10/15/2016 21 : 44

PAGE 1 / 24

| FEC FORM 3 | AND DIS | OF RE BURSE | MENTS | | o | ffice Use Only |
|--|--|------------------------|--------------------------------------|-----------------|------------------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in full) | TYPE OR PRIN | | kample: If typing, ver the lines. | type | 12FE4M5 | |
| Coolidge For Cor | ngress | | | | | |
| | | | | | | |
| ADDRESS (number and st | 345 Old Suttor | NRoad | | | | |
| ▼ | | | | | | |
| Check if differe than previously reported. (ACC) | Barrington | | | | | 0010 |
| 2. FEC IDENTIFICAT | | CITY 🔺 | | ST | ATE 🔺 | ZIP CODE |
| C C00505610 | | 3. IS THIS REPORT | × NEW (N) | OR | AMENDEL (A) | D STATE ▼ DISTRICT |
| 4. TYPE OF REPOR | | (b) 12-Day PR | E-Election Report | for the: | Concerned (190 | Duroff (10D) |
| | arterly Report (Q1) arterly Report (Q2) | | Primary (12P) Convention (12 | c) | General (120 Special (128 | |
| | Quarterly Report (Q3) | Election on | M M / | D D / | Y Y Y Y | in the State of |
| January 31 | Year-End Report (YE) | (c) 30-Day PO S | ST-Election Repo | rt for the: | D (((00D) | |
| Termination | Report (TER) | Election on | General (30G) | D D / | Runoff (30R) | in the State of |
| 5. Covering Period | 07 / D D / | Y Y Y Y 2016 | through | M M 09 | / D D / 30 | 2016 |
| I certify that I have exam Type or Print Name of T | Coolidge, Les | | nowledge and be | lief it is true | e, correct and c | omplete. |
| Signature of Treasurer | Coolidge, Leslie, , , | | [Electronically Fil | ed] Dat | te 10 | / D D / Y Y Y Y 15 / 2016 |
| NOTE: Submission of false | e, erroneous, or incomple | te information may | subject the perso | n signing this | s Report to the | penalties of 52 U.S.C. §30109 |
| Office Use Only | | | | | | FEC FORM 3 (Revised 05/2016) |

| Ima | age# 201610159 | 032823842 | | |
|-----|-----------------------------|---|---|-------------------------------------|
| Γ | FEC For | m 3 (Revised 05/2016) | SUMMARY PAGE of Receipts and Disbursements | PAGE 2 / 24 |
| | | ommittee Name or Congress | | |
| F | Report Covering | the Period: From: | M / D D / Y Y Y Y 7 01 / 2016 To: | M 9 / D D / Y Y Y Y 09 30 / 2016 |
| 6. | Net Contribut | ions (other than loans) | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
| 0. | (a) Total Co | ntributions an loans) (from Line 11(e)) | 0.00 | 0.00 |
| | () | ntribution Refunds e 20(d)) | 0.00 | 0.00 |
| | ., | tributions (other than loans) Line 6(b) from Line 6(a)) | 0.00 | 0.00 |
| 7. | Net Operating | g Expenditures | | |
| | | erating Expenditures e 17) | 0.00 | 120.00 |
| | | sets to Operating ures (from Line 14) | 0.00 | 15.41 |
| | | rating Expenditures Line 7(b) from Line 7(a)) | 0.00 | 104.59 |
| 8. | Cash on Han Reporting Pe | d at Close of riod (from Line 27) | 0.00 | |
| 9. | the Committe | bligations Owed TO ee (Itemize all on and/or Schedule D) | 0.00 | |
| 10. | the Committe | bligations Owed BY e (Itemize all on and/or Schedule D) | 143008.02 | |

For further information contact:

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

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

| Ima | Image# 201610159032823843 | | | | | | | |
|-----|---|-------------------------------------|---|--|--|--|--|--|
| Г | - [| DETAILED SUMMARY PAGE | _ | | | | | |
| • | FEC Form 3 (Revised 05/2016) | of Receipts | PAGE 3 / 24 | | | | | |
| W | Irite or Type Committee Name | | | | | | | |
| (| Coolidge For Congress | | | | | | | |
| R | eport Covering the Period: From: | M / D D / Y Y Y Y 77 01 2016 To: | M M / D D / Y Y Y Y 09 30 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 | , | | | | | |
| | (ii) Unitemized (iii) TOTAL of contributions | 0.00 | 0.00 | | | | | |
| | from individuals | 0.00 | 0.00 | | | | | |
| | (b) Political Party Committees | 0.00 | 0.00 | | | | | |
| | (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | | | | | |
| | (d) The Candidate | 0.00 | 0.00 | | | | | |
| | (e) TOTAL CONTRIBUTIONS (other than loans) | | | | | | | |
| | (add Lines 11(a)(iii), (b), (c), and (d)) | 0.00 | 0.00 | | | | | |
| 12. | TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 | | | | | |
| 13. | LOANS: | | | | | | | |
| | (a) Made or Guaranteed by the Candidate | 0.00 | 0.00 | | | | | |
| | (b) All Other Loans | 0.00 | 0.00 | | | | | |
| | (c) TOTAL LOANS (add Lines 13(a) and (b)) | 0.00 | 0.00 | | | | | |
| 14. | OFFSETS TO OPERATING | | | | | | | |
| | EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 15.41 | | | | | |
| 15. | OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 | | | | | |
| 16. | TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) | 0.00 | 15.41 | | | | | |

FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 120.00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 120.00 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

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

Image# 201610159032823844

DETAILED SUMMARY PAGE

of Disbursements

| HEDULE C (FEC Form 3) ANS |) | | | Use separate schedule(s) for each category of the Detailed Summary Page | | | | | |
|--|------------|---------------|-------------------|---|--|--|--|--|--|
| ME OF COMMITTEE (In Full) oolidge For Congress | | | | Transactio | on ID : SC/10.4139 | | | | |
| LOAN SOURCE Full Name (Last, Fin Coolidge, Leslie, , , | st, Middle | e Initial) | | Memo Item | Election: 2012 X Primary General | | | | |
| Mailing Address 345 Old Sutton Road | | | | | Other (specify) v | | | | |
| City Barrington Hills | _ | ate IL | ZIP Code 60010 | • | X Personal Funds of the Candidat | | | | |
| Original Amount of Loan 13540.04 | | Cumulative Pa | yment To D | Pate Balanc 1500.00 | e Outstanding at Close of This Perio 12040.04 | | | | |
| TERMS Date Incurred M10 ^M / P18 ^D / Y Ž011 | М | M / D D | Date Due | Interest Rate (If none, enter 0) //31/12 Y 0.00 | | | | | |
| List All Endorsers or Guarantors (if 1. Full Name (Last, First, Middle Initi | | oan Source | | Name of Employer | | | | | |
| Mailing Address | | | | Occupation | | | | | |
| City | tate | ZIP Code | | Amount Guaranteed Outstanding: | | | | | |
| 2. Full Name (Last, First, Middle Initia Mailing Address | al) | | | Name of Employer Occupation | | | | | |
| City St | tate | ZIP Code | | Amount Guaranteed Outstanding: | y 1 1 1 | | | | |
| 3. Full Name (Last, First, Middle Initia | ıl) | | | Name of Employer | | | | | |
| Mailing Address | | | | Occupation Amount | | | | | |
| City St | tate | ZIP Code | | Guaranteed Outstanding: | y | | | | |
| 4. Full Name (Last, First, Middle Initia | ıl) | | | Name of Employer | | | | | |
| Mailing Address | | | | Occupation | | | | | |
| City | tate | ZIP Code | | Amount Guaranteed Outstanding: | g 1 1 1 1 | | | | |
| UBTOTALS This Period This Page (opt | ional) | | | ······ | 12040.04 | | | | |

| | | | | | PAGE 6 OF 24 | | |
|---|-------------------|---------------|-------------------|---|---|--|--|
| CHEDULE C (FEC F | orm 3) | | | Use separate schedule(s) for each category of the Detailed Summary Page | | | |
| ME OF COMMITTEE (In Full) coolidge For Congress | | | | Transac | ction ID : SC/10.4138 | | |
| LOAN SOURCE Full Name Coolidge, Leslie, , , | (Last, First, Mid | Idle Initial) | | 🗌 Memo Item | Election: 2012 X Primary General | | |
| Mailing Address 345 Old Sutton Road | | | | | Other (specify) ▼ | | |
| City Barrington Hills | | State IL | ZIP Code 60010 | 9 | X Personal Funds of the Candidate | | |
| Original Amount of Loan | 100.00 | Cumulative Pa | yment To D | Date Bala | ance Outstanding at Close of This Peric 100.00 | | |
| TERMS Date Incurred M11 ^M / | ž01ť ^v | M M / D D | Date Due | Interest Rate (If none, enter //31/12 Y 0. | | | |
| List All Endorsers or Guara 1. Full Name (Last, First, M | | b Loan Source | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | · · · · · · · · · · · · · · · · · · · | | |
| 2. Full Name (Last, First, Mic | ddle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y | | |
| 3. Full Name (Last, First, Mid | ddle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | g g | | |
| 4. Full Name (Last, First, Mic | ddle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | g g | | |
| UBTOTALS This Period This F | | | | | 100.00 | | |

