PAGE 1 / 24

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

	For An Authorized	Committee	Office	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Coolidge For Congress	3			1
DDRESS (number and street)	345 Old Sutton Road			
▼				
Check if different than previously	Barrington		IL 6001	0
reported. (ACC)	CIT	Y A	STATE ▲	ZIP CODE ▲
FEC IDENTIFICATION N		· –		211 0002 —
C C00505610	3. IS TH	HIS X NEW	AMENDED	STATE ▼ DISTRICT
	REPO	ORT (N) OR	(A)	
	1			
. TYPE OF REPORT (Ch	oose One) (b) 12-Da	y PRE-Election Report for the	:	
(a) Quarterly Reports:		Primary (12P)	General (12G)	Runoff (12R)
April 15 Quarterly F	Report (Q1)	Convention (12C)	Special (12S)	
July 15 Quarterly F	Report (Q2)	Convention (120)	Special (125)	
Cottober 15 Quarter	rly Report (Q3) Flecti	ion on	/ Y Y Y Y	in the State of
January 31 Year-Er				Clato of
January 31 Tear-Li	id Report (YE) (c) 30-Da	y POST -Election Report for th	e:	
_		General (30G)	Runoff (30R)	Special (30S)
Termination Report		M M / D D	/ Y Y Y Y	in the
	Electi	ion on		State of
M	M / D D / Y Y Y Y Y Y Y Y Y Y 2020	Y	M / D D / Y	Y " Y " Y
i. Covering Period 0	7 01 2020	through 09	30	2020
certify that I have examined th	is Report and to the hest of	mv knowledge and helief it is	true correct and corr	nnlete
ype or Print Name of Treasure	Coolidge, Leslie, , ,	my miemeage and sener it is	ara, correct arra corr	,proto.
			Ferral : F	
Coo Signature of Treasurer	lidge, Leslie, , ,	[Electronically Filed]	Date 10	05 / Y Y Y Y Y Y
IOTE: Submission of false arran	ague or incomplete information	n may subject the nemen signin	g this Report to the ser	nalties of 52 LLS C \$2010
OTE: Submission of false, errone Office	cous, or incomplete information	may subject the person signiff	g this neport to the per	ialies 01 32 0.3.0. 93010
10.1100		1 1	1 1	EC FORM 3

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2020 2020 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

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than			
	Political Committees (i) Itemized (use Schedule A)	0.00	0.00	
	(ii) Unitemized	0.00	0.00	
	(iii) TOTAL of contributions from individuals	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees (such as PACs)	0.00	0.00	
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	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	
	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	15.41	
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	15.41	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 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

FOR LINE NUMBER: (check only one)

PAGE

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13a

OF

		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, , ,	☐ 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	
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

PAGE 6
FOR LINE NUMBER: (check only one)

13a

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, , ,	☐ 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		0.00 100.00
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 OF
FOR LINE NUMBER:
(check only one)

13a

		135		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4137		
LOAN SOURCE Full Name /Last First	Middle Initial	Memo Item Election: 2012		
Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,			
Mailing Address 345 Old Sutton Road		General Other (specify) ▼		
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		
500.00		0.00 500.00		
TERMS Date Incurred	Γ	rate Due Interest Rate Secured: (If none, enter 0)		
M12M / D15D / Y Z01f 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)		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	าลเ)	500.00		
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

PAGE 8
FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) Coolidge For Congress				Tra	nsaction ID : SC/10.4142	
LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,				Item Election: 2012 X Primary General	
Mailing Address 345 Old Sutton Road					Other (specify) ▼	
City Barrington Hills		State ZIP Code IL 60010			Personal Funds of the Candidate	
Original Amount of Loan					Balance Outstanding at Close of This Period	
5154	.15	0.00			5154.15	
TERMS Date Incurred		D	ate Due	ue Interest Rate Secured: (If none, enter 0)		
M01 ^M / D02 ^D / Y Ž01Ž	Υ	M M / D D	/ Y .	12/31/12 ^Y	0.00 % (apr) Yes No	
List All Endorsers or Guarantors	(if any) to	o Loan Source				
1. Full Name (Last, First, Middle Ir	nitial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Ini	tial)			Name of Employer		
Mailing Address	Mailing Address			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle Ini	tial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
4. Full Name (Last, First, Middle Ini	tial)			Name of Employer		
Mailing Address			Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,	
SUBTOTALS This Period This Page (c	ptional)				5154.15	
TOTALS This Period (last page in this	line only	')		······•	7 7	
Carry outstanding balance only to LIM	NE 3. Sch	edule D. for this	s line. If	no Schedule D. carry	forward to appropriate line of Summary.	
ballolaniania balance only to Ell	0, 001	=, ioi alle		concade b, carry	to appropriate into or outfillary.	

