PAGE 1 / 24

REPORT OF RECEIPTS **AND DISBURSEMENTS**

| For An | Authorized Commit | tee | Off | ice Use Only |
|--|----------------------------|-----------------------------------|-------------------------|--|
| NAME OF COMMITTEE (in full) TYPE OR PRIM | | ole: If typing, type ne lines. | 12FE4M5 | |
| Coolidge For Congress | | | | ı |
| | | | | |
| | | | | |
| ADDRESS (number and street) | n Road | | | |
| ▼ | | | | |
| Check if different than previously reported. (ACC) | | | IL 600 | 010 |
| 2. FEC IDENTIFICATION NUMBER ▼ | CITY A | | STATE ▲ | ZIP CODE ▲ |
| C C00505610 | 3. IS THIS REPORT | NEW (N) OR | AMENDED (A) | STATE ▼ DISTRICT |
| 4. TYPE OF REPORT (Choose One) | (b) 12-Day PRE -Ele | ction Report for the | . | |
| (a) Quarterly Reports: | | | | |
| April 15 Quarterly Report (Q1) | Pri | imary (12P) | General (12G) | Runoff (12R) |
| | Co | onvention (12C) | Special (12S) | |
| July 15 Quarterly Report (Q2) | | M M / D D | / Y Y Y Y Y | in the |
| October 15 Quarterly Report (Q3) | Election on | | | State of |
| January 31 Year-End Report (YE) | (c) 30-Day POST -E | lection Report for the | ne: | |
| _ | | | Runoff (30R) | Special (209) |
| - | GE | eneral (30G) | Hulloli (30H) | Special (30S) |
| Termination Report (TER) | Election on | M M / D D | / Y Y Y Y | in the State of |
| 5. Covering Period 07 01 | / Y Y Y Y 2019 | through 0 | 9 30 Y | y y y 2019 |
| I certify that I have examined this Report and to Coolidge, Le Type or Print Name of Treasurer | | edge and belief it is | s true, correct and co | omplete. |
| Coolidge, Leslie, , , Signature of Treasurer | [Eld | ectronically Filed] | Date 10 | 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of false erroneous or income | ete information may subi | ect the person signif | ng this Report to the s | enalties of 52 U.S.C. \$20100 |
| NOTE: Submission of false, erroneous, or incompl | ete information may subj | sor the person signif | ig this neport to the p | enanies of 52 0.5.C. 930109 |
| Use Only | | | | 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

2019 2019 09 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)

PAGE 3 / 24

Write or Type Committee Name

Coolidge For Congress

| I. RECEIPTS | | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|-------------|---|-------------------------------|------------------------------------|
| 1. C | CONTRIBUTIONS (other than loans) FROM: | | |
| (8 | • | | |
| | 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 |
| (k | o) Political Party Committees | 0.00 | 0.00 |
| (0 | 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)) | 0.00 | 0.00 |
| | RANSFERS FROM OTHER | 0.00 | 0.00 |
| | UTHORIZED COMMITTEES | 0.00 | 0.00 |
| | OANS: a) Made or Guaranteed by the | | |
| (- | Candidate | 0.00 | 0.00 |
| (k | , | 0.00 | 0.00 |
| (0 | c) TOTAL LOANS (add Lines 13(a) and (b)) | 0.00 | 0.00 |
| | PFFSETS TO OPERATING | | |
| | XPENDITURES Refunds, Rebates, etc.) | 0.00 | 15.41 |
| | OTHER 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) | 0.00 | 15.41 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 24