| lage# 2010101000020200 | | | | | PAGE 7 OF 24 | | |
|---|---------------------------------|-------------------|-------------------|---|--|--|--|
| CHEDULE C (FE DANS | EC Form 3) | | | Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) | | | |
| ame of committee (i Coolidge For Cong | , | | | Transac | ction ID : SC/10.4137 | | |
| LOAN SOURCE Full Coolidge, Leslie | Name (Last, First, Mic | Idle Initial) | | 🗌 Memo Item | Election: 2012 X Primary General | | |
| Mailing Address 345 Old Sutton Road | | | | | Other (specify) ▼ | | |
| City Barrington Hills | | State IL | ZIP Code 60010 | 3 | Personal Funds of the Candidate | | |
| Original Amount of L | oan | Cumulative Pa | yment To D | Date Bala | nce Outstanding at Close of This Perio | | |
| <u> </u> | 500.00 | | | 0.00 | 500.00 | | |
| TERMS Date Ir | ncurred | C | Date Due | Interest Rate (If none, enter | | | |
| ^M 12 ^M / ^D 15 ^D | ⁷ Ž01 ř ^Y | M M / D D | / ^Y 12 | ý31/12 ^v 0. | 00 % (apr) Yes 🗴 No | | |
| List All Endorsers or | Guarantors (if any) t | o Loan Source | T | | | | |
| 1. Full Name (Last, F | First, Middle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | City State ZIP Code | | | Amount Guaranteed Outstanding: | | | |
| 2. Full Name (Last, Fi | rst, Middle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y | | |
| 3. Full Name (Last, Fi | rst, Middle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | State ZIP Code | | | g g | | |
| 4. Full Name (Last, Fi | rst, Middle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | 9 1 9 1 7 1 | | |
| SUBTOTALS This Perioc | | | | | 500.00 | | |
| Carry outstanding balan | ce only to LINE 3, Sch | edule D, for this | s line. If no | o Schedule D, carry forv | vard to appropriate line of Summa | | |

| HEDULE C (FEC | Form 3) | | | 1 | PAGE 8 OF 24 | | |
|---|---------------------------------------|---------------|-------------------|---|--|--|--|
| ANS | | | | Use separate schedule(s) for each category of the Detailed Summary Page | | | |
| ME OF COMMITTEE (In Fu oolidge For Congres | • | | | Transac | ction ID : SC/10.4142 | | |
| LOAN SOURCE Full Nan Coolidge, Leslie, , , | ne (Last, First, Mid | dle Initial) | | 🗌 Memo Item | Election: 2012 X Primary General | | |
| Mailing Address 345 Old Sutton Road | | | | | Other (specify) ▼ | | |
| City Barrington Hills | | State IL | ZIP Code 60010 |) | X Personal Funds of the Candidate | | |
| Original Amount of Loan | 5154.15 | Cumulative Pa | yment To D | ate Bala | ance Outstanding at Close of This Peric 5154.15 | | |
| TERMS Date Incurr M01 ^M / D02 ^D / | ed Y Ž01Ž Y | M M / D D | Date Due | Interest Rate (If none, enter //31/12 Y 0. | | | |
| List All Endorsers or Gua 1. Full Name (Last, First, | | Loan Source | | Name of Employer | | | |
| Mailing Address | · · · · · · · · · · · · · · · · · · · | | | Occupation | | | |
| City | State | ZIP Code | (| Amount Guaranteed Outstanding: | y y | | |
| 2. Full Name (Last, First, | Middle Initial) | | | Name of Employer | | | |
| Mailing Address | | | | | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y | | |
| 3. Full Name (Last, First, | Middle Initial) | | I | Name of Employer | | | |
| Mailing Address | | | | Occupation | | | |
| City | State | ZIP Code | (| Amount Guaranteed Outstanding: | y | | |
| 4. Full Name (Last, First, | Middle Initial) | | I | Name of Employer | | | |
| Mailing Address | | | (| Occupation | | | |
| City | State | ZIP Code | (| Amount Guaranteed Outstanding: | 9 9 | | |
| JBTOTALS This Period Thi | s Page (optional) | | | ······ | 5154.15 | | |

| al) ZIP Co 60010 ative Payment To Date Due | D Personal Funds of the Candid | |
|--|--|--|
| ZIP Co 60010 ative Payment To | Memo Item Election: 2012 Y Primary General Other (specify) ▼ Ode ✓ Personal Funds of the Candid Date Balance Outstanding at Close of This Personal | |
| ZIP Co 60010 ative Payment To | Image: Second state Image: Second state Image: Second state Image: Second state </td | |
| 60010 ative Payment To | ode 0 Image: Constraint of the condition 0< | |
| 60010 ative Payment To | D Date Balance Outstanding at Close of This Pe | |
| | | |
| Date Due | 0.00 | |
| Date Due | | |
| | Interest Rate Secured: (If none, enter 0) | |
| DD/Y | 12ÿ31/12 Y 0.00 % (apr) Yes X | |
| Source | | |
| | Name of Employer | |
| | Occupation | |
| City State ZIP Code | | |
| | Name of Employer | |
| | Occupation | |
| ode | Amount Guaranteed Outstanding: | |
| | Name of Employer | |
| | Occupation | |
| ode | Amount Guaranteed Outstanding: | |
| | Name of Employer | |
| | Occupation | |
| code | Amount Guaranteed Outstanding: | |
| | 11000.00 , , , , , , , , , , , , , , , , , , , | |
| | Source | |

