstanding:			
4. Full Name (Last, First, Middle In	nitial)	N	ame of Emplo	oyer		
Mailing Address		С	ccupation			
City	State ZIP Code	G	mount suaranteed outstanding:	7	7	/a
UBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this	s line only)			·	, , , ,	
Carry outstanding balance only to LI	NE 3, Schedule D. for	this line. If no	Schedule D.	carry forward	to appropriate line	of Summarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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

FOR LINE NUMBER:

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DAN5		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full)		Transaction	ID : SC/10.4144
Coolidge For Congress			
LOAN SOURCE Full Name (Last, First	, Middle Initial) PERSONAL FU		ection: 2012
Leslie Coolidge			Primary General
Mailing Address 345 Old Sutton Road			Other (specify) ▼
City	State ZIP Cod	de	
Barrington Hills	IL 60010		
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period
6000.00		0.00	6000.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M03 ^M / D09 ^D / Y 2012 Y	M M / D D / Y 1	2/31/12 Y	% (apr) Yes No
List All Endorsers or Guarantors (if a	ny) to Loan Source		100 110
1. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	9
SUBTOTALS This Period This Page (option	nal)		6000.00
TOTALS This Period (last page in this line	only)	······	7
Carry outstanding balance only to LINE 3	, Schedule D, for this line. If r	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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DAN5		Detailed Summary Page	(crieck only one) 13b
AME OF COMMITTEE (In Full) Coolidge For Congress		Transacti	on ID : SC/10.4145
LOAN SOURCE Full Name (Last, Fi	rst, Middle Initial) PERSONAL I	FUNDS] Memo Item	Election: 2012 Primary General
Mailing Address 345 Old Sutton Road			Other (specify) ▼
City	State ZIP C	Code	
Barrington Hills	IL 60010	0	
Original Amount of Loan	Cumulative Payment T	To Date Baland	ce Outstanding at Close of This Period
18861.7	0	0.00	18861.70
Date Incurred M 03 M / D 13 D / Y 2012	Date Due	e Interest Rate 0.00	% (apr)
List All Endorsers or Guarantors (if	any) to Loan Source		Yes No
1. Full Name (Last, First, Middle Init	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, ,
2. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City S	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,
3. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
4. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	y
SUBTOTALS This Period This Page (op	tional)	······· ·	18861.70
TOTALS This Period (last page in this I	ine only)	· · · · · · · · · · · · · · · · · · ·	, , , , , , ,
Carry outstanding balance only to LINE	3, Schedule D, for this line. I	f no Schedule D, carry forwa	rd to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

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(check only one) Detailed Summary Page Transaction ID: SC/10.4147 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2012 Memo Item Primary Leslie Coolidge ★ General Mailing Address Other (specify) 345 Old Sutton Road City State ZIP Code IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2661.28 0.00 2661.28 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 20 ^M 03^M 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)..... 2661.28 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

LOANS	Detailed Summary Page (Shook Shily Sho)
NAME OF COMMITTEE (In Full) Coolidge For Congress	Transaction ID : SC/10.4148
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUN Leslie Coolidge	Memo Item Election: 2012 Primary General
Mailing Address 345 Old Sutton Road	Other (specify) ▼
City State ZIP Code Barrington Hills IL 60010	9
Original Amount of Loan Cumulative Payment To D	Date Balance Outstanding at Close of This Period 0.00 1000.00
TERMS Date Incurred Date Due M 04	Interest Rate Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	100 100
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
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.

Use separate schedule(s) for each category of the

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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) 'PERSONAL FUNDS] Election: 2012 Memo Item Primary Leslie Coolidge ★ General Mailing Address Other (specify) 345 Old Sutton Road City State ZIP Code IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1652.64 0.00 1652.64 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^D26 ^M 04^M 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)..... 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.