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|----------|---|-------------------------------|---------------------------------|
| 17. | OPERATING EXPENDITURES | 0.00 | 120.00 |
| 18. | TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. | LOAN REPAYMENTS: | | |
| | (a) Of Loans Made or Guaranteed by the Candidate | 0.00 | 0.00 |
| | (b) Of All Other Loans | 0.00 | 0.00 |
| | (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 0.00 | 0.00 |
| 20. | REFUNDS OF CONTRIBUTIONS TO: | | |
| | (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| | | 0.00 | 0.00 |
| | (b) Political Party Committees(c) Other Political Committees | , , , , | 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 |
| <u> </u> | TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) | 0.00 | 120.00 |
| | III. CASH SU | MMARY | |
| 23. | CASH ON HAND AT BEGINNING OF REPOR | RTING PERIOD | 0.00 |
| 24 | TOTAL RECEIPTS THIS PERIOD (from Line 1 | 16, page 3) | 0.00 |
| 25. | SUBTOTAL (add Line 23 and Line 24) | | 0.00 |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (from | m Line 22) | 0.00 |
| 27. | CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25) | | 0.00 |

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

PAGE 5 OF
FOR LINE NUMBER:
(check only one)

13a

| | | 100 | | | |
|---|---|---|--|--|--|
| NAME OF COMMITTEE (In Full) Coolidge For Congress | | Transaction ID : SC/10.4139 | | | |
| LOAN SOURCE Full Name // get First N | liddle Initial\ | | | | |
| Coolidge, Leslie, , , | 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 | | | |
| Original Amount of Loan | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period | | | |
| 13540.04 | | 1500.00 12040.04 | | | |
| TERMS Date Incurred | [| Date Due Interest Rate Secured: (If none, enter 0) | | | |
| M10 ^M / D18 ^D / Y Ž01ť Y | M M / D D | / Y 12⅓31/12 Y 0.00 % (apr) Yes ▼ No | | | |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | |
| 2. Full Name (Last, First, Middle Initial) | · | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City State | ZIP Code | Guaranteed Outstanding: | | | |
| CURTOTAL C This Deviced This Dega (entioned | N | | | | |
| ODITIALS THIS PERIOD THIS Page (OPTIONAL | SUBTOTALS This Period This Page (optional) 12040.04 | | | | |
| TOTALS This Period (last page in this line or | nly) | ······································ | | | |
| Carry outstanding balance only to LINE 3, S | chedule D, for thi | s line. If no Schedule D, carry forward to appropriate line of Summary. | | | |

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

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 | | | | |
| 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 Detailed Summary Page

PAGE 7
FOR LINE NUMBER: (check only one)

13a

| | | Detailed Guillinary 1 a | 13b |
|--|------------------------|---|---|
| NAME OF COMMITTEE (In Full) | | Transa | action ID : SC/10.4137 |
| Coolidge For Congress | | | |
| LOAN SOURCE Full Name (Last, Firs | t, Middle Initial) | Memo Item | Election: 2012 |
| Coolidge, Leslie, , , | | eee | Primary |
| | | | General |
| Mailing Address 345 Old Sutton Road Other (specify) ▼ | | | |
| 343 Old Sullon Road | | | |
| City | State | ZIP Code | |
| | IL | 60010 | Personal Funds of the Candidate |
| Barrington Hills | IL . | 80010 | |
| Original Amount of Loan | Cumulative Pa | yment To Date Ba | lance Outstanding at Close of This Period |
| | | | 3 |
| 500.00 | | 0.00 | 500.00 |
| 75010 | | | |
| TERMS Date Incurred | l | Date Due Interest Ra (If none, enter | |
| M12M / D15D / Y Ž01Ť Y | M M / D E | | 0.00 |
| 12 15 2011 | | 12/31/12 | % (apr) Yes No |
| List All Endorsers or Guarantors (if | any) to Loon Source | | |
| | | Name of Employer | |
| 1. Full Name (Last, First, Middle Initia | 11) | Name of Employer | |
| Mailing Addyson | | Occupation | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | ate ZIP Code | Guaranteed | |
| City | ate ZIP Code | Outstanding: | 7 9 |
| 2 Full Name (Last First Middle Initial | <u> </u> | Name of Employer | |
| 2. Full Name (Last, First, Middle Initial) Name of Employer | | | |
| Mailing Address | | Occupation | |
| Walling / Address | | | |
| | | Amount | |
| City St. | ate ZIP Code | Guaranteed | |
| | | Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial |) | Name of Employer | |
| , , , | | | |
| Mailing Address | | Occupation | |
| | | | |
| | | Amount | |
| City | ate ZIP Code | Guaranteed | 7 |
| | | Outstanding: | |
| 4. Full Name (Last, First, Middle Initial |) | Name of Employer | |
| | | | |
| Mailing Address | | Occupation | |
| | | | |
| 011 | | Amount Guaranteed | |
| City | ate ZIP Code | Outstanding: | 7 |
| | | 29. | |
| | | | |
| SUBTOTALS This Period This Page (optional) | | | |
| 300.00 | | | |
| TOTALS This Period (last page in this lin | e only) | | |
| the state of the s | • 11 | , | , , , , , , |
| Carry outstanding balance only to LINE | 3. Schedule D. for thi | s line. If no Schedule D. carry for | ward to appropriate line of Summary |
| Carry Catotanding Dalance Unit to LINE | o, oonoude on let till | oo. ii iio ooneaale o, cally lul | a. to appropriate into Di Julilliai V. |

