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#### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	uthorized Cor	nmittee		(	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		xample: If typing, ver the lines.	type	12FE4M5	
Coolidge For Congre	ess 			1 1 1 1		
ADDDESO ( ) A A A A A	345 Old Sutton	Road				
ADDRESS (number and street) ▼						
Check if different	Daminatas				6	20010
than previously reported. (ACC)	Barrington					60010
2. FEC IDENTIFICATION	NUMBER <b>▼</b>	CITY ▲		ST	TATE A	ZIP CODE ▲
			_		_	STATE ▼ DISTRICT
C C00505610		3. IS THIS REPORT	× NEW (N)	OR	AMENDE (A)	IL 06
	1					
4. TYPE OF REPORT (C	Choose One)	(b) 12-Day <b>PR</b>	<b>E</b> -Election Report	for the:		
(a) Quarterly Reports:		П	Daine (10D)	П	0	O) D off (40D)
April 15 Quarterly	y Report (Q1)		Primary (12P)		General (12	G) Runoff (12R)
			Convention (120	C)	Special (12	S)
July 15 Quarterly	Report (Q2)		Fortier - F			
X October 15 Quar	terly Report (Q3)	Election or		D D /	Y Y Y Y	in the State of
January 31 Year-	End Report (YE)	(c) 30-Day <b>PO</b>	ST-Election Report	t for the:		
		П	General (30G)	П	Runoff (30F	Special (30S)
Touristic Pro-	(TED)		,		,	,
Termination Repo	ort (TER)	Election or		D D /	Y Y Y	in the State of
м		Y		M M	/ D D /	Y " Y " Y " Y
5. Covering Period	07 01	2023	through	09	30	2023
I certify that I have examined	this Report and to	the best of my k	knowledge and beli	ief it is true	e, correct and	complete.
Type or Print Name of Treasu	rer Coolidge, Les	lie, , ,				
Signature of Treasurer	Coolidge, Leslie, , ,			Da	te 10	15 / Y Y Y Y Y Y 2023
NOTE: Submission of false, erro	oneous, or incomplet	te information may	subject the person	signing thi	s Report to the	penalties of 52 U.S.C. §30109
Office						FF0 F0514 0
Use Only						FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name Coolidge For Congress

<sup>M</sup>09 2023 2023 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)) ...... 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

#### Coolidge For Congress

Report Covering the Period: From: 07 01 2023 To: 09 30 2023

	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	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
2.	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
4.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	15.41
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	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**

FEC Form 3 (Revised 05/2016)

of Disbursements

	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(c) TOTAL LOAN REPAYMENTS	0.00	0.00
	(add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
	(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	120.00
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	rting period	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	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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X	13a
	13b

			Detailed Garrinar	y r age		13b
NAME OF COMMITTEE (In Full)	Tra	nsaction ID	) : SC/10.4139			
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		Memo	Item Elect	tion: 2012	
Coolidge, Leslie, , ,	Coolidge, Leslie, , ,					
Mailing Address					Other (specify) ▼	
345 Old Sutton Road						
City	State	ZIP Code	)		Dansanal Francis of the	0
Barrington Hills	IL	60010			Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance O	utstanding at Close of T	his Period
13540.04			1500.00		1204	0.04
TERMS Date Incurred	D	ate Due	Interest		Secured	d:
M M / D D / Y Y Y Y Y 1 Y 10 18 2011	M M / D D	/ Y Y	(If none, /31/12	enter 0)	1 –	
10 18 2011		12	/31/12	0.00	% (apr) Yes	No No
List All Endorsers or Guarantors (if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		1	Occupation			
		ļ.	Amount			_
City State	ZIP Code		Guaranteed Outstanding:	- 7		
2. Full Name (Last, First, Middle Initial)	'		Name of Employer			
Mailing Address			Occupation			
		7	Amount			_
City	ZIP Code		Guaranteed Outstanding:	7	7	
3. Full Name (Last, First, Middle Initial)	-		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:		7	
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	9	7	
		·				
SUBTOTALS This Period This Page (optional).			······	1 : :	12040	0.04
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 S	ummary

