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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An	Authorized Comm	ittee	Offi	ce Use Only
NAME OF COMMITTEE (in full) TYPE OR PRIM TYPE OR PR		nple: If typing, type the lines.	12FE4M5	
Coolidge For Congress				1
ADDRESS (number and street)	n Road			
▼				
Check if different than previously reported. (ACC)				10
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲		STATE A	ZIP CODE ▲
C C00505610	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose One)	(b) 12-Day PRE -E	lection Report for the	۵۰	
(a) Quarterly Reports:				
April 15 Quarterly Report (Q1)	LL F	Primary (12P)	General (12G)	Runoff (12R)
		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)		M M / D D	/ Y Y Y Y	in the
October 15 Quarterly Report (Q3)	Election on			State of
January 31 Year-End Report (YE)	(c) 30-Day POST -	Election Report for t	he:	
		General (30G)	Runoff (30R)	Special (30S)
-		general (30G)	Rulioli (30h)	Special (303)
Termination Report (TER)	Election on	M M / D D	/ Y Y Y Y	in the State of
5. Covering Period 04 01	y y y y y 2020	through C	M / D D / Y	Y Y Y 2020
I certify that I have examined this Report and t Coolidge, Le Type or Print Name of Treasurer		- vledge and belief it i	is true, correct and co	mplete.
Coolidge, Leslie, , , Signature of Treasurer	[1	Electronically Filed]	Date 07	15 / Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroneous, or incompl	ete information mav sul	bject the person siani	ng this Report to the p	enalties of 52 U.S.C. §30109
Office			<u> </u>	
Use Only				FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2020 2020 06 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 PAGE 3 / 24 FEC Form 3 (Revised 05/2016) Write or Type Committee Name Coolidge For Congress 04 06 2020 01 2020 30 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: (a) Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A).....

	(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	0.00	0.00
	(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(c) TOTAL LOANS	0.00	0.00
	(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

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 5

13a 13b

OF

						130
	ME OF COMMITTEE (In Full) Coolidge For Congress				Trans	saction ID : SC/10.4139
	LOAN SOURCE Full Name (Last,	First Mic	ddle Initial)			m Election: 2012
	Coolidge, Leslie, , ,				∐ Memo Ite	m Primary General
	Mailing Address 345 Old Sutton Road					Other (specify)
	City		State	ZIP Cod	de	✗ Personal Funds of the Candidate
	Barrington Hills		IL	60010		- Totalian i and an and an analas
	Original Amount of Loan		Cumulative Pay	ment To		alance Outstanding at Close of This Period
	13540	0.04			1500.00	12040.04
	TERMS Date Incurred		D	ate Due	Interest R (If none, er	
	M10 ^M / D18 ^D / Y Ž011	Υ	M M / D D	/ Y 1	2/31/12 ^Y	0.00 % (apr) Yes No
	List All Endorsers or Guarantors	(if any) t	o Loan Source			
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	g
	2. Full Name (Last, First, Middle In	itial)	·		Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	7
	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:	, , , , , , , , ,
S	SUBTOTALS This Period This Page (optional) 12040.04					
Т	TOTALS This Period (last page in this line only)					
_	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.

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

		130		
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4138		
LOAN SOURCE Full Name (Last, First, N	Middle Initial	— Flootion: 0040		
Coolidge, Leslie, , ,	nddie iriitiai)	☐ Memo Item		
Mailing Address 345 Old Sutton Road		Other (specify) ▼		
City	State	ZIP Code Personal Funds of the Candidate		
Barrington Hills	IL	60010		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
100.00		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 or	TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

PAGE 7
FOR LINE NUMBER: (check only one)

X 13a 13b

OF

NAME OF COMMITTEE (In F	•		Transaction ID : SC/10.4137
Coolidge, Leslie, ,	•	ldle Initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road			Other (specify) ▼
City		State	ZIP Code Resonal 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 Incu	rred	С	Date Due Interest Rate Secured: (If none, enter 0)
M 12 ^M / D 15 D /	Y Ž01Ť Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Gu	uarantors (if any) t	o Loan Source	
1. Full Name (Last, First	t, Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
,		2 0000	Outstanding: Name of Employer
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
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First,	Middle Initial)	'	Name of Employer
Mailing Address	Mailing Address		Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period Th	nis Page (optional)		500.00
TOTALS This Period (last pa			, , , , , ,
Carry outstanding balance	only to LINE 3, Sch	edule 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

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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 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			
	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					
GODICIALS THIS PERIOD THIS Page (optional	SUBTOTALS This Period This Page (optional)				
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