| CHEDULE C (FEC Form 3) DANS | | | Use separate schedule(s) for each category of the Detailed Summary Page | | | |
|--|-------------------|-------------------|---|--|--|--|
| AME OF COMMITTEE (In Full) Coolidge For Congress | | | Transact | tion ID : SC/10.4140 | | |
| LOAN SOURCE Full Name (Last, First, Coolidge, Leslie, , , | Middle Initial) | | Memo Item | Election: 2012 x Primary General | | |
| Mailing Address 345 Old Sutton Road | | | | Other (specify) | | |
| City Barrington Hills | State IL | ZIP Code 60010 | | X Personal Funds of the Candidat | | |
| Original Amount of Loan 15000.00 | Cumulative Pa | ayment To Dat | te Balar 0.00 | nce Outstanding at Close of This Perio 15000.00 | | |
| TERMS Date Incurred M02 ^M / P26 ^D / Y Ž01Ž Y | | Date Due | Interest Rate (If none, enter 1/12 Y 0.0 | 0) | | |
| List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial) | /) to Loan Source | | ame of Employer | | | |
| Mailing Address | | Oc | ccupation | | | |
| City State | ZIP Code | Gu | mount uaranteed utstanding: | y y | | |
| 2. Full Name (Last, First, Middle Initial) | | Na | ame of Employer | | | |
| Mailing Address | | | ccupation mount | | | |
| City State | ZIP Code | Gu | uaranteed utstanding: | y | | |
| 3. Full Name (Last, First, Middle Initial) | | Na | ame of Employer | | | |
| Mailing Address | | | ccupation | | | |
| City State | ZIP Code | Gu | nount uaranteed utstanding: | y | | |
| 4. Full Name (Last, First, Middle Initial) | | Na | ame of Employer | | | |
| Mailing Address | | Oc | ccupation | | | |
| City State | ZIP Code | Gu | mount uaranteed utstanding: | g 1 1 g 1 1 a 1 | | |
| SUBTOTALS This Period This Page (option | al) | | | , | | |
| COTALS This Period (last page in this line of Carry outstanding balance only to LINE 3, 5 | | | | vard to appropriate line of Summary | | |

| | | | PAGE 11 OF 24 |
|--|-----------------|---|---|
| CHEDULE C (FEC Form 3) DANS | | Use separate schedu for each category of Detailed Summary P | ule(s) FOR LINE NUMBER: |
| AME OF COMMITTEE (In Full) Coolidge For Congress | | Trans | action ID : SC/10.4143 |
| LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , , | liddle Initial) | Memo Iter | m Election: 2012 |
| Mailing Address 345 Old Sutton Road | | | Other (specify) ▼ |
| City Barrington Hills | State | ZIP Code 60010 | Personal Funds of the Candidate |
| Original Amount of Loan | Cumulative Pa | yment To Date Ba | alance Outstanding at Close of This Perio |
| 15900.95 | , | 0.00 | 15900.95 |
| TERMS Date Incurred | [| Date Due Interest Ra (If none, ent | |
| ^M 03 ^M / ^D 07 ^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 | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | y . y |
| 2. Full Name (Last, First, Middle 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: | |
| UBTOTALS This Period This Page (optional | - | | 15900.95 |
| Carry outstanding balance only to LINE 3, S | | L | ward to appropriate line of Summary |

| | 0002 | | | | PAGE 12 OF 24 |
|---|--|--------------------|-------------------|---|---|
| CHEDULE C (FEC Form 3) OANS | | | | Use separate schedule(s) for each category of the Detailed Summary Page | |
| ame of committee Coolidge For Cor | \ | | | Transac | ction ID : SC/10.4146 |
| LOAN SOURCE Fu | III Name (Last, First, Mic e , , , | ddle Initial) | | 🗌 Memo Item | Election: 2012 X Primary General |
| Mailing Address 345 Old Sutton Road | | | | | Other (specify) |
| City Barrington Hills | | State IL | ZIP Code 60010 | 9 | Personal Funds of the Candidate |
| Original Amount of | Loan | Cumulative Pa | yment To D | Date Bala | ance Outstanding at Close of This Perio |
| | 653.85 | | | 0.00 | 653.85 |
| TERMS Date | Incurred | C | Date Due | Interest Rate (If none, enter | |
| ^M 03 ^M / ^D 07 ^D | [/] Y Ž01Ž Y | M M / D D | y 12 | ў́31/1́2 [×] 0. | 00 % (apr) Yes 🗴 No |
| List All Endorsers of | or Guarantors (if any) t | o Loan Source | | | |
| 1. Full Name (Last, | First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y |
| 2. Full Name (Last, | First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y |
| 3. Full Name (Last, | First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y |
| 4. Full Name (Last, | First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | 9 1 9 1 7 1 |
| | od This Page (optional). ast page in this line only | | | L | 653.85 7 7 |
| Carry outstanding bala | ance only to LINE 3, Sch | nedule D, for this | s line. If no | o Schedule D, carry forv | vard to appropriate line of Summa |