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

FOR LINE NUMBER: (check only one)

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OF

						130		
	COMMITTEE (In Full)				Tr	ransaction ID : SC/10.4138		
Coolidge	For Congress							
LOAN S	SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo			
Coolid	Coolidge, Leslie, , ,					Primary  General		
_	Mailing Address 345 Old Sutton Road					Other (specify)		
City				ZIP Co	de	Personal Funds of the Candidate		
Barringto	Barrington Hills IL 60010				0 Z 1 crashian 1 and 3 of the Gardie			
Origina	Original Amount of Loan Cumulative Payment To				To Date Balance Outstanding at Close of This Perio			
L	10	0.00			0.00	100.00		
TERMS	Date Incurred			Date Due		st Rate Secured: e, enter 0)		
M 11	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	M M / D D	/ Y	12/31/12	0.00 % (apr) Yes X No		
List All	Endorsers or Guarantors	(if any) to	o Loan Source					
1. Full	Name (Last, First, Middle	Initial)			Name of Employer			
Mail	ling Address				Occupation			
					Amount			
City		State	ZIP Code		Guaranteed Outstanding:	7 9		
2. Full 1	Name (Last, First, Middle In	nitial)			Name of Employer			
Mailir	Mailing Address				Occupation			
					Amount			
City		State	ZIP Code		Guaranteed Outstanding:			
3. Full 1	Name (Last, First, Middle In	nitial)	<u>'</u>		Name of Employer			
Mailir	ng Address				Occupation			
					Amount			
City		State	ZIP Code		Guaranteed Outstanding:			
4. Full 1	Name (Last, First, Middle In	nitial)	,		Name of Employer			
Mailir	Mailing Address				Occupation			
			Amount					
City		State	ZIP Code		Guaranteed Outstanding:	9 9		
SUBTOTAL	LS This Period This Page (	(optional)			······	100.00		
TOTALS T	his Period (last page in thi	s line only	·)		······	, , , , , , , , ,		
Carry outs	standing balance only to Li	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carr	ry forward 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)

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			Detailed Guillinary	13b			
NAME OF COMMITTEE (In Full)	Trai	nsaction ID : SC/10.4137					
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo I				
Coolidge, Leslie, , ,		Primary					
Mailing Address				General Other (specify) ▼			
345 Old Sutton Road				- Carior (opeony) V			
City	State	ZIP Code	Э	Personal Funds of the Candida			
Barrington Hills	IL	60010		T croonal runds of the Gandida			
Original Amount of Loan	Cumulative Pay	yment To D	Oate	Balance Outstanding at Close of This Peri-			
500.00			0.00	500.00			
TERMS D. I. I.	-	. 5					
TERMS Date Incurred		ate Due	Interest (If none,				
12 <sup>M</sup> / 15 <sup>D</sup> / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12	/31/12 <sup>Y</sup>	0.00 % (apr) Yes X N			
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		. 1	Occupation				
		-	Amount				
City	ZIP Code		Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	1		Name of Employer				
Mailing Address			Occupation				
			Amount				
City State	ZIP Code		Guaranteed				
3. Full Name (Last, First, Middle Initial)			Outstanding: Name of Employer				
3. Full Name (Last, First, Middle Illitial)			Traine or Empreyor				
Mailing Address			Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	y y			
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	7			
SUBTOTALS This Period This Page (optional)			······	500.00			
TOTALS This Period (last page in this line only	/)		······				
Carry outstanding balance only to LINE 3, Sch	nedule 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 OF
FOR LINE NUMBER:
(check only one)