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

FOR LINE NUMBER: (check only one)

PAGE

X 13a 13b

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OF

Transaction ID: SC/10.4142 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 5154.15 0.00 5154.15 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D02D M 01M 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)..... 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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

9

13a

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) |
| M02M / D23D / Y Z01Z 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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| ſ | X | 13a |
|---|---|-----|
| ſ | | 13b |

| | | 100 |
|--|--------------------|---|
| NAME OF COMMITTEE (In Full) Coolidge For Congress | | Transaction ID : SC/10.4140 |
| LOAN COURCE Full Name (Load First N | U-1-U- 1:4:-1\ | Terris |
| LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , , | 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 | 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)

PAGE 11

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OF

| NAME OF COMMITTEE (In Fu | • | | Transa | action ID : SC/10.4143 | |
|--|--|--------------------|------------------------------------|--|--|
| Coolidge, Leslie, , , | ne (Last, First, Mic | ldle Initial) | ☐ Memo Iter | n Election: 2012 x Primary General | |
| Mailing Address 345 Old Sutton Road | Mailing Address 345 Old Sutton Road | | | Other (specify) ▼ | |
| City | | State | ZIP Code | ▼ Personal Funds of the Candidate | |
| Barrington Hills | | IL | 60010 | To restrict the same state of the same state | |
| Original Amount of Loan | | Cumulative Page | yment To Date Ba | alance Outstanding at Close of This Period | |
| | 15900.95 | 7 | 0.00 | 15900.95 | |
| TERMS Date Incurre | ed | С | Date Due Interest Ra | | |
| M03M / D07D / Y | Ž01Ž Y | M M / D D | ′ 12//31/12 ^Y | 0.00 % (apr) Yes X No | |
| List All Endorsers or Gua | ` ' ' | o Loan Source | | | |
| 1. Full Name (Last, First, | Middle Initial) | | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | , , , , , , | |
| 2. Full Name (Last, First, I | Middle Initial) | | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| | | | Amount | Amount Guaranteed | |
| City | State | ZIP Code | Outstanding: | 9 9 | |
| 3. Full Name (Last, First, I | Middle Initial) | | Name of Employer | | |
| Mailing Address | | | Occupation | | |
| 0'' | 0 | 710.0.1 | Amount Guaranteed | | |
| City | State | ZIP Code | Outstanding: | 9 9 | |
| 4. Full Name (Last, First, I | Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | | |
| Cit. | Ctata | ZID Code | Amount Guaranteed | | |
| City | State | ZIP Code | Outstanding: | 9 | |
| SUBTOTALS This Period This | s Page (optional). | | | 15900.95 | |
| TOTALS This Period (last page | | | | 13300.33 | |
| 0 | | | - Frank and Oaka I I D | | |
| Carry outstanding balance of | niv to LINE 3. Sch | neaule D, for this | s line. It no Schedule D, carry fo | rward to appropriate line of Summary. | |

