PAGE 1 / 24

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 011111 0	For An	Authorized Co	mmittee	Offic	Office Use Only				
NAME OF COMMITTEE (in	TYPE OR PRIM		Example: If typing, type over the lines.	12FE4M5					
Coolidge For C	Congress								
ADDRESS (number an	345 Old Sutto	on Road							
▼									
Check if dif than previou reported. (A	usly Barrington			IL 600	10				
2. FEC IDENTIFIC	CATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲				
C C0050561		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT				
(a) Quarterly Re	PORT (Choose One) eports: 5 Quarterly Report (Q1)	(b) 12-Day PF	RE-Election Report for th	e: General (12G)	Runoff (12R)				
	July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)		Convention (12C)	Special (12S)	in the State of				
January	31 Year-End Report (YE)	(c) 30-Day PC	DST -Election Report for	the:					
			General (30G)	Runoff (30R)	Special (30S)				
Termina	ation Report (TER)	Election o	M M / D D	/ Y " Y " Y	in the State of				
5. Covering Period	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y Y 2022	through	M / D D / Y	Y Y Y 2022				
I certify that I have e	examined this Report and a Coolidge, Le of Treasurer		knowledge and belief it	is true, correct and co	mplete.				
Signature of Treasure	Coolidge, Leslie, , ,		[Electronically Filed]	Date 04 /	15 / Y Y Y Y Y Y 2022				
NOTE: Submission of	false, erroneous, or incomp	lete information ma	y subject the person sign	ng this Report to the pe	enalties of 52 U.S.C. §30109				
Office Use Only					FEC FORM 3 (Revised 05/2016)				

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 24

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2022 2022 03 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 267628.26 (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 267628.26 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 395897.37 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 395897.37 0.00 (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

FEC Form 3 (Revised 05/2016)
Write or Type Committee Name

Coolidge For Congress

of Receipts

PAGE 3 / 24

01 03 01 2022 31 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 212958.62 (i) Itemized (use Schedule A)..... 39559.97 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 252518.59 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 15109.67 (such as PACs) 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 267628.26 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 144478.02 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 144478.02 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 412106.28 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

PAGE 4 / 24

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	395897.37
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
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	395897.37
	III. CASH SU	IMMARY	
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	G PERIOD	0.00

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

FOR LINE NUMBER: (check only one)

PAGE

5

13a

			ctanea ournina	ily i age		13b		
AME OF COMMITTEE (In Full) Coolidge For Congress	•	Tr	ansaction II) : SC/10.4139				
LOAN SOURCE Full Name (Last, First, Mic Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road		☐ Memo	×	tion: 2012 Primary General Other (specify) ▼				
City Barrington Hills	State	ZIP Code 60010			Personal Funds of the	Candidate		
Original Amount of Loan Cumulative Payment To I			1500.00	Balance O	utstanding at Close of T			
TERMS Date Incurred Date Due				st Rate e, enter 0) 0.00	Secured % (apr) Yes	V		
List All Endorsers or Guarantors (if any) t	o Loan Source							
Full Name (Last, First, Middle Initial)		Nam	e of Employer					
Mailing Address		Occi	Occupation					
City State ZIP Code			Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)	<u> </u>	Nam	e of Employer					
Mailing Address		Осси	pation					
City State ZIP Code			Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		Nam	e of Employer					
Mailing Address		Осси	pation					
City	ZIP Code		unt anteed tanding:	- 7	, , , ,			
4. Full Name (Last, First, Middle Initial)	<u>'</u>	Nam	Name of Employer					
Mailing Address			Occupation					
City	ZIP Code		unt anteed tanding:	9	7			
SUBTOTALS This Period This Page (optional). TOTALS This Period (last page in this line only					12040).04		
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no Sci	nedule D. carı	v forward to	o appropriate line of Su	 ummarv.		