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			Detailed S	burninary Page	<sup>3</sup>	13b	
IAME OF COMMITTEE (In Full)		•		Transact	tion ID : SC/10.4142		
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mic	LOAN SOURCE Full Name (Last, First, Middle Initial)						
Coolidge, Leslie, , ,					Y Primary  General		
Mailing Address					Other (specify)		
345 Old Sutton Road							
City	State	ZIP Code			Personal Funds of the C	`andidate	
Barrington Hills	IL	60010			T croonar r undo or the c	- analatic	
Original Amount of Loan	Cumulative Pay	yment To Date	€	Balar	nce Outstanding at Close of Th	nis Period	
5154.15			0.00		5154	.15	
TERMS Date Incurred	D	ate Due		Interest Rate (If none, enter	Secured:	:	
01 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y Y 12/31	YY	0.0		× No	
List All Endorsers or Guarantors (if any) t	o Loan Source				,		
1. Full Name (Last, First, Middle Initial)		Na	me of Em	ployer			
Mailing Address		Oc	Occupation				
		An	nount				
City	ZIP Code		aranteed tstanding:		, , , , , , , , , , , , , , , , , , , ,		
2. Full Name (Last, First, Middle Initial)	•	Na	Name of Employer				
Mailing Address		Oc	cupation				
			nount aranteed				
City State	ZIP Code		tstanding:		7	_	
3. Full Name (Last, First, Middle Initial)	•	Na	Name of Employer				
Mailing Address		Oc	cupation				
	T		nount aranteed			7	
City State	ZIP Code		tstanding:		7	_	
4. Full Name (Last, First, Middle Initial)	!	Na	me of Emp	ployer			
Mailing Address			cupation				
		Am	nount				
City State	ZIP Code		aranteed tstanding:		9		
SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last page in this line only)							
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no S	Schedule [	D, carry forw	ard to appropriate line of Su	mmary.	

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

FOR LINE NUMBER: (check only one)

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		100
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.4141
Coolidge For Congress		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Item
Coolidge, Leslie, , ,		General
Mailing Address 345 Old Sutton Road		Other (specify)
City	State	ZIP Code    X   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
11000.00	J,	0.00 11000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
02 / 23 / Y Y Y Y Y Y Y Y	M M / D D	/ 12/31/12
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
	T	Amount Guaranteed
City	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (options	al)	11000 00
Total Control of the	~-,	11000.00
TOTALS This Period (last page in this line of	only)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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			Detailed Summary	y Page			13b
NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)  Transaction ID : SC/10.4140						
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		Memo	ILEIII	ion: 2012		
Coolidge, Leslie, , ,					Primary General		
Mailing Address 345 Old Sutton Road				-	Other (specify)		
City	State	ZIP Code	 <del>)</del>	<u> </u>			
Barrington Hills	IL	60010		X	Personal Funds	of the Car	ndidate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Ou	utstanding at Clo	se of This	Period
15000.00			0.00			15000.00	0
TERMS Date Incurred	7	Date Due	Interest	Rate	7	Secured:	
			(If none,	enter 0)	•	Jecuieu.	
02 <sup>M</sup> / 26 <sup>D</sup> / Y Y Y Y Y Y	M M / D D	12	/31/12 <sup>Y</sup>	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				
			Amount Guaranteed				
City	ZIP Code		Outstanding:	7	7	- T	
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount Guaranteed				
City	ZIP Code		Outstanding:	7	7	W 1	
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
	1		Amount Guaranteed				
City	ZIP Code		Outstanding:	7	-	-	
4. Full Name (Last, First, Middle Initial)	!		Name of Employer				
Mailing Address			Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	7	7	W 1	
SUBTOTALS This Period This Page (optional)						15000.00	
				<u> </u>	7 7	15000.00	,
TOTALS This Period (last page in this line only	y)		······	<u> </u>			
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry	forward to	appropriate lin	e of Sum	mary.