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

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FOR LINE NUMBER: (check only one)

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OF

					<u> </u>	130	
	ME OF COMMITTEE (In Full) Coolidge For Congress				Trans	action ID : SC/10.4141	
<u> </u>	LOAN SOURCE Full Name (Last,	First Mic	ddle Initial)			m Election: 2012	
	Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road				☐ Memo Iter	Primary General	
						Other (specify)	
City			State	ZIP Cod	de	X Personal Funds of the Candidate	
Barrington Hills IL 60010					Total and of the canadate		
	Original Amount of Loan Cumulative Payment To			ment To	Date Ba	alance Outstanding at Close of This Period	
	11000	0.00			0.00	11000.00	
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, en		
	M02 ^M / D23 ^D / Y Ž01Ž	Y	M M / D D	/ Y 1	2/̈31/Ἴ12 Υ	0.00 % (apr) Yes 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 Amount		
	Mailing Address						
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9	
	3. Full Name (Last, First, Middle In	itial)	·		Name of Employer Occupation		
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
S	UBTOTALS This Period This Page (optional)			······	11000.00	
T	OTALS This Period (last page in this	line only	/)		······	, ,	
c	Carry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If ı	no Schedule D, carry fo	rward 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-II- I:4:-I\	Terminal Control of the Control of t
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
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)

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OF

NAME OF COMMITTEE (In Fu Coolidge For Congres	•		Transa	action ID : SC/10.4143		
LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,				em Election: 2012 x Primary General		
Mailing Address 345 Old Sutton Road	Mailing Address 345 Old Sutton Road					
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	Name of Employer		
Mailing Address			Occupation			
			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	Mailing Address					
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			- Free Kore Och - 1 1 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

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4146
LOAN SOURCE Full Name (Last, First, N	Middle Initial	Flasking 2010
Coolidge, Leslie, , ,	iliddie 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
653.85		0.00 653.85
TERMS Date Incurred	[Oate Due Interest Rate Secured: (If none, enter 0)
M03M / D07D / Y 2012 Y	M M / D D	/
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)	·	Name of Employer
Mailing Address		Occupation
20		Amount Guaranteed
City State	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
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona	1	
CODICIALS THIS FEROU THIS FAGE (OPLICITA	,	653.85
TOTALS This Period (last page in this line of	ly)	······
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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13a 13b

OF

NAME OF COMMITTEE (In Fu	•		Transa	ction ID : SC/10.4144
Coolidge, Leslie, , ,	ne (Last, First, Mic	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	1 crosman rando or the candidate
Original Amount of Loan		Cumulative Pa	ment To Date Bala	ance Outstanding at Close of This Period
	6000.00	9	0.00	6000.00
TERMS Date Incur	red	С	ate Due Interest Rat (If none, ente	
M03M / D09D /	^Y Ž01Ž ^Y	M M / D D		.00 % (apr) Yes X No
List All Endorsers or Gu	arantors (if any) t	o Loan Source		
1. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	City State ZIP Code			7
2. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9
3. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
O'th.	04-4-	7ID 0- 4-	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9
4. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
00	lo	710.0	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9
SUBTOTALS This Period Th	is Page (optional)			6000.00
TOTALS This Period (last pa				, , , , , , , , , , , , , , , , , , , ,
Come autotoralina balance	universa LINIE O. O. I	andula D. for the	line If no Cohedule D. com: Co	would be commonwisted the set Common
Carry outstanding balance of	only to LINE 3, Sch	ieauie D, for this	s line. It no Schedule D, carry for	ward 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/10.4145
LOAN SOURCE Full Name (Last, First,	Middle Initial	Floation: co.co
Coolidge, Leslie, , ,	iviluale 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
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M03 ^M / D13 ^D / Y Z01Ž Y	M M / D D	/
List All Endorsers or Guarantors (if an	y) 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 Guaranteed
City	e ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	e ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount
City State	e ZIP Code	Guaranteed Outstanding:
CURTOTAL O TILL D. L. LTILL D LTILL D	n	
SUBTOTALS This Period This Page (option	າສາງ	18861.70
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

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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

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4148
LOAN SOURCE Full Name (Last, First,	Middle Initial	
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 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
1000.00		0.00 1000.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M04 ^M / D03 ^D / Y Ž01Ž Y	M M / D D	/
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)	<u>'</u>	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:
CURTOTAL C. This Desired Till B. ()	-0	
SUBTOTALS This Period This Page (options	il)	1000.00
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