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

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FOR LINE NUMBER: (check only one)

X 13a 13b

OF

| NAME OF COMMITTEE (In F | • | | Transaction ID : SC/10.4146 |
|--|--------------------------------|--------------------|---|
| Coolidge, Leslie, , | • | ddle Initial) | ☐ Memo Item |
| Mailing Address 345 Old Sutton Road | | | Other (specify) ▼ |
| City | | State | ZIP Code Personal Funds of the Candidate |
| Barrington Hills | | IL | 60010 |
| Original Amount of Loar | 1 | Cumulative Pa | yment To Date Balance Outstanding at Close of This Period |
| | 653.85 | | 0.00 653.85 |
| TERMS Date Incu | rred | Г | Date Due Interest Rate Secured: (If none, enter 0) |
| M03M / D07D / | ^Y Ž01Ž ^Y | M M / D D | / Y 12//31/12 Y 0.00 % (apr) Yes X No |
| List All Endorsers or G | ` ** | o Loan Source | |
| 1. Full Name (Last, First | t, Middle Initial) | | Name of Employer |
| Mailing Address | Mailing Address | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, | Middle Initial) | | Name of Employer |
| Mailing Address | | | Occupation |
| | T | | Amount Guaranteed |
| City | State | ZIP Code | Outstanding: |
| 3. Full Name (Last, First, | Middle Initial) | | Name of Employer |
| Mailing Address | | | Occupation |
| O:t. | 04-4- | 7ID 0- 4- | Amount Guaranteed |
| City | State | ZIP Code | Outstanding: |
| 4. Full Name (Last, First, | Middle Initial) | | Name of Employer |
| Mailing Address | Mailing Address | | Occupation |
| 011 | lo | 710.0 | Amount Guaranteed |
| City | State | ZIP Code | Outstanding: |
| SUBTOTALS This Period TI | nis Page (optional) | | 653.85 |
| TOTALS This Period (last p | | | , , , , , |
| Corry outstanding below- | only to LINE 2 C-4 | andula D. for this | s line If no Schodule D. committenued to engagints line of Summer |
| Carry outstanding palance | Only to LINE 3, Sch | iedule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. |

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

FOR LINE NUMBER: (check only one)

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OF

| | | 100 | | | |
|--|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) Coolidge For Congress | | Transaction ID : SC/10.4144 | | | |
| LOAN SOURCE Full Name (Last, First, | Middle Initial) | Election: 0040 | | | |
| Coolidge, Leslie, , , | Middle Illitial) | ☐ 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 | | | |
| 6000.00 | | 0.00 6000.00 | | | |
| TERMS Date Incurred | С | Date Due Interest Rate Secured: (If none, enter 0) | | | |
| M03M / D09D / Y Ž01Ž Y | M M / D D | / Y 12//31/12 Y 0.00 % (apr) Yes No | | | |
| List All Endorsers or Guarantors (if an | v) to Loan Source | | | | |
| Full Name (Last, First, Middle Initial) | y, to Louis Godies | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City | ZIP Code | Guaranteed Outstanding: | | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City State | ZIP Code | Guaranteed Outstanding: | | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City | zIP Code | Guaranteed Outstanding: | | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | | |
| Mailing Address | | Occupation | | | |
| | | Amount | | | |
| City State | zIP Code | Guaranteed Outstanding: | | | |
| CUPTOTAL O TILL D. L. L. T. L. C. L. | | | | | |
| SUBIUIALS This Period This Page (option | SUBTOTALS This Period This Page (optional) 6000.00 | | | | |
| TOTALS This Period (last page in this line | only) | | | | |
| Carry outstanding balance only to LINE 3, | Schedule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. | | | |

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

FOR LINE NUMBER: (check only one)