Use separate schedule(s) for each category of the

**PAGE** FOR LINE NUMBER: (check only one)

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**X** | 13a Detailed Summary Page 13b Transaction ID: SC/10.4143 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 Other (specify) 345 Old Sutton Road City State ZIP Code Personal Funds of the Candidate 60010 IL Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15900.95 0.00 15900.95 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 03 2012 12/31/12 Yes 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 Occupation Mailing Address 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)..... 15900.95 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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			Detailed Summary	/ Page			13b
NAME OF COMMITTEE (In Full)			Tra	nsaction I	D : SC/10.4146		
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	item	ction: 2012		
Coolidge, Leslie, , ,				$\square$	Primary General		
Mailing Address 345 Old Sutton Road					Other (specify)	▼	
City	State	ZIP Code	•		Damagal Front	4 4 - 0	
Barrington Hills	IL	60010		X	Personal Fund	s of the C	andidate
Original Amount of Loan 653.85	Cumulative Payment To		ate 0.00	Balance (	Outstanding at C	lose of Th	
3 3	7	7	0.00		7 7		
TERMS Date Incurred	D:	ate Due	Interest (If none,			Secured:	
03 / D / Y Y Y Y Y Y	M M / D D		/31/12 <sup>Y</sup>	0.00	<b>%</b> (apr)	Yes	X No
List All Endorsers or Guarantors (if any) t	o Loan Source						
Full Name (Last, First, Middle Initial)		ľ	Name of Employer				
Mailing Address		(	Occupation				
City State	ZIP Code		Amount Guaranteed				7
·			Outstanding:  Name of Employer	7	7	-	
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)						
Mailing Address		(	Occupation				
	T		Amount Guaranteed				7
City State	ZIP Code		Outstanding:	7	7		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount				1
City	ZIP Code		Guaranteed Outstanding:	7	-	-	_
4. Full Name (Last, First, Middle Initial)	•	1	Name of Employer				
Mailing Address		(	Occupation				
			Amount				<del></del>
City	ZIP Code		Guaranteed Outstanding:	7	7		_
CURTOTAL C This Davied This Dags (artisans)							
SUBTOTALS This Period This Page (optional)				<u></u>		653.	85
TOTALS This Period (last page in this line only	y)		······		, ,		
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no	Schedule D, carry	forward	to appropriate l	ine of Sur	mmary.

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

FOR LINE NUMBER: (check only one)

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			Detailed Summar	y Page			13b
NAME OF COMMITTEE (In Full)			Tra	ansaction I	D : SC/10.4144		
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	ILEIII	etion: 2012		
Coolidge, Leslie, , ,							
Mailing Address 345 Old Sutton Road					Other (specify) ▼		
City	State	ZIP Code	)		1 - 1 - 1 - 1	_	
Barrington Hills	IL	60010			Personal Funds of the	e Can	ididate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance (	Outstanding at Close of	This	Period
6000.00		2	0.00		, ,	00.00	)
TERMS Date Incurred		ate Due	Interest (If none,	Rate enter 0)	Secur	ed:	
03 / 09 / 2012	M M / D D	12/	/31/12	0.00	<b>%</b> (apr)	es 2	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				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7	7		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
	T		Amount Guaranteed				
City	ZIP Code	(	Outstanding:  Name of Employer	7	7		
3. Full Name (Last, First, Middle Initial)	3. Full Name (Last, First, Middle Initial)						
Mailing Address		(	Occupation				
			Amount				
City	ZIP Code	(	Guaranteed Outstanding:	7	7	_	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7	9	_	
CURTOTAL C This Deviced This Deve (and in the		•				_	-
SUBTOTALS This Period This Page (optional)			<b>&gt;</b>		60	00.00	
TOTALS This Period (last page in this line only	/)		······		, ,		
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward t	to appropriate line of	Sumr	mary.

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

FOR LINE NUMBER: (check only one)