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

FOR LINE NUMBER: (check only one)

PAGE 6

13a

OF

						130			
	ME OF COMMITTEE (In Full) oolidge For Congress				Trans	action ID : SC/10.4138			
Ľ		F:				T =			
	LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	First, Mic	idle Initial)		☐ Memo Ite	x Primary			
	Mailing Address 345 Old Sutton Road					General Other (specify) ▼			
	City State ZIP Co			ZIP Co					
	Barrington Hills		IL	60010		Personal Funds of the Candidate			
	Original Amount of Loan		Cumulative Pag	yment To	Date Ba	alance Outstanding at Close of This Period			
	9 9	0.00			0.00	100.00			
	TERMS Date Incurred			ate Due	Interest Ra (If none, en	ter 0)			
	M11M / D08D / Y 2011	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:	9 9			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	3. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					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:	7 7 7			
SI	UBTOTALS This Period This Page (optional)				100.00			
т	OTALS This Period (last page in this	line only	r)		······	7 7 7 7			
С	carry outstanding balance only to LII	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

FOR LINE NUMBER: (check only one)

PAGE

X 13a 13b

24

OF

Transaction ID: SC/10.4137 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 D 15D Ž011 Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

8

13a 13b

OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4142
LOAN SOURCE Full Name (Last, First, N	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
5154.15		0.00 5154.15
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M01M / D02D / Y 2012 Y	M M / D D	/ Y 12⅓31/12 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
	1	Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	1	Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTAL C. This Deviced This Days (antisys	.n	
SUBTOTALS This Period This Page (optional		5154.15
TOTALS This Period (last page in this line o	nly)	······································
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

PAGE 9
FOR LINE NUMBER: (check only one)

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)
M02 ^M / D23 ^D / Y Z012 Y	M M / D D	/ 12/31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (options	aı)	11000.00
TOTALS This Period (last page in this line of	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a

OF

						100				
AME OF COMMITTEE (In Full) Coolidge For Congress					Transac	ction ID : SC/10.4140				
LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	ddle Initial)			Memo Item	Election: 2012 x Primary General					
Mailing Address 345 Old Sutton Road						Other (specify) ▼				
City		State	ZIP Code			Personal Funds of the Candidate				
Barrington Hills		IL	60010							
Original Amount of Loan	.00	Cumulative Pay	yment To Da	o.00		ance Outstanding at Close of This Period				
TERMS Date Incurred		D	ate Due		Interest Rate					
^M 02 ^M / ^D 26 ^D / Y Ž01Ž	Υ	M M / D D	/ Y 12)	31/12 ^Y	(If none, enter	00				
List All Endorsers or Guarantors	(if any) t	o Loan Source								
1. Full Name (Last, First, Middle In	nitial)		N	ame of Em	ployer					
Mailing Address			С	Occupation						
City	State	ZIP Code	G	mount juaranteed jutstanding:						
2. Full Name (Last, First, Middle In	tial)		٨	Name of Employer						
Mailing Address			С	Occupation						
City	State	ZIP Code	G	mount luaranteed lutstanding:		7				
3. Full Name (Last, First, Middle In	tial)		N	ame of Em	ployer					
Mailing Address			C	Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:						
4. Full Name (Last, First, Middle In	tial)			Name of Employer						
Mailing Address			С	Occupation						
City	State ZIP Code			Amount Guaranteed Outstanding:						
SUBTOTALS This Period This Page (c	line only	/)				15000.00				

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

FOR LINE NUMBER: (check only one)

PAGE 11

13a

OF

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

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

FOR LINE NUMBER: (check only one)

PAGE 12

13a

OF

		135
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4146
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	, ivilidate iriitiati	Memo Item Election: 2012 x Primary General
Mailing Address 345 Old Sutton Road		Other (specify) \blacktriangledown
City	State	ZIP Code Reports Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
653.85		0.00 653.85
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03 ^M / D07 ^D / Y Ž01Ž Y	M M / D D	/
List All Endorsers or Guarantors (if ar	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	naı)	653.85
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)

PAGE 13

13a

OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4144
LOAN SOURCE Full Name (Last, First, Mic	Idle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	idie iliital)	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 Pay	
6000.00		0.00 6000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M03M / D09D / Y Ž01Ž Y	M M / D D	/ Y 12⅓31/12 Y 0.00 % (apr) Yes ▼ No
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		6000.00
TOTALS This Period (last page in this line only	·) ······	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 14