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			Detailed Ou	arrillary r age	'			13b		
AME OF COMMITTEE (In Full) Coolidge For Congress		-		Transacti	ion ID : SC/1	0.4149				
LOAN SOURCE Full Name (Last, First, Mic Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road	ddle Initial)		N	Memo Item	Primary Genera					
City Barrington Hills	State IL	ZIP Code 60010			X Person	nal Funds of the	e Can	didate		
Original Amount of Loan Cumulative Payment To D			0.00	Balan	ce Outstanc	ling at Close of	f This 652.64			
TERMS Date Incurred	ate Due	(l	nterest Rate If none, enter (·	Secur apr)	red: ⁄es	€ No			
List All Endorsers or Guarantors (if any) to	o Loan Source									
Full Name (Last, First, Middle Initial)		Na	me of Empl	loyer						
Mailing Address		Oc	cupation							
City State	City State ZIP Code				Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)		Na	Name of Employer							
Mailing Address		Oc	cupation			-				
City State	ZIP Code	Gu	ount aranteed tstanding:		,	7				
3. Full Name (Last, First, Middle Initial)		Na	Name of Employer							
Mailing Address		Oc	cupation							
City State	ZIP Code	Gu	ount aranteed tstanding:		,	7				
4. Full Name (Last, First, Middle Initial)	!	Na	me of Empl	loyer						
Mailing Address		Oc	cupation							
City	ZIP Code	Gu	ount aranteed tstanding:		,	y / w				
SUBTOTALS This Period This Page (optional) FOTALS This Period (last page in this line only				· [7	, 16	652.64			
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no S	chedule D.	, carry forwa	ard to appro	ppriate line of	Sumn	narv.		

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

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			Detailed Cultilliary	i age	13b			
NAME OF COMMITTEE (In Full) Coolidge For Congress			Tran	saction ID : SC/10.4136				
,								
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		☐ Memo Ite					
Coolidge, Leslie, , ,				Primary General				
Mailing Address				General Other (specify) ▼				
Mailing Address 345 Old Sutton Road				— Grior (speedily) V				
City	State	ZIP Code	•	Personal Funds of the	Candidate			
Barrington Hills	IL	60010						
Original Amount of Loan	Cumulative Page	yment To D	ate E	Balance Outstanding at Close of	This Period			
71.61			0.00		71.61			
2 2	7	7		2	4			
TERMS Date Incurred	С	Date Due	Interest F (If none, e		ed:			
M10 ^M / D01 ^D / 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)		ı	Name of Employer					
Mailing Address		(Occupation					
			A ma a cont					
City State	ZIP Code		Amount Guaranteed					
State	ZIP Code	(Outstanding:	7	_			
2. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address		(Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:					
3. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address		(Occupation					
			Amount		_			
City State	ZIP Code	(Guaranteed					
		(Outstanding:	, , ,				
4. Full Name (Last, First, Middle Initial)		ı	Name of Employer					
Mailing Address		(Occupation					
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount		_			
City State	ZIP Code	I	Guaranteed Outstanding:	7 7 7				
		<u>'</u>						
SUBTOTALS This Period This Page (optional)			······	7	71.61			
TOTALS This Period (last page in this line onl	y)		·····	7 7 7	*			
				7				
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no	Schedule D, carry f	forward to appropriate line of S	Summary.			

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

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OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4132
LOAN SOURCE Full Name (Last, First, Mi	ddlo Initial)	Election: 0040
Coolidge, Leslie, , ,	udie iiiitiai)	☐ 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 Page	yment To Date Balance Outstanding at Close of This Period
439.77		0.00 439.77
TERMS Date Incurred	С	late Due Interest Rate Secured: (If none, enter 0)
M10 ^M / P19 ^D / Y Z01Z Y	M M / D D	/
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
		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)		
		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line onl	y)	······
Carry outstanding balance only to LINE 3, Sc	hedule 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