| | | | | r | PAGE 13 OF 24 |
|---|-------------------------|-------------------|---|--------------------------------------|---|
| CHEDULE C (FEC Form 3) OANS | | | Use separate schedule(s) for each category of the Detailed Summary Page | | |
| ame of committee (Coolidge For Cong | , | | | Transac | ction ID : SC/10.4144 |
| LOAN SOURCE Full Coolidge, Leslie | Name (Last, First, Mic | ddle Initial) | | 🗌 Memo Item | Election: 2012 Primary General |
| Mailing Address 345 Old Sutton Road | | | | | Other (specify) ▼ |
| City Barrington Hills | | State IL | ZIP Code 60010 | e | X Personal Funds of the Candidate |
| Original Amount of L | oan | Cumulative Pa | lyment To D | Date Bala | ance Outstanding at Close of This Perio |
| <u>,</u> | 6000.00 | | | 0.00 | 6000.00 |
| TERMS Date In | ncurred | [| Date Due | Interest Rate (If none, enter | |
| ^M 03 ^M / ^D 09 ^D | ′ <u> </u> | M M / D D | 0 / Y 12 |)/31/12 ^Y 0. | 00 % (apr) Yes X No |
| List All Endorsers or | Guarantors (if any) t | o Loan Source | | | |
| 1. Full Name (Last, F | First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State ZIP Code | | | Amount Guaranteed Outstanding: | |
| 2. Full Name (Last, Fi | irst, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y |
| 3. Full Name (Last, Fi | irst, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y |
| 4. Full Name (Last, Fi | irst, Middle Initial) | 4 | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | · · · · · · · · · · · · · · · · · · · |
| SUBTOTALS This Period | | | | | 6000.00 |
| Carry outstanding balan | ice only to LINE 3, Sci | nedule D, for thi | s line. If n | o Schedule D, carry forv | ward to appropriate line of Summary. |

| CHEDULE C (FEC Form 3) OANS | | | | Use separate schedule(s) for each category of the Detailed Summary PagePAGE 14 OF 24FOR LINE NUMBER: (check only one)I3a | | |
|--|-----------|---------------|-------------------|---|--|--|
| AME OF COMMITTEE (In Full) Coolidge For Congress | | | | Transac | tion ID : SC/10.4145 | |
| LOAN SOURCE Full Name (Last, Find Coolidge, Leslie, , , | irst, Mid | Idle Initial) | | Memo Item | Election: 2012 X Primary General | |
| Mailing Address 345 Old Sutton Road | | | | | Other (specify) | |
| City Barrington Hills | | State IL | ZIP Code 60010 | 9 | X Personal Funds of the Candidat | |
| Original Amount of Loan 18861.7 | 0 | Cumulative Pa | yment To D | Date Bala 0.00 | nce Outstanding at Close of This Perio 18861.70 | |
| TERMS Date Incurred M03 ^M / D13 ^D / Y Ž01Ž | Y | C | Date Due | /interest Rate (If none, enter)/31/12 Y 0.0 | 0) | |
| List All Endorsers or Guarantors (if 1. Full Name (Last, First, Middle Ini | | b Loan Source | | Name of Employer | | |
| Mailing Address | | | | Occupation | | |
| City S | State | ZIP Code | | Amount Guaranteed Outstanding: | y | |
| 2. Full Name (Last, First, Middle Initi | al) | | | Name of Employer | | |
| Mailing Address | | | | Occupation Amount | | |
| City S | State | ZIP Code | | Guaranteed Outstanding: | · · · · · · · · · · · · · · · · · · · | |
| 3. Full Name (Last, First, Middle Initi | al) | | | Name of Employer | | |
| Mailing Address | | | | Occupation | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y 1 1 y 1 1 x 1 | |
| 4. Full Name (Last, First, Middle Initi | al) | | | Name of Employer | | |
| Mailing Address | | | | Occupation | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | g 1 1 g 1 1 x 1 | |
| SUBTOTALS This Period This Page (op | | | | H | 18861.70 | |
| OTALS This Period (last page in this I | - | | | | ard to appropriate line of Summary. | |

| CHEDULE C (FEC Form 3) DANS | | Use separate schedule(s) for each category of the Detailed Summary Page |
|--|-------------------|---|
| AME OF COMMITTEE (In Full) Coolidge For Congress | | Transaction ID : SC/10.4147 |
| LOAN SOURCE Full Name (Last, First Coolidge, Leslie, , , | , Middle Initial) | Memo Item Election: 2012 Primary X General |
| Mailing Address 345 Old Sutton Road | | Other (specify) |
| City Barrington Hills | State | ZIP Code 60010 |
| Original Amount of Loan 2661.28 | Cumulative Pa | yment To Date Balance Outstanding at Close of This Perio |
| TERMS Date Incurred M03 ^M / D20 ^D / Y Ž01Ž Y | | Date Due Interest Rate (If none, enter 0) Secured: / Y 12/31/12 0.00 % (apr) Yes X |
| List All Endorsers or Guarantors (if a 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 |
| City Sta | te ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: |
| UBTOTALS This Period This Page (optic | nal) | 2661.28 |
| OTALS This Period (last page in this line | | s line. If no Schedule D, carry forward to appropriate line of Summary. |