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			Detailed Summary	/ Page			13b
NAME OF COMMITTEE (In Full)			Tra	nsaction ID	: SC/10.4145		
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo	ILEIII	ion: 2012		
Coolidge, Leslie, , ,							
Mailing Address 345 Old Sutton Road					Other (specify) $\blacktriangledown$		
City	State	ZIP Code	9		5		
Barrington Hills	IL	60010			Personal Funds	of the Cai	ndidate
Original Amount of Loan	Cumulative Pag	yment To D		Balance O	utstanding at Clo	se of This	Period
18861.70	7	7	0.00		7	18861.7	0
TERMS Date Incurred		ate Due	· ·	Rate enter 0)	;	Secured:	
03 / 13 / 2012	M M / D D	12	/31/12 <sup>Y</sup>	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				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	9	7		
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(	Occupation				
			Amount Guaranteed				
City	ZIP Code		Outstanding:	7	7	W 1	
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(	Occupation				
			Amount Guaranteed				
City State	ZIP Code		Outstanding:	,	7	W 1	
4. Full Name (Last, First, Middle Initial)		- 1	Name of Employer	_		_	
Mailing Address		(	Occupation				
		ļ.,	Amount				
City	ZIP Code		Guaranteed Outstanding:	7	7	-	
SUBTOTALS This Period This Page (optional).						40004 =	
CODICIALO TIIS FERIOU TIIS FAGE (OPHORIAI).					7	18861.70	J
TOTALS This Period (last page in this line only	y)		······		7		
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry	forward to	appropriate lin	e of Sum	mary.

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

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			Detailed Garrinary	y rage	13b		
NAME OF COMMITTEE (In Full)			Tra	ansaction ID : SC/10.4147			
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		☐ Memo	Item Election: 2012			
Coolidge, Leslie, , ,				Primary			
Mailing Address				General Other (specify)	•		
345 Old Sutton Road					<u> </u>		
City	State	ZIP Code	<del></del>				
Barrington Hills	IL	60010		Personal Funds	s of the Candidate		
Original Amount of Loan	Cumulative Page	yment To D	ate	Balance Outstanding at C	lose of This Perio		
2661.28			0.00		2661.28		
9 9	9	7		7 7			
TERMS Date Incurred		Date Due	Interest (If none,	t Rate , enter 0)	Secured:		
03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12	/31/12 <sup>Y</sup>	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		1	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:  Name of Employer	7 7			
3. Full Name (Last, First, Middle Initial)	3. Full Name (Last, First, Middle Initial)						
Mailing Address			Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7	(R)		
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(	Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	7 7			
SUBTOTALS This Period This Page (optional)			·····		2661.28		
TOTALS This Period (last page in this line onl	y)			7			
Carry outstanding balance only to LINE 3, Sc	hedule D. for this	s lina If n	Schedule D. carry	/ forward to appropriate li	ne of Summary		
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Use separate schedule(s) for each category of the Detailed Summary Page