						130			
	ME OF COMMITTEE (In Full) oolidge For Congress				Trans	action ID : SC/10.4150			
Ц,	LOAN SOURCE Full Name (Last,	Eirot M:-	Idla Initial			Floation, 0315			
	Coolidge, Leslie, , ,	FIRST, IVIIC	adie 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		Torsonal Funds of the Candidate			
	Original Amount of Loan		Cumulative Pay	ment To	Date Ba	alance Outstanding at Close of This Period			
	12000	0.00			0.00	12000.00			
	TERMS Date Incurred			ate Due	Interest Ra (If none, en	er 0)			
	M10 ^M / P19 ^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:	9 9			
	2. Full Name (Last, First, Middle In	itial)	•		Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7 7			
	3. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9			
SI	JBTOTALS This Period This Page (optional)				12000.00			
TC	OTALS This Period (last page in this	line only	/)		······				
С	arry outstanding balance only to Lli	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.			
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Summary	rage		13b		
NAME OF COMMITTEE (In Full)			Tra	nsaction ID	: SC/10.4135	•		
Coolidge For Congress								
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo I		on: 2012			
Coolidge, Leslie, , ,					Primary			
Mailing Address					General Other (specify) ▼			
Mailing Address 345 Old Sutton Road					other (specify)			
City	State	ZIP Code	9	-	Danier al Francis of the C	N = 1" - 1 = 1 = 1		
Barrington Hills	IL	60010		X	Personal Funds of the C	andidate		
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Ou	itstanding at Close of Th	nis Period		
32161.19			0.00		32161	.19		
TERMS Date Incurred	,	ate Due	Interest	Rate	Secured			
			(If none,	enter 0)	Secured	•		
M10 ^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 any) t	o Loan Source							
1. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
		<u> </u>	Amount			_		
City	ZIP Code	I	Guaranteed Outstanding:	-				
2. Full Name (Last, First, Middle Initial)	·		Name of Employer					
Mailing Address		(Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7	y w			
3. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		,	Occupation					
			Amount			1		
City	ZIP Code		Guaranteed Outstanding:	- ,				
4. Full Name (Last, First, Middle Initial)	·		Name of Employer					
Mailing Address		- 1	Occupation					
		<u> </u>	Amount			_		
City	ZIP Code		Guaranteed Outstanding:	7	7			
·								
SUBTOTALS This Period This Page (optional).			······		32161	.19		
TOTALS This Period (last page in this line only	/)		······•		7			
Carry outstanding balance only to LINE 3, Sci	nedule D. for this	s line. If no	Schedule D. carry	forward to	appropriate line of Su	mmarv.		
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Guiriniary i	age	13b
NAME OF COMMITTEE (In Full)			Trans	action ID : SC/10.4134	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo Ite	m Election: 2012	
Coolidge, Leslie, , ,				Primary	
				★ General	
Mailing Address 345 Old Sutton Road				Other (specify) ▼	
343 Old Sullon Road					
City	State	ZIP Code	 e		
	IL	60010		Personal Funds of the	Candidate
Barrington Hills	IL	60010			
Original Amount of Loan	Cumulative Pag	vment To D	oate Ba	alance Outstanding at Close of T	Γhis Period
6000.00			0.00	600	0.00
TERMS Date Incurred	L	Date Due	Interest Ra (If none, en		J:
M11 ^M / D02 ^D / Y Ž01Ž Y	M M / D D	/ Y 12		0.00	
02 2012		12	/31/12	% (apr)	s X No
List All Endorsers or Guarantors (if any) t	a Loop Course				
	o Loan Source		Name of Employer		
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
Mailing Address		'	Occupation		
			Amount		
City State	ZIP Code		Guaranteed		
State	ZIF Code	(Outstanding:	7	_
2. Full Name (Last, First, Middle Initial)			Name of Employer		
2. Full Numb (Last, First, Middle Initial)					
Mailing Address			Occupation		
agaaaa			•		
			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:	7 7	
4 5 11 11 11 11 11 11 11 11 11 11 11 11 1					
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
Mailing Address		'	Occupation		
			A manust		
City State	ZIP Code		Amount Guaranteed		7
State	ZIF Code		Outstanding:	7 7	_
SUBTOTALS This Period This Page (optional).			······	6000	0.00
				7 7	
TOTALS This Period (last page in this line only	y) ·····		······		
				, , ,	
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry fo	orward to appropriate line of S	ummary.

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

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4130
LOAN COURCE Full Names // set First N	الماطاء المنافاءا/	Firefree
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	iiddie 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
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	/
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

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			Detailed Guirinary	age			13b
NAME OF COMMITTEE (In Full)			Tra	nsaction II	D : SC/10.4164		
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo I	tem Elec	tion: 2012		
Coolidge, Leslie, , ,					Primary		
					General Other (specify) ▼		
Mailing Address 345 Old Sutton Road	345 Old Sutton Road						
City	State	ZIP Code			Damard Frank of the	0	-P-1-1-
Barrington Hills	IL	60010		X	Personal Funds of the	Cano	
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance C	outstanding at Close of	This I	Period
30.00			0.00		7	30.00	Ш
TERMS Date Incurred		Date Due	Interest		Secur	ed:	
M12M / D01D / Y Ž01Ž Y	M M / D D) / Y 12	(If none,	0.00	1 _		
			0.7.2		% (apr) Ye	es X	• No
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(Occupation				
		1	Amount			-	
City	ZIP Code		Guaranteed Outstanding:	7	-		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
		1	Amount			_	
City State	ZIP Code		Guaranteed Outstanding:	,		_	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
011	710.0.1		Amount Guaranteed				
City	ZIP Code		Outstanding:	7	7	-	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
		7	Amount				
City State	ZIP Code		Guaranteed Outstanding:	7	y	_	
	'	'					
SUBTOTALS This Period This Page (optional).			······•		7	30.00	
TOTALS This Period (last page in this line only	y)		·····		1430	08.02	
Carry outstanding balance only to LINE 3, Sci	hedule D. for this	s line. If no	Schedule D. carry	forward t	o appropriate line of	Summ	arv.