Use separate schedule(s)

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OANS		Detailed Summary P	
AME OF COMMITTEE (In Full)		Trans	action ID : SC/10.4136
Coolidge For Congress			
LOAN SOURCE Full Name (Last Leslie Coolidge	, First, Middle Initial) PERS	ONAL FUNDS]	Election: 2012 Primary
Mailing Address 345 Old Sutton Road			General Other (specify) ▼
City	State	ZIP Code	
Barrington Hills	IL	60010	
Original Amount of Loan	Cumulative Pay	ment To Date Ba	alance Outstanding at Close of This Period
7 7	1.61	0.00	71.61
TERMS Date Incurred M 10 / 01 / Y 2012		rate Due Interest Ra	ate Secured: 0.00 % (apr) Yes No
List All Endorsers or Guarantors	(if any) to Loan Source		1es INO
1. Full Name (Last, First, Middle	Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	.,.,,
2. Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	. , . ,
3. Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page	(optional)	>	71.61
FOTALS This Period (last page in th	is line only)	·····	
Carry outstanding balance only to L	INE 3. Schedule D. for this	s line. If no Schedule D. carry fo	orward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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OF

LOANS		Detailed Summary Page	e (oncorr only only)
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transact	tion ID : SC/10.4132
LOAN SOURCE Full Name (Last, First, Mide Leslie Coolidge	dle Initial) 'PERSONAL FU	NDS] Memo Item	Election: 2012 Primary General
Mailing Address 345 Old Sutton Road			Other (specify)
City Barrington Hills	State ZIP Cod IL 60010	е	
Original Amount of Loan 439.77	Cumulative Payment To I	Date Balar	nce Outstanding at Close of This Period
Date Incurred Manual 10 19 / Y 2012 Y	Date Due	Interest Rate 2/31/12 0.00	Secured: O % (apr) Secured: Yes No
List All Endorsers or Guarantors (if any) to	Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
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) TOTALS This Period (last page in this line only)			439.77
Carry outstanding balance only to LINE 3, Sch			ard to appropriate line of Summary

Use separate schedule(s) for each category of the

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LOANS		Detailed Summary Page		13a 13b
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transact	tion ID : SC/10.4150	
LOAN SOURCE Full Name (Last, First, Mid Leslie Coolidge Mailing Address 345 Old Sutton Road	dle Initial) 'PERSONAL FUI	NDSJ	Election: 2012 Primary General Other (specify)	
	710.0-4	_		
City Barrington Hills	State ZIP Cod IL 60010	е		
Original Amount of Loan	Cumulative Payment To I	Date Balar	nce Outstanding at Close of	This Period
Date Incurred M 10 / P 19 / Y 2012 List All Endorsers or Guarantors (if any) to		Interest Rate 0.0	Secure 0 % (apr) Secure	X
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State		Amount Guaranteed Outstanding:	9 1 9 1 8	
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3. Sch)			00.00

Use separate schedule(s) for each category of the

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OANS			Detailed Summ		(check only on	e) .	X	13a 13b
AME OF COMMITTEE (In Full))		1	Transaction	ID : SC/10.4135			
Coolidge For Congress								
LOAN SOURCE Full Name	(Last, First, Middl	e Initial) "PERSONAL FU	NDS] Memo Iter	m Ele	ction: 2012		_	
Leslie Coolidge					Primary			
Mailing Address				×	General Other (specify)	_		
345 Old Sutton Road					Other (specify)			
City	S	tate ZIP Coc	le					
Barrington Hills		IL 60010						
Original Amount of Loan		Cumulative Payment To	Date	Balance	Outstanding at Cl	ose of Tr	nis F	² eriod
, , , ,	32161.19		0.00		2 2	32161.	.19	\Box
TERMS Date Incurred	<u> </u>	Date Due	Intere	est Rate		Secured:		
M 10 M / D 26 D / Y	Ž01Ž Y	M / D D / Y 1.	2/31/12 ^Y	0.00	% (apr)	Yes	×	No
List All Endorsers or Guar	antors (if any) to	Loan Source				103		110
1. Full Name (Last, First, M	Middle Initial)		Name of Employer	r				
Mailing Address			Occupation					
		-	Amount				_	
City	State	ZIP Code	Guaranteed Outstanding:		7		_	
2. Full Name (Last, First, M	iddle Initial)		Name of Employer	r				
Mailing Address			Occupation					
			Amount				ī	
City	State	ZIP Code	Guaranteed Outstanding:	7	7	- W	_	
3. Full Name (Last, First, M	iddle Initial)		Name of Employer	r				
Mailing Address			Occupation					
			Amount				7	
City	State	ZIP Code	Guaranteed Outstanding:	7	7		_	
4. Full Name (Last, First, M	iddle Initial)		Name of Employer	r				
Mailing Address			Occupation					
			Amount				_	
City	State	ZIP Code	Guaranteed Outstanding:	9	,		_	
SUBTOTALS This Period This	Page (optional)				7	32161.	.19	
TOTALS This Period (last page	e in this line only).			L	7		_	
Carry outstanding balance onl	v to LINE 3 Scheo	lule D. for this line. If r	no Schedule D. car	rry forward	to appropriate li	ne of Su	mm	arv