FOR LINE NUMBER: (check only one)

PAGE

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13a 13b

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	TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4140
LOAN COURCE Full Name (Load First N	U-1-U- 1:4:-1\	Terminal Control of the Control of t
LOAN SOURCE Full Name (Last, First, M Coolidge, Leslie, , ,	liddie initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010 Personal runds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
15000.00		0.00 15000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M02 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	/ Y 12Ў31/12 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
		, 1000.00
TOTALS This Period (last page in this line or	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

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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 State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (options	al)	15900.95	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

FOR LINE NUMBER: (check only one)

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ſ		13b

		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:			
SURTOTALS This Period This Page (options	SUBTOTALS This Period This Page (optional)				
CODICIALS THIS I SHOU THIS Page (Optional	,	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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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4144
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Election: 0040
Coolidge, Leslie, , ,	☐ Memo Item	
Mailing Address 345 Old Sutton Road	Other (specify) ▼	
City	State	ZIP Code Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
6000.00		0.00 6000.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D09D / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if an	v) to Loan Source	
Full Name (Last, First, Middle Initial)	y, to Louis Godies	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	zIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	zIP Code	Guaranteed Outstanding:
CUPTOTAL O TILL D. L. L. T. L. C. L.		
SUBTOTALS This Period This Page (option	aı)	6000.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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	13b

NAME OF COMMITTEE (In F	•		Transa	ction ID : SC/10.4145
Coolidge, Leslie, ,		ldle 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 runus or the Canadate
Original Amount of Loan		Cumulative Pa	ment To Date Bal	ance Outstanding at Close of This Period
	18861.70		0.00	18861.70
TERMS Date Incu	rred	Г	ate Due Interest Rat	
M03M / D13D /	^Y Ž01Ž ^Y	M M / D D		% (apr) Yes X No
List All Endorsers or Gu		o Loan Source		
1. Full Name (Last, First	, Middle Initial)		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	
	T		Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9
3. Full Name (Last, First,	Middle Initial)	·	Name of Employer	
Mailing Address			Occupation	
Oit.	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	
0''	101.1	710.0.1	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9 9
SUBTOTALS This Period Th	nis Page (optional)			18861.70
TOTALS This Period (last p				10001.70
Comp. autotos dina halena	ambrida LINE 0. Oct	andula D. for the	line If we Cabadida D. associate	used to envisable the of Commen
Carry outstanding balance	only to LINE 3, Sch	neaule 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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		Detailed Garrina	13b	
AME OF COMMITTEE (In Full) Coolidge For Congress		Tra	ansaction ID : SC/10.4147	
LOAN SOURCE Full Name (Last, First Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road	et, Middle Initial)	☐ Memo	Item Election: 2012 Primary General Other (specify) ▼	
City State ZIP Code Barrington Hills IL 60010			▼ Personal Funds of the Candidate	
Original Amount of Loan 2661.28	Cumulative Pa	yment To Date	Balance Outstanding at Close of This Period 2661.28	
TERMS Date Incurred M03M / D20D / Y Z01Z Y	M " M / D " D		Rate enter 0) 0.00 % (apr) Secured: Yes No	
List All Endorsers or Guarantors (if		1		
1. Full Name (Last, First, Middle Initia	ıl)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , ,	
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:	. , ,	
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:	. , . ,	
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City	ate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,	
OTALS 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, carr	forward to appropriate line of Summary.	

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

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NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4148
LOAN SOURCE Full Name (Last, First,	Middle 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 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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NAME OF COMMITTEE (In Full) Coolidge For Congress			Tra	ansaction ID	: SC/10.4149
	1.11. 1.22. 5			Τ	
LOAN SOURCE Full Name (Last, First, Mi		☐ Memo		ion: 2012	
Coolidge, Leslie, , ,					Primary General
Mailing Address					Dther (specify) ▼
345 Old Sutton Road					Strict (specify) •
City	State	ZIP Code		×	Personal Funds of the Candidate
Barrington Hills	IL	60010			
Original Amount of Loan	Cumulative Pay	yment To Da	te	Balance Ou	utstanding at Close of This Period
1652.64		,	0.00		1652.64
TERMS Date Incurred	D	Date Due	Interest (If none,	Rate enter 0)	Secured:
M04 ^M / D26 ^D / Y Ž01Ž Y	M M / D D	/ Y 12/3	1/12 ^Y	0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address		0	ccupation		
		A	mount		
City	ZIP Code		uaranteed utstanding:	-	7
2. Full Name (Last, First, Middle Initial)		N	ame of Employer		
Mailing Address		0	ccupation		
		A	mount		
City	ZIP Code		uaranteed utstanding:	-	
3. Full Name (Last, First, Middle Initial) Name of Employer					
Mailing Address		0	ccupation		
		A	mount		
City	ZIP Code		uaranteed utstanding:	7	7
4. Full Name (Last, First, Middle Initial)	!	N	ame of Employer		
Mailing Address		0	ccupation		
		A	mount		
City State	ZIP Code		uaranteed utstanding:	7	
SUBTOTALS This Period This Page (optional)	·				4050.04
TOTALS This Period (last page in this line onl					1652.64
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