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				Detailed Surfimary	rage			13b
NAME OF COMMITTEE (In Full)				Tra	nsaction	ID : SC/10.4148		
Coolidge For Congress								
LOAN SOURCE Full Name (La	st, First, Mi	ddle Initial)		☐ Memo I	Item Ele	ction: 2012		
Coolidge, Leslie, , ,					×	Primary General		
Mailing Address 345 Old Sutton Road						Other (specify) ▼		
City		State	ZIP Code	Э		7		
Barrington Hills		IL	60010			Personal Funds of the	Can	didate
Original Amount of Loan		Cumulative Pay	yment To D	ate	Balance	Outstanding at Close of T	his	Period
1	000.00	9	9	0.00		100	0.00	
TERMS Date Incurred		D	ate Due	Interest (If none,		Secure	d:	
04 03 7 20		M M / D D		/31/12 <sup>Y</sup>		% (apr)	<u> </u>	No
List All Endorsers or Guaranto	rs (if any) t	o Loan Source						
1. Full Name (Last, First, Middl	e Initial)			Name of Employer				
Mailing Address				Occupation				
				Amount			Π	
City	State	ZIP Code		Guaranteed Outstanding:	7		_	
2. Full Name (Last, First, Middle	nitial)			Name of Employer				
Mailing Address	Mailing Address		- 1	Occupation				
				Amount Guaranteed			Π	
City	State	ZIP Code		Outstanding:	7	, , , , , ,		
3. Full Name (Last, First, Middle	nitial)			Name of Employer				
Mailing Address				Occupation				
				Amount			$\overline{}$	
City	State	ZIP Code		Guaranteed Outstanding:	7	9	-	
4. Full Name (Last, First, Middle	nitial)	•		Name of Employer				
Mailing Address				Occupation				
				Amount	-		=	
City	State	ZIP Code		Guaranteed Outstanding:	7	y		
·	•	·	·					_
SUBTOTALS This Period This Pag	e (optional).			······		100	0.00	
TOTALS This Period (last page in	this line only	y)		······•		0 1 1 0 1 1	1	Ī
Carry outstanding balance only to	LINE 3. Sci	nedule D. for this	s line. If no	Schedule D. carry	forward	to appropriate line of S	umm	narv
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Garrina	y rage		13b	
NAME OF COMMITTEE (In Full)			Tra	nsaction ID : S	C/10.4149		
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		☐ Memo	Item Election:	2012		
Coolidge, Leslie, , ,				Prim	•		
Mailing Address				Gene	erai er (specify) ▼		
345 Old Sutton Road							
City	State	ZIP Code	9				
Barrington Hills	IL	60010		X Per	sonal Funds of the C	andidate	
Original Amount of Loan	Cumulative Pag	yment To D	ate	Balance Outsta	anding at Close of Th	nis Period	
1652.64			0.00		1652	.64	
7 7	9	7			7		
TERMS Date Incurred		Date Due		: Rate enter 0)	Secured		
04 / 26 / Y Y Y Y Y	M M / D D	/ Y 12	/31/12 <sup>Y</sup>	0.00	6 (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				
		<u> </u>	Amount				
City	ZIP Code		Guaranteed Outstanding:		7		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount			_	
City	ZIP Code		Guaranteed Outstanding:		7		
3. Full Name (Last, First, Middle Initial)			Name of Employer	,			
Mailing Address		(	Occupation				
			Amount			<del></del>	
City	ZIP Code		Guaranteed Outstanding:	7	y		
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	7	7		
	'	<u> </u>					
SUBTOTALS This Period This Page (optional)			······		1652	.64	
TOTALS This Period (last page in this line onl	y)		······•	7			
Carry outstanding balance only to LINE 3, Sc	hedule D. for this	s line If no	Schedule D. care	forward to on	nronriate line of Su	mmary	
ı	HEADIE DI IOI UIII	a mic. II fic	, John Caule D, Cally	ioiwaiu to ab	PIOPIIALE IIIE UI DU	minal y.	

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

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				,9-		13b
NAME OF COMMITTEE (In Full)			T	ransactio	on ID : SC/10.4136	
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Mem	o Item E	Election: 2012	
Coolidge, Leslie, , ,					Primary  General	
Mailing Address					Other (specify)	
345 Old Sutton Road					·	
City	State	ZIP Code			X Personal Funds of the Cand	
Barrington Hills	IL	60010			7 reisonal runus or the Cand	Juaie
Original Amount of Loan	Cumulative Pay	yment To Da	ite	Balanc	e Outstanding at Close of This I	Period
71.61		,	0.00		71.61	Ш
TERMS Date Incurred	D	ate Due		est Rate ne, enter 0)	Secured:	
M 10 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D		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 Initial)		N	lame of Employer	•		
Mailing Address		С	Occupation			
			mount			
City	ZIP Code		Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	•	N	lame of Employer			
Mailing Address		C	occupation			
	T		mount Guaranteed			
City	ZIP Code		outstanding:		, , , , ,	
3. Full Name (Last, First, Middle Initial)		٨	lame of Employer	•		
Mailing Address		C	occupation			
			mount			
City	ZIP Code		Suaranteed Outstanding:	7	9	
4. Full Name (Last, First, Middle Initial)	'	٨	lame of Employer			
Mailing Address		C	occupation			
			mount			
City	ZIP Code		Guaranteed Outstanding:		, , , , ,	
SUBTOTALS This Period This Page (optional).					71.61	
TOTALS This Period (last page in this line only			<u>_</u>	Ħ		Ħ
Carry outstanding balance only to LINE 3. Sci	andula D. for this	o lino. If no	Sobodulo D. co	m forus	ed to appropriate line of Summer	
i varry oursianding balance only to LINE 3 Sch	recipie D. Tor This	s une. IT no	achequie I) cai	iv iorwar	o to appropriate line of Summ	arv