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OF

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|---|---------------------|---|
| NAME OF COMMITTEE (In Full) Coolidge For Congress | | Transaction ID : SC/10.4145 |
| LOAN SOURCE Full Name (Last, First, I | Middle Initial | |
| Coolidge, Leslie, , , | viidale 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 18861.70 |
| TERMS Date Incurred | Γ | Date Due Interest Rate Secured: (If none, enter 0) |
| M03M / D13D / 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 | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount Guaranteed |
| City | ZIP Code | Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount Guaranteed |
| City | ZIP Code | 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 (optional | al) | |
| CODICINEO TINO I CHOU TINO I AGE (OPLIOTE | | 18861.70 |
| 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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13b Transaction ID: SC/10.4147 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General X Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 2661.28 0.00 2661.28 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D20^D M 03M Ž01Ž Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 2661.28 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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|---|--------------------|----------------|-----------------------|---|-------------|--|--|
| NAME OF COMMITTEE (In Full) | | | Tran | nsaction ID : SC/10.4148 | | | |
| Coolidge For Congress | | | | | | | |
| LOAN SOURCE Full Name (Last, First, Mi | ddle Initial) | | ☐ Memo I | tem Election: 2012 | | | |
| Coolidge, Leslie, , , | | | | Primary | | | |
| | | | | x General | | | |
| Mailing Address 345 Old Sutton Road | | | Other (specify) ▼ | | | | |
| City | State | ZIP Code |) | | | | |
| Barrington Hills | IL | 60010 | | Personal Funds of the | Candidate | | |
| Original Amount of Loan | Cumulative Pa | syment To D | ate | Balance Outstanding at Close of T | This Period | | |
| 1000.00 | | | 0.00 | 100 | 0.00 | | |
| 7 7 | 9 | 9 | | | | | |
| TERMS Date Incurred | | Date Due | Interest (If none, | | d: | | |
| M04 ^M / D03 ^D / Y Ž01Ž Y | M M / D D | / Y 12 | /31/12 ^Y | % (apr) | s 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 Guaranteed | | | | |
| City | ZIP Code | | Outstanding: | | | | |
| 2. Full Name (Last, First, Middle Initial) | <u>'</u> | 1 | Name of Employer | | | | |
| Mailing Address | | (| Occupation Amount | | | | |
| | | | | | | | |
| City State | ZIP Code | | Guaranteed | | | | |
| | | | Outstanding: | 7 | | | |
| 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) | | 1 | Name of Employer | | | | |
| Mailing Address | • | Occupation | | | | | |
| | | | Amount | | | | |
| City | ZIP Code | | Guaranteed | | | | |
| | | | Outstanding: | , , | | | |
| | | | | | | | |
| SUBTOTALS This Period This Page (optional) | | | ······ | 100 | 0.00 | | |
| TOTALS This Period (last page in this line only | y) | | ·····• | | = | | |
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| Carry outstanding balance only to LINE 3, Sc | hedule D, for this | is line. If no | Schedule D, carry | forward to appropriate line of S | ummary. | | |