13a

OF

									130
AME OF COMMITTEE (In Full) Coolidge For Congress					Transa	action ID	: SC/10.414	5	
LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road					Memo Iten	x F	ion: 2012 Primary General Other (specify	/) ▼	
			I						
City		State	ZIP Code 60010			x	Personal Fu	nds of the	• Candidate
Barrington Hills								<u> </u>	
Original Amount of Loan	70	Cumulative Pay	yment to Da	0.00		llance Ot	utstanding at		61.70
TERMS Date Incurred		D	ate Due		Interest Ra			Secure	ed:
M03 ^M / D13 ^D / Y Z01Z	Y	M M / D D	/ Y 12)/3	1/12 Y		0.00	% (apr)	Ye	es 🗶 No
List All Endorsers or Guarantors (if any) to	o Loan Source							
1. Full Name (Last, First, Middle Ir	itial)		N	ame of Emp	ployer				
Mailing Address			0	Occupation					
City	State	ZIP Code		mount uaranteed					\neg
City	State	ZIF Code	0	utstanding:					
2. Full Name (Last, First, Middle Ini	tial)		N	Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code	G	mount uaranteed utstanding:		,	7		
3. Full Name (Last, First, Middle Ini	tial)	'	N	ame of Emp	ployer				
Mailing Address			0	Occupation					
City	State	ZIP Code	G	mount uaranteed utstanding:		,	7		
4. Full Name (Last, First, Middle Ini	tial)		N	Name of Employer					
Mailing Address			0	Occupation					
City	State	ZIP Code		mount uaranteed					$\overline{}$
Oity	State	ZIF Code		utstanding:		7	7	1 4	
SUBTOTALS This Period This Page (o	ptional)				···•		7	1880	61.70
TOTALS This Period (last page in this		,			▶		7	,	-
Carry outstanding balance only to LIN	IE 3, Sch	edule D, for this	s line. If no	Schedule I	D, carry fo	rward to	appropriate	e line of S	Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 15

X 13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4147
LOAN SOURCE Full Name (Last, First, N	Aiddle Initial)	Election: 0040
Coolidge, Leslie, , ,	viiddie II iii iaij	☐ 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
2661.28		0.00 2661.28
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D20D / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City 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:
SUBTOTALS This Period This Page (optiona		
		2001.20
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

FOR LINE NUMBER: (check only one)

PAGE 16

13a 13b

			Detailed Guillinary	1 age	13b
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)		·····•		=
				7 7	
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

FOR LINE NUMBER: (check only one)

PAGE 17

13a

			Detailed Guillinary I	age	13b
NAME OF COMMITTEE (In Full) Coolidge For Congress			Trans	action ID : SC/10.4149	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Ite	m Election: 2012	
Coolidge, Leslie, , ,	Coolidge, Leslie				
				& 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 Pay	yment To D	ate B	alance Outstanding at Close of T	his Period
1652.64			0.00	105	2.64
1032.04			0.00	100.	2.64
TERMS Date Incurred	D	ate Due	Interest Ra (If none, en		d:
M04M / D26D / Y Ž01Ž Y	M M / D D	/ Y 12	/31/12 ^Y	0.00 % (apr) Yes	s x No
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
		7	Amount		
City State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address			Occupation		
Mailing Address					
			Amount		
City	ZIP Code		Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer		,
Mailing Address		(Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7 7 7 7	
	ı				
SUBTOTALS This Period This Page (optional)			······	1652	2.64
TOTALS This Period (last page in this line only	/)		······	7 7	
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no	Schedule D. carry fo	prward to appropriate line of Si	ummarv.