| CHEDULE C (FEC Form 3) DANS | | Use separate schedule(s) for each category of the Detailed Summary Page |
|--|-----------------|---|
| AME OF COMMITTEE (In Full) Coolidge For Congress | | Transaction ID : SC/10.4148 |
| LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , , | liddle Initial) | Memo Item Election: 2012 Primary General |
| Mailing Address 345 Old Sutton Road | | Other (specify) |
| City Barrington Hills | State IL | ZIP Code 60010 Personal Funds of the Candidate |
| Original Amount of Loan | Cumulative Pa | ment To Date Balance Outstanding at Close of This Peric |
| TERMS Date Incurred M04M / D03D / Y Ž01Ž Y | M M / D D | ate Due Interest Rate Secured: (If none, enter 0) / Y 12/31/12 Y Yes X No |
| List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial) | to Loan Source | 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 Amount |
| City State | ZIP Code | 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) |) | 1000.00 |
| TOTALS This Period (last page in this line on | | line. If no Schedule D, carry forward to appropriate line of Summary. |

| for ea | eparate schedule(s) ch category of the ed Summary Page |
|---|--|
| In Full) gress | Transaction ID : SC/10.4149 |
| Name (Last, First, Middle Initial) | Memo Item Election: 2012 Primary X General |
| | Other (specify) |
| State ZIP Code IL 60010 | × Personal Funds of the Candidate |
| oan Cumulative Payment To Date | Balance Outstanding at Close of This Perio |
| 1652.64 | 0.00 1652.64 |
| ncurred Date Due | Interest Rate Secured: (If none, enter 0) |
| / Y Ž01Ž Y M M / D D / Y 12/31/12 Y | 0.00 % (apr) Yes X No |
| r Guarantors (if any) to Loan Source | |
| First, Middle Initial) Name of | Employer |
| Occupati | on |
| State ZIP Code Amount Outstand Outstand | |
| irst, Middle Initial) Name of | Employer |
| Occupati | on |
| Amount Guarante Outstand | |
| irst, Middle Initial) Name of | Employer |
| Occupati | on |
| Amount State ZIP Code Outstand | |
| irst, Middle Initial) Name of | Employer |
| Occupati | on |
| Amount State ZIP Code Guarante Outstand | |
| d This Page (optional) | 7 |
| st page in this line only) | |

| CHEDULE C (FEC Form 3) OANS | | | Use separate schedule(s) for each category of the Detailed Summary Page | |
|--|---------------|-------------------|---|---|
| AME OF COMMITTEE (In Full) Coolidge For Congress | | | Transac | tion ID : SC/10.4136 |
| LOAN SOURCE Full Name (Last, First, Mic Coolidge, Leslie, , , | Idle Initial) | | 🗌 Memo Item | Election: 2012 Primary |
| Mailing Address 345 Old Sutton Road | | | | Other (specify) |
| City Barrington Hills | State IL | ZIP Code 60010 | 9 | X Personal Funds of the Candidat |
| Original Amount of Loan 71.61 | Cumulative Pa | yment To D | Date Bala | nce Outstanding at Close of This Perio 71.61 |
| TERMS Date Incurred M10M / D01 D / Y Ž01Ž Y | M M / D D | Date Due | Interest Rate (If none, enter ý31/12 Ý 0.0 | 0) |
| List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial) | o Loan Source | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City State | ZIP Code | | Amount Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | Occupation Amount | |
| City State | ZIP Code | | Guaranteed Outstanding: | 9 9 |
| 3. Full Name (Last, First, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City State | ZIP Code | | Amount Guaranteed Outstanding: | 7 · · 7 · · * · |
| 4. Full Name (Last, First, Middle Initial) | • | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City State | ZIP Code | | Amount Guaranteed Outstanding: | g 1 1 g 1 1 a 1 |
| UBTOTALS This Period This Page (optional) | | | H | 71.61 |