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

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|---|------------------------|---|
| NAME OF COMMITTEE (In Full) Coolidge For Congress | | Transaction ID : SC/10.4149 |
| LOAN SOURCE Full Name (Last, First | Middle Initial) | Election: 0040 |
| Coolidge, Leslie, , , | , Middle IIIIIaij | ☐ 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 |
| 1652.64 | | 0.00 1652.64 |
| TERMS Date Incurred | С | Date Due Interest Rate Secured: (If none, enter 0) |
| M04 ^M / D26 ^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 a | nv) to Loan Source | |
| Full Name (Last, First, Middle Initial | 37 | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | te ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | ' | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | te ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | te ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | te ZIP Code | Guaranteed Outstanding: |
| CURTOTAL C. This D. C. L. This D. C. C. | | |
| SUBTOTALS This Period This Page (option | naı) | 1652.64 |
| 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 Guirinary | age | 13b | | |
|---|---------------------|------------------|------------------------------|----------------------------------|-------------|--|--|
| NAME OF COMMITTEE (In Full) Coolidge For Congress | | | Tran | saction ID : SC/10.4136 | | | |
| 3 | | | | | | | |
| LOAN SOURCE Full Name (Last, First, N | Middle Initial) | | ☐ Memo Ite | | | | |
| Coolidge, Leslie, , , | | | | Primary | | | |
| Mailing Address | | | | General Other (specify) ▼ | | | |
| Mailing Address 345 Old Sutton Road | | | Other (specify) | | | | |
| City | State | ZIP Code | | Y Personal Funds of the | e Candidate | | |
| Barrington Hills | IL | 60010 | | | | | |
| Original Amount of Loan | Cumulative Pa | ayment To Da | te E | Balance Outstanding at Close of | This Period | | |
| 71.61 | 1 | | 0.00 | | 71.61 | | |
| 2 2 | 7 | 7 | | 2 | 4 | | |
| TERMS Date Incurred | Γ | Date Due | Interest F (If none, e | | ed: | | |
| M10M / D01D / Y Ž01Ž Y | M M / D D | / Y 12% | 31/12 ^Y | 0.00 % (apr) Ye | es 🗶 No | | |
| List All Endorsers or Guarantors (if any |) to Loan Source | ! | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | N | ame of Employer | | | | |
| Mailing Address | | C | ccupation | | | | |
| | | | mount | | | | |
| City State | ZIP Code | | uaranteed | | | | |
| Oity | Zii Oode | 0 | utstanding: | 7 | | | |
| 2. Full Name (Last, First, Middle Initial) | | N | Name of Employer Occupation | | | | |
| Mailing Address | | О | | | | | |
| | | | mount | | | | |
| City | ZIP Code | | uaranteed utstanding: | . , , | | | |
| 3. Full Name (Last, First, Middle Initial) | | N | ame of Employer | | | | |
| Mailing Address | | С | ccupation | | | | |
| | | A | mount | | _ | | |
| City State | ZIP Code | | uaranteed | | . | | |
| | | | utstanding: | , , , | | | |
| 4. Full Name (Last, First, Middle Initial) | | N | ame of Employer | | | | |
| Mailing Address | С | Occupation | | | | | |
| | | | Amount | | | | |
| City State | ZIP Code | | uaranteed utstanding: | | | | |
| | | l | | | | | |
| SUBTOTALS This Period This Page (optional | l) | | ······ | | 71.61 | | |
| TOTALS This Period (last page in this line o | nly) | | - | | | | |
| Carry outstanding balance only to LINE 3, S | Cohodulo D. for thi | ie line. If we | Sahadula D. sarra 4 | forward to appropriate line of | Summore | | |
| . Carry outstanding palance only to LINE 3. S | ochedule D, lor thi | 15 IIIIE. II 110 | Scriedule D, Carry T | ioiwaru to appropriate line of 3 | ounnilary. | | |

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

FOR LINE NUMBER: (check only one)

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|---|---------------------|---|
| NAME OF COMMITTEE (In Full) Coolidge For Congress | | Transaction ID : SC/10.4132 |
| LOAN SOURCE Full Name (Last, First, N | Aiddle Initial) | Election: 0040 |
| Coolidge, Leslie, , , | viiddie 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 |
| 439.77 | | 0.00 439.77 |
| TERMS Date Incurred | Γ | Date Due Interest Rate Secured: (If none, enter 0) |
| M10 ^M / D19 ^D / Y Ž01Ž Y | M M / D D | / Y 12//31/12 Y 0.00 % (apr) Yes No |
| List All Endorsers or Guarantors (if any |) to Loan Source | |
| Full Name (Last, First, Middle Initial) | y to Louis Godies | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| | | Amount |
| City | 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 State | ZIP Code | Guaranteed Outstanding: |
| CURTOTAL O. T | n | |
| SUBTOTALS This Period This Page (optional | | 439.77 |
| TOTALS This Period (last page in this line of | nly) | ······································ |
| Carry outstanding balance only to LINE 3, 5 | 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