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

FOR LINE NUMBER: (check only one)

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						130		
	ME OF COMMITTEE (In Full)				Transa	action ID : SC/10.4132		
С	oolidge For Congress							
	LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)		☐ Memo Iten			
	Coolidge, Leslie, , ,					Primary General		
	Mailing Address 345 Old Sutton Road					Other (specify)		
•	City		State	ZIP Co	de	Personal Funds of the Candidate		
	Barrington Hills		IL	60010		Torochai Farias of the Sanatatio		
	Original Amount of Loan		Cumulative Pay	ment To	Date Ba	lance Outstanding at Close of This Period		
	439	0.77	7		0.00	439.77		
	TERMS Date Incurred		C	ate Due	Interest Ra (If none, ent			
	10 19 / Y Y 2012	Υ	M M / D D	/ Y	2/31/12	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:	7		
	2. Full Name (Last, First, Middle In	itial)	l		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:	9 9		
	4. Full Name (Last, First, Middle In	itial)	-		Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7 7		
		•						
SI	JBTOTALS This Period This Page (	optional)			<u> </u>	439.77		
т	<b>DTALS</b> This Period (last page in this	line only	/)		······	, , , , , , , , , , , ,		
С	arry outstanding balance only to LII	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry for	rward to appropriate line of Summary.		
	<del>-</del>							

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			Detailed Guillinary	1 age	13b
NAME OF COMMITTEE (In Full)			Trar	nsaction ID : SC/10.4150	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo II	tem Election: 2012	
Coolidge, Leslie, , ,			_	Primary	
Mailing Address				General Other (specify) ▼	
345 Old Sutton Road				Other (specify) •	
City	State	ZIP Code	e	Personal Funds of the Cand	didata
Barrington Hills	IL	60010		reisonal runus of the Cand	nuale
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close of This F	Period
12000.00			0.00	12000.00	П
TERMS Date leaving	-	Nata Dua	Interest	Deta Consumedi	
TERMS Date Incurred		ate Due	Interest (If none,		
10 / 19 / Y Y Y Y Y Y	M M / D D	12	/31/12 <sup>Y</sup>	0.00 % (apr) Yes	∑ 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		
		-	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:	7 7 7 7 7	
					_
SUBTOTALS This Period This Page (optional)			·····	12000.00	_
TOTALS This Period (last page in this line only	/)		·····	, , , , , , , , , , , , , , , , , , , ,	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line of Summ	ary.

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

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			Detailed Guillinary	1   1	3b
NAME OF COMMITTEE (In Full)			Trar	nsaction ID : SC/10.4135	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo It	tem Election: 2012	
Coolidge, Leslie, , ,			_	Primary	
Mailing Address				General Other (specify) ▼	
345 Old Sutton Road				Other (specify)	
City	State	ZIP Code	e	Personal Funds of the Candi	data
Barrington Hills	IL	60010		Personal Funds of the Candi	Jaie
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close of This Po	eriod
32161.19			0.00	32161.19	П
TERMS Duble by the	-	) . I. D	latamat	Data Occupi	=
TERMS Date Incurred		ate Due	Interest (If none, e		
10 / 26 / Y Y Y Y Y Y	M M / D D	12 12	/31/12	0.00 % (apr) Yes	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		
		-	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:	7	
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:	9 9 9	
CURTOTAL C This Deviced This Device (authors)	<u>.</u>	•			_
SUBTOTALS This Period This Page (optional)			<b>&gt;</b>	32161.19	┙
TOTALS This Period (last page in this line only	/)		·····•	, , , , , , , , , , , , , , , , , , , ,	
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line of Summa	iry.