| CHEDULE C (FEC Form 3) DANS | | Use separate schedule(s) for each category of the Detailed Summary Page |
|--|-------------------|---|
| AME OF COMMITTEE (In Full) Coolidge For Congress | | Transaction ID : SC/10.4132 |
| LOAN SOURCE Full Name (Last, First Coolidge, Leslie, , , | , Middle Initial) | Memo Item Election: 2012 Primary X General |
| Mailing Address 345 Old Sutton Road | | Other (specify) |
| City Barrington Hills | State IL | ZIP Code 60010 |
| Original Amount of Loan 439.77 | Cumulative Pa | yment To Date Balance Outstanding at Close of This Perio |
| TERMS Date Incurred M10 ^M / D19 ^D / Y Ž01Ž Y | M M / D I | Date Due Interest Rate (If none, enter 0) Secured: / Y 12/31/12 0.00 % (apr) Yes |
| List All Endorsers or Guarantors (if an 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 |
| City Sta | te ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: |
| UBTOTALS This Period This Page (optio | nal) | 439.77 |
| TOTALS This Period (last page in this line | | s line. If no Schedule D, carry forward to appropriate line of Summary. |

| CHEDULE C (FEC Form 3) OANS | | | Use separate schedule(s) for each category of the Detailed Summary Page | | |
|--|---|--------------------|---|--|---|
| AME OF COMMITTEE (Coolidge For Con | , , | | | | ction ID : SC/10.4150 |
| LOAN SOURCE Full Coolidge, Leslie | Name (Last, First, Mic , , , | ddle Initial) | | Memo Item | Election: 2012 Primary |
| Mailing Address 345 Old Sutton Road | | | | | Other (specify) ▼ |
| City Barrington Hills | | State IL | ZIP Code 60010 | e | Personal Funds of the Candidate |
| Original Amount of L | -oan 12000.00 | Cumulative Pa | yment To D | Date Bala | ance Outstanding at Close of This Perio 12000.00 |
| M10 ^M / D19 ^D | ncurred / Y Ž01Ž Y | M M / D D | Date Due | Interest Rate (If none, enter)/31/12 Y 0. | 00 0 1 1 1 1 1 1 |
| List All Endorsers of 1. Full Name (Last, I | r Guarantors (if any) t First, Middle Initial) | o Loan Source | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | g g |
| 2. Full Name (Last, F | irst, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation Amount | |
| City | State | ZIP Code | | Guaranteed | |
| 3. Full Name (Last, F | irst, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation Amount | |
| City | State | ZIP Code | | Guaranteed Outstanding: | y y |
| 4. Full Name (Last, F | irst, Middle Initial) | ŀ | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | 9 1 9 1 9 1 1 |
| SUBTOTALS This Period | | | | | , 12000.00 |
| Carry outstanding balar | nce only to LINE 3, Scł | nedule D, for this | s line. If no | o Schedule D, carry forv | vard to appropriate line of Summary. |

| age# 201010100002020001 | | _ | | PAGE 21 OF 24 |
|--|----------------|-----------------------|---|--|
| CHEDULE C (FEC Form 3) OANS | | | Use separate schedule(s) for each category of the Detailed Summary Page | |
| ME OF COMMITTEE (In Full) coolidge For Congress | | | Transact | tion ID : SC/10.4135 |
| LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , , | iddle Initial) | | Memo Item | Election: 2012 Primary General |
| Mailing Address 345 Old Sutton Road | | | | Other (specify) |
| City Barrington Hills | State | ZIP Code 60010 | | Personal Funds of the Candidate |
| Original Amount of Loan | Cumulative Pay | yment To Date | e Balai | nce Outstanding at Close of This Perio |
| 32161.19 | | | 0.00 | 32161.19 |
| TERMS Date Incurred | C | Date Due | Interest Rate (If none, enter | |
| M10 ^M / D26 ^D / Y Ž012 Y | M M / D D | ′ [×] 12ў́31 | | |
| List All Endorsers or Guarantors (if any) | to Loan Source | No | ma of Employer | |
| 1. Full Name (Last, First, Middle Initial) | | INA | ime of Employer | |
| Mailing Address | | | cupation | |
| City State | ZIP Code | Gu | nount Jaranteed Jtstanding: | z |
| 2. Full Name (Last, First, Middle Initial) | | Na | me of Employer | |
| Mailing Address | | Oc | ccupation | |
| City State | ZIP Code | Gu | nount Jaranteed Jtstanding: | y y |
| 3. Full Name (Last, First, Middle Initial) | | Na | me of Employer | |
| Mailing Address | | Oc | cupation | |
| City State | ZIP Code | Gu | nount uaranteed utstanding: | |
| 4. Full Name (Last, First, Middle Initial) | | | me of Employer | |
| Mailing Address | | Oc | cupation | |
| City State | ZIP Code | Gu | nount Jaranteed Jitstanding: | y |
| UBTOTALS This Period This Page (optional) | | | | 32161.19 |