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DANS		Detailed Summary Page	
AME OF COMMITTEE (In Full)	-	Transacti	ion ID : SC/10.4134
Coolidge For Congress			
LOAN SOURCE Full Name (Last, First, Middle I	nitial) 'PERSONAL FUN	DSJ Memo Item	Election: 2012
Leslie Coolidge			Primary
Mailing Address			General Other (specify) ▼
345 Old Sutton Road			
City Stat			
Barrington Hills IL	60010		
Original Amount of Loan Cu	mulative Payment To Da	ate Balan	ce Outstanding at Close of This Period
6000.00		0.00	6000.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M 11 M / D 02 D / Y 2012 Y M M	/ D D / Y 12/	31/12 ° 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Los	an Source		Tes NO
1. Full Name (Last, First, Middle Initial)	N	lame of Employer	
Mailing Address	C	Occupation	
		mount	
City State ZI	P Code	Guaranteed Outstanding:	, , , , , , ,
2. Full Name (Last, First, Middle Initial)	N	lame of Employer	
Mailing Address	C	Occupation	
		mount	
City State ZI	r Coue	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	N	lame of Employer	
Mailing Address	C	Occupation	
		mount	
City State ZI	. 0000	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)	N	lame of Employer	
Mailing Address	C	Occupation	
	Δ	mount	
City State ZI	P Code G	Guaranteed 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, Schedul	e D, for this line. If no	Schedule D, carry forwa	ard to appropriate line of Summary.

Use separate schedule(s) for each category of the

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JAN5		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full) Coolidge For Congress		Transaction	ID : SC/10.4130
LOAN SOURCE Full Name (Last, Fir Leslie Coolidge	st, Middle Initial) 'PERSONAL F	CUNDS] Memo Item Ele	ection: 2012 Primary
Mailing Address 345 Old Sutton Road			General Other (specify) ▼
City Barrington Hills	State ZIP Co		
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period 1780.84
TEDME		9	7 7
Date Incurred M 11 M / D 06 D / Y 2012	Date Due	Interest Rate 12/31/12 Y 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if	any) to Loan Source		100 110
1. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City S	tate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City S	tate ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (opt	ional)	>	1780.84
FOTALS This Period (last page in this line)	ne only)	······	7
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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JAN5		Detailed Summary Page	(crieck offly offe) 13b
AME OF COMMITTEE (In Full) Coolidge For Congress		Transaction	n ID : SC/10.4164
LOAN SOURCE Full Name (Last, First, Midd Leslie Coolidge	le Initial) PERSONAL FUN		lection: 2012 Primary General
Mailing Address 345 Old Sutton Road			Other (specify) ▼
City	State ZIP Code		
Barrington Hills	IL 60010		
Original Amount of Loan	Cumulative Payment To D	ate Balance	Outstanding at Close of This Perio
30.00		0.00	30.00
Date Incurred M12 Dot 12 Dot	Date Due	Interest Rate 0.00	Secured:
List All Endorsers or Guarantors (if any) to	Loan Source		Yes No
1. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State	ZIP Code	Amount Guaranteed Dutstanding:	
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Dutstanding:	7
3. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State	ZIP Code	Amount Guaranteed Dutstanding:	, , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address	(Occupation	
City State	ZIP Code	Amount Guaranteed Dutstanding:	
UBTOTALS This Period This Page (optional)		······	30.00
OTALS This Period (last page in this line only).			143008.02
arry outstanding balance only to LINE 3, Schee	dule D. for this line. If no	Schedule D. carry forward	d to appropriate line of Summary.