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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, , , | idaio ililiaiy | 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. |

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

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|----------|--|-------------|--------------------|------------|-----------------------------------|--|--|--|
| | ME OF COMMITTEE (In Full) Coolidge For Congress | | | | Trans | saction ID : SC/10.4135 | | |
| <u> </u> | | Final A4: | Ialla Instat - IV | | | Florence | | |
| | LOAN SOURCE Full Name (Last, Coolidge, Leslie, , , | First, Mic | idle Initial) | | Memo Item Election: 2012 Primary | | | |
| | Mailing Address 345 Old Sutton Road | | | | | General Other (specify) ▼ | | |
| | City | State | ZIP Cod | de | ▼ Personal Funds of the Candidate | | | |
| | Barrington Hills | | IL | 60010 | 0 Personal Funds of the Ca | | | |
| | Original Amount of Loan | | Cumulative Pay | ment To | Date B | alance Outstanding at Close of This Period | | |
| | 32161 | .19 | | | 0.00 | 32161.19 | | |
| | TERMS Date Incurred | | D | ate Due | Interest R (If none, er | oter 0) | | |
| | M10 ^M / D26 ^D / Y 2012 | Y | M M / D D | / Y 1 | 2/31/12 ^Y | 0.00 % (apr) Yes X No | | |
| | List All Endorsers or Guarantors | (if any) to | o Loan Source | | | | | |
| | 1. Full Name (Last, First, Middle I | nitial) | | | Name of Employer | | | |
| | Mailing Address | | | | Occupation Amount | | | |
| | | | | | | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | , | | |
| | 2. Full Name (Last, First, Middle In | itial) | | | Name of Employer Occupation | | | |
| | Mailing Address | | | | | | | |
| | | | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 9 9 9 | | |
| | 3. Full Name (Last, First, Middle In | itial) | | | Name of Employer Occupation | | | |
| | Mailing Address | | | | | | | |
| | | 1 | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | , , , , , , , , , , , , , , , , , , , | | |
| | 4. Full Name (Last, First, Middle In | itial) | | | Name of Employer | | | |
| | Mailing Address | | | | Occupation | | | |
| | | | | | Amount | | | |
| | City | State | ZIP Code | | Guaranteed Outstanding: | 9 9 9 9 | | |
| | | | | | | | | |
| S | UBTOTALS This Period This Page (| optional) | | | ······ | 32161.19 | | |
| T | OTALS This Period (last page in this | line only | y) | | ······ | , , , , , , , , , , , , , , , , , , , | | |
| С | Carry outstanding balance only to LI | NE 3, Sch | nedule D, for this | s line. If | no Schedule D, carry fo | orward to appropriate line of Summary. | | |
| | <u> </u> | | | | | | | |

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

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OF

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13b Transaction ID: SC/10.4134 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 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 D02D 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