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

FOR LINE NUMBER: (check only one)

PAGE 18

X 13a

OF

		135
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4136
LOAN SOURCE Full Name (Last, First	Middle Initial	Election: 0040
Coolidge, Leslie, , ,	☐ Memo Item Election: 2012 ☐ Primary ☐ General	
Mailing Address 345 Old Sutton Road	Other (specify) Other	
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
71.61		0.00 71.61
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M10M / D01D / Y 2012 Y	M M / D D	
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	e ZIP Code	Guaranteed Outstanding:
CURTOTAL O TILL D. L. LTLL D	0	
SUBTOTALS This Period This Page (optio	าเลเ)	71.61
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

PAGE 19
FOR LINE NUMBER: (check only one)

13a

		13b
AME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4132
LOAN SOURCE Full Name (Last, First, Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road	Middle Initial)	☐ Memo Item ☐ Election: 2012 ☐ Primary ☐ General ☐ Other (specify) ▼
City Barrington Hills	State	ZIP Code 60010 Personal Funds of the Candidate
Original Amount of Loan 439.77	Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period 0.00 439.77
TERMS Date Incurred M10M / D19D / Y Z01Z Y	M M M / D D D	Date Due Interest Rate (If none, enter 0) Output Out
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional COTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINE 3.	Schedule D, for this	is 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 20

13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4150
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	Memo Item Primary General	
Mailing Address 345 Old Sutton Road	Other (specify) ▼	
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
12000.00		0.00 12000.00
TERMS Date Incurred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D19 ^D / Y Ž01Ž Y	M M / D D	/ Y 12⅓31/12 Y 0.00 % (apr) Yes ▼ No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
		1200.00
TOTALS This Period (last page in this line on	ly)	-
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 21

13a

OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4135
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,		Memo Item Primary General
Mailing Address 345 Old Sutton Road		Other (specify) ▼
City	State	ZIP Code ** Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pay	
32161.19	7	0.00 32161.19
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	/ Y 12/31/12 Y 0.00
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	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)		32161.19
TOTALS This Period (last page in this line only	y)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 22

13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4134
LOAN COURSE FINAL (L. L. F. L. N	4: 1 II	
LOAN SOURCE Full Name (Last, First, No. Coolidge, Leslie, , ,	Memo Item Election: 2012 Primary	
Mailing Address 345 Old Sutton Road		
City	State	ZIP Code Results Personal Funds of the Candidate
Barrington Hills	IL	60010 Personal Funds of the Candidate
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	[Date Due Interest Rate Secured: (If none, enter 0)
M11M / D02D / 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	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	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:
CURTOTALS This Deviced This Degre (entires	I)	
SUBTOTALS This Period This Page (optional	ı)·····	6000.00
TOTALS This Period (last page in this line o	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 23

13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4130
LOAN COURCE Full Names // set First N	الماطاء المنائدا/	Fores
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	☐ 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
1780.84		0.00 1780.84
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M11M / D06D / Y Ž01Ž Y	M M / D D	/ Y 12⅓31/12 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 State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		
CODICIALS This renou this rage (optional	,	1780.84
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

PAGE 24 O
FOR LINE NUMBER: (check only one)

X 13a

			Detailed Guillinary	rage		13b
NAME OF COMMITTEE (In Full)			Tran	saction ID : SC/10.416	4	
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo It	em Election: 2012		
Coolidge, Leslie, , ,			Primary			
				x General		
Mailing Address 345 Old Sutton Road				Other (specify	() ▼	
City	State	ZIP Code)	Dames de Fo	- da at tha Oa	- Palata
Barrington Hills	IL	60010		Y Personal Fu	nds of the Car	ndidate
Original Amount of Loan	Cumulative Page	yment To D	ate	Balance Outstanding at	Close of This	Period
30.00			0.00	, , , ,	30.00	0
TERMS Date Incurred		Date Due	Interest		Secured:	
M12M / D01D / Y Ž01Ž Y	M M / D D) / Y 12	(If none, 6	0.00		
		12,	0.,,,,	% (apr)	Yes	x No
List All Endorsers or Guarantors (if any) t	to Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(Occupation			
		7	Amount			
City State	ZIP Code	I	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
		7	Amount			
City State	ZIP Code		Guaranteed Outstanding:	7 7		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:	7 7 7 7		
4. Full Name (Last, First, Middle Initial)	ļ	1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City State	ZIP Code		Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)			·····•		30.00	0
TOTALS This Period (last page in this line only	y)			, , , ,	143008.02	2
Carry outstanding balance only to LINE 3, Sci	hedule D. for this	s line. If no	Schedule D. carry	forward to appropriate	e line of Sum	marv.