| | | | | I | PAGE 22 OF 24 |
|---|-------------------|---------------|-------------------|---|---|
| CHEDULE C (FEC Form 3) OANS | | | | Use separate schedule(s) for each category of the Detailed Summary Page | |
| ME OF COMMITTEE (In Full) oolidge For Congress | | | | Transa | ction ID : SC/10.4134 |
| LOAN SOURCE Full Name Coolidge, Leslie, , , | (Last, First, Mic | Idle Initial) | | Memo Item | Election: 2012 Primary General |
| Mailing Address 345 Old Sutton Road | | | | | Other (specify) |
| City Barrington Hills | | State IL | ZIP Code 60010 | 9 | Personal Funds of the Candidate |
| Original Amount of Loan | | Cumulative Pa | yment To D | Date Bala | ance Outstanding at Close of This Perio |
| , , , | 6000.00 | | | 0.00 | 6000.00 |
| TERMS Date Incurred | | C | Date Due | Interest Rat (If none, ente | |
| M11M / D02D / Y | ž01Ž ^v | M M / D D | / Y 12 | ý31/12 ^v 0 | .00 % (apr) Yes 🗴 No |
| List All Endorsers or Guara | ntors (if any) to | o Loan Source | | | |
| 1. Full Name (Last, First, Mi | ddle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed | |
| - | | | | Outstanding: | y |
| 2. Full Name (Last, First, Mic | idie initial) | | | | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | g |
| 3. Full Name (Last, First, Mic | Idle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y |
| 4. Full Name (Last, First, Middle Initial) | | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y |
| UBTOTALS This Period This F | in this line only |) | | ······ | 6000.00 |

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

| hage# 20101010000202000 | • | | | r | PAGE 23 OF 24 |
|--|--------------------------------|-------------------|---|--------------------------------------|---|
| CHEDULE C (FEC Form 3) OANS | | | Use separate schedule(s) for each category of the Detailed Summary Page | | |
| AME OF COMMITTEE (In Coolidge For Congi | , | | | Transac | ction ID : SC/10.4130 |
| LOAN SOURCE Full N Coolidge, Leslie, | • | ddle Initial) | | 🗌 Memo Item | Election: 2012 Primary x General |
| Mailing Address 345 Old Sutton Road | | | | | Other (specify) ▼ |
| City Barrington Hills | | State IL | ZIP Code 60010 | e | Personal Funds of the Candidate |
| Original Amount of Lo | an | Cumulative Pa | yment To D | Date Bala | ance Outstanding at Close of This Perio |
| | 1780.84 | | | 0.00 | 1780.84 |
| TERMS Date Inc | curred | [| Date Due | Interest Rate (If none, enter | |
| M 11M / D06D / | ^ү Ž01Ž ^ү | M M / D D | 9 / Y 12 | //31/12 ^Y 0. | .00 % (apr) Yes X No |
| List All Endorsers or 0 | Guarantors (if any) t | o Loan Source | | | |
| 1. Full Name (Last, Fir | rst, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y |
| 2. Full Name (Last, Firs | st, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y |
| 3. Full Name (Last, Firs | st, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y |
| 4. Full Name (Last, Firs | st, Middle Initial) | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | · · · · · · · · · · · · · · · · · · · |
| SUBTOTALS This Period | | | | | 1780.84 |
| Carry outstanding balanc | e only to LINE 3, Sch | nedule D, for thi | s line. If n | o Schedule D, carry forv | ward to appropriate line of Summary. |

| CHEDULE C (FEC Form 3) OANS | | | | Use separate schedule for each category of th Detailed Summary Pag | ie (check only one) × 13a |
|--|-----------------------|-----------------|-------------------|--|---|
| AME OF COMMITTEE (In F Coolidge For Congre | , | | | Transac | tion ID : SC/10.4164 |
| LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , , | | | | Memo Item | Election: 2012 Primary General |
| Mailing Address 345 Old Sutton Road | | | | | Other (specify) |
| City Barrington Hills | | State IL | ZIP Code 60010 | 3 | X Personal Funds of the Candidat |
| Original Amount of Loar | n 30.00 | Cumulative Pa | ayment To D | ate Bala | nce Outstanding at Close of This Perio 30.00 |
| TERMS Date Incu M12M / D01D / | Y Ž01Ž Y | | | Interest Rate (If none, enter /31/12 Y 0.0 | |
| List All Endorsers or G 1. Full Name (Last, Firs | | Loan Source | | Name of Employer | |
| Mailing Address | | | (| Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y y |
| 2. Full Name (Last, First, | , Middle Initial) | | 1 | Name of Employer | |
| Mailing Address | | | | Occupation Amount | |
| City | State | ZIP Code | | Guaranteed Outstanding: | y |
| 3. Full Name (Last, First, Middle Initial) | | | | Name of Employer | |
| Mailing Address | | | | Occupation | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | y 1 1 y 1 1 x 1 |
| 4. Full Name (Last, First, Middle Initial) | | | | Name of Employer | |
| Mailing Address | | | (| Occupation | |
| City | State | ZIP Code | (| Amount Guaranteed Outstanding: | y y |
| UBTOTALS This Period T | his Page (optional) | | I | ······ | 30.00 |
| OTALS This Period (last p | age in this line only |) | | ······ | 143008.02 |
| Carry outstanding balance | only to LINE 3, Sch | edule D, for th | is line. If no | Schedule D, carry forw | vard to appropriate line of Summary. |