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NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4136
LOAN SOURCE Full Name (Last, First, M	iddlo Initial)	Election: 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
71.61		0.00 71.61
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10M / D01D / 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 State	ZIP Code	Guaranteed 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 (optional		
		7 7 7
TOTALS This Period (last page in this line or	ıly)	—————————————————————————————————————
Carry outstanding balance only to LINE 3, Se	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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	ME OF COMMITTEE (In Full) polidge For Congress				Transac	ction ID : SC/10.4132
<u> </u>	LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)		Memo Item	Election: 2012
Coolidge, Leslie, , ,						Primary x General
Mailing Address 345 Old Sutton Road						Other (specify)
-	City		State	ZIP Co	de	Personal Funds of the Candidate
	Barrington Hills		IL	60010		reisonal runus of the Candidate
	Original Amount of Loan		Cumulative Page	yment To	Date Bala	ance Outstanding at Close of This Period
	, 43	9.77			0.00	439.77
ſ	TERMS Date Incurred		С	ate Due	Interest Rate (If none, ente	
	M10 ^M / D19 ^D / Y Ž01Ž	Y	M M / D D	/ Y	12/31/12 Y	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	
			1		Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	9 9
Ī	2. Full Name (Last, First, Middle Initial)				Name of Employer	
	Mailing Address				Occupation	
-	O'L.	04-4-	7ID 0- 1-		Amount Guaranteed	
	City	State	ZIP Code			9
	3. Full Name (Last, First, Middle In	nitial)			Name of Employer	
	Mailing Address				Occupation	
-	0.11	0	710.0		Amount Guaranteed	
	City	State	ZIP Code		Outstanding:	9
	4. Full Name (Last, First, Middle II	nitial)			Name of Employer	
	Mailing Address				Occupation	
-	011	0	710.0		Amount Guaranteed	
	City	State	ZIP Code		Outstanding:	7 7
en	BTOTALS This Period This Page	(ontional)				
30	DIOIALO IIIIS I EIIOU IIIIS PAGE	(οριίσι αι).				439.77
то	TALS This Period (last page in thi	s line only	v)		······	
Ca	arry outstanding balance only to L	INE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.

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Transaction ID: SC/10.4150 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 12000.00 0.00 12000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10^M 0.00 ^D19^D 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)..... 12000.00 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.

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NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4135
LOAN SOURCE Full Name (Last, First	Middle Initial	Floation
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
32161.19		0.00 32161.19
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10M / D26D / Y Ž01Ž Y	M M / D D	/ 12//31/12 Y 0.00 % (apr) Yes X No
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	te ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	32161.19
TOTALS This Period (last page in this line	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.

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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 Laga Cauras				
	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		
agaass			•		
			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) ·····		······		
				7 7	
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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Transaction ID: SC/10.4130 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 1780.84 0.00 1780.84 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 0.00 D06D 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 ZIP Code City State 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)..... 1780.84 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.

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	ME OF COMMITTEE (In Full) Coolidge For Congress		Trans	Transaction ID : SC/10.4164			
Ľ							
	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , , Mailing Address 345 Old Sutton Road				☐ Memo Item ☐ Election: 2012 ☐ Primary ☐ General ☐ Other (specify) ▼		
	City Parriagton Hills		State ZIP Coo		de	Personal Funds of the Candidate	
	Barrington Hills						
	Original Amount of Loan Cumulative Payment			ment To	To Date Balance Outstanding at Close of This Period 0.00 30.00		
	TERMS Date Incurred Date I			ate Due	ue Interest Rate Secured: (If none, enter 0)		
	M12M / D01D / Y Z01Z Y M M / D D /				[↑] 12/31/12 [↑] 0.00 % (apr) Yes No		
	List All Endorsers or Guarantors (if any) to Loan Source						
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer		
					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:	7	
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	y y	
	4. Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer		
					Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
SUBTOTALS This Period This Page (optional)							
т	TOTALS This Period (last page in this line only)						
d	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						
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