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

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			Detailed Summary	y Page			13b
NAME OF COMMITTEE (In Full)			Tra	nsaction II	D : SC/10.4134		
Coolidge For Congress							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo		tion: 2012		
Coolidge, Leslie, , ,					Primary General		
Mailing Address 345 Old Sutton Road					Other (specify) ▼		
City	State	ZIP Code	)				
Barrington Hills	IL	60010			Personal Funds of the	• Can	ıdidate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance C	Outstanding at Close of	This	Period
6000.00	2		0.00		60	00.00	)
TERMS Date Incurred	D	ate Due	· · ·	Rate enter 0)	Secur	ed:	
11 02 Y Y Y Y Y Y	M M / D D	12	/31/12 Y	0.00	% (apr)	es D	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	ZIP Code		Guaranteed Outstanding:	7	7		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
	T		Amount Guaranteed			$\neg$	
City	ZIP Code		Outstanding:	7	- T		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
	T		Amount Guaranteed				
City	ZIP Code		Outstanding:	7		_	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation		-		
			Amount			_	
City	ZIP Code		Guaranteed Outstanding:	7	7	<u> </u>	
SUPTOTALS This Period This Page (entional)							$\overline{}$
SUBTOTALS This Period This Page (optional)				<u></u>	60	00.00	
TOTALS This Period (last page in this line only	/)		·····•		,	_	
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry	forward t	o appropriate line of	Sumr	mary.

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

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			Detailed Garrinar	y ruge	13b
NAME OF COMMITTEE (In Full)			Tra	ansaction ID : SC/10.4130	<u> </u>
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	Item Election: 2012	
Coolidge, Leslie, , ,				Primary	
Mailing Address				General Other (specify) ▼	
345 Old Sutton Road					
City	State	ZIP Code	<del></del>		
Barrington Hills	IL	60010		Personal Funds of the	ne Candidate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close of	of This Period
1780.84			0.00	1	780.84
TERMS	7			, , , , , , , , , , , , , , , , , , ,	
TERMS Date Incurred		ate Due		t Rate Secu , enter 0)	ired:
11 06 Y Y Y Y Y Y Y	M M / D D	/ Y 12	/31/12 <sup>Y</sup>	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		- 1	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)	l		Name of Employer		
Mailing Address		- 1	Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:	y y x	
		,			
SUBTOTALS This Period This Page (optional)			·····	1	780.84
TOTALS This Period (last page in this line only	/)			7	
Carry outstanding balance only to LINE 3, Sch	nedule D for this	s line. If no	Schedule D. carry	v forward to appropriate line of	Summary
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			Detailed Suffiffiary	/ Page	13b
NAME OF COMMITTEE (In Full)			Tra	nsaction ID : SC/10.4164	
Coolidge For Congress					
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo		
Coolidge, Leslie, , ,				Primary  General	
Mailing Address 345 Old Sutton Road				Other (specify)	
City	State	ZIP Code	<del>)</del>		
Barrington Hills	IL	60010		Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pay	yment To D		Balance Outstanding at Close of T	
30.00		9	0.00	30	0.00
TERMS Date Incurred		Date Due	Interest (If none,		i:
12 / 01 / Y Y Y Y Y Y	M M / D D	/ Y 12	/31/12 Y	0.00 <b>%</b> (apr) Yes	No 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		
	1		Amount Guaranteed		_
City	ZIP Code		Outstanding:	7 7	_
2. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(	Occupation		
		-	Amount Guaranteed		<u> </u>
City	ZIP Code		Outstanding:	9 9	_
3. Full Name (Last, First, Middle Initial)		I	Name of Employer		
Mailing Address		(	Occupation		
	T		Amount Guaranteed		7
City	ZIP Code		Outstanding:	7 7 7 7 7	_
4. Full Name (Last, First, Middle Initial)	•	1	Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7	
SUBTOTALS This Period This Page (optional).				~	2.00
The state of the state (optional).				30	0.00
TOTALS This Period (last page in this line only	y)		······	143008	5.02
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	s line. If no	Schedule D, carry	forward to appropriate line of St	ımmary.