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|---|--------------------|-----------------------------------|-------------------------------------|--|----------|
| AME OF COMMITTEE (In Full) Coolidge For Congress | | | Transaction ID : \$ | SC/10.4130 | |
| LOAN SOURCE Full Name (Last, First, MicCoolidge, Leslie, , , Mailing Address 345 Old Sutton Road | ddle Initial) | | x Ger | n: 2012 mary neral ner (specify) ▼ | |
| City Barrington Hills | State IL | ZIP Code 60010 | x Pe | ersonal Funds of the Ca | andidate |
| Original Amount of Loan | Cumulative Pay | | Balance Outs | tanding at Close of Thi | |
| TERMS Date Incurred M11M / D06D / Y Z012 Y | D M M / D D | ate Due | Interest Rate (If none, enter 0) | Secured: % (apr) Yes | x No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | - | | |
| Full Name (Last, First, Middle Initial) | | Name of E | Employer | | |
| Mailing Address | | Occupatio | n | | |
| City | ZIP Code | Amount Guarantee Outstandir | | , |] |
| 2. Full Name (Last, First, Middle Initial) | I | Name of E | Employer | | |
| Mailing Address | | Occupatio | n | | |
| City State | ZIP Code | Amount Guarantee Outstandir | | , |] |
| 3. Full Name (Last, First, Middle Initial) | | Name of E | Employer | | |
| Mailing Address | | Occupatio | n | | |
| City | ZIP Code | Amount Guarantee Outstandir | | , |] |
| 4. Full Name (Last, First, Middle Initial) | | Name of E | Employer | | |
| Mailing Address | | Occupatio | n | | |
| City State | ZIP Code | Amount Guarantee Outstandir | | 7 |] |
| SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line on | | | | 1780.8 | 4 |
| Carry outstanding balance only to LINE 3, So | hedule D, for this | line. If no Schedul | le D, carry forward to a | ppropriate line of Sun | mary. |

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

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|--|--------------------|-----------------|------------------------|----------------|-------------------|-------------------|------------|
| AME OF COMMITTEE (In Full) Coolidge For Congress | | • | | Transacti | on ID : SC/10 | .4164 | |
| LOAN SOURCE Full Name (Last, First, Mic | ddle Initial) | | | Memo Item | Election: 20 |)12 | |
| Coolidge, Leslie, , , | | | | | Primary General | | |
| Mailing Address | | | | | General Other (sp | pecify) 🔻 | |
| 345 Old Sutton Road | | | | | | | |
| City | State | ZIP Code | | | ✗ Persona | al Funds of the (| Candidata |
| Barrington Hills | IL | 60010 | | | reisona | Turius or the C | Januluale |
| Original Amount of Loan | Cumulative Pay | yment To Date |) | Balan | ce Outstandin | ng at Close of T | his Period |
| 30.00 | | | 0.00 | | , | 30 | 0.00 |
| TERMS Date Incurred | D | Date Due | | Interest Rate |)) | Secured | l: |
| M12 ^M / D01 ^D / Y Ž01Ž Y | M M / D D | / Y 12)/31 | | 0.00 | | or) Yes | x No |
| List All Endorsers or Guarantors (if any) to | o Loan Source | | | | | | |
| 1. Full Name (Last, First, Middle Initial) | | Na | me of Emp | loyer | | | |
| Mailing Address | | Oc | cupation | | | | |
| | | | nount aranteed | | | | 7 |
| City | ZIP Code | | tstanding: | | 7 | | _ |
| 2. Full Name (Last, First, Middle Initial) | | Na | me of Emp | loyer | | | |
| Mailing Address | | Oc | cupation | | | | |
| | | | ount aranteed | | | | 7 |
| City State | ZIP Code | | tstanding: | | 7 7 | | |
| 3. Full Name (Last, First, Middle Initial) | | Na | me of Emp | loyer | | | |
| Mailing Address | | Oc | cupation | | | | |
| | | | ount aranteed | | | | |
| City State | ZIP Code | | aranteed tstanding: | | 7 7 | | _ |
| 4. Full Name (Last, First, Middle Initial) | <u>'</u> | Na | me of Emp | loyer | | | |
| Mailing Address | | Oc | cupation | | | | |
| | | | ount | | | | 7 |
| City | ZIP Code | | aranteed tstanding: | | 7 | | _ |
| | • | , | | | | | |
| SUBTOTALS This Period This Page (optional) | | | | ·· > | 7 | 30 | 0.00 |
| TOTALS This Period (last page in this line only | /) | | | ·• | , | 143008 | 3.02 |
| Carry outstanding balance only to LINE 3, Sch | nedule D, for this | s line. If no S | chedule D | , carry forwa | ard to approp | priate line of Su | ımmary. |