PAGE 1 / 24

FORM 3

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

101111110	For An Au	uthorized Co	mmittee	(	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT	•	Example: If typing, ty over the lines.	pe 12FE4M5	
Coolidge For Congress	<b>S</b>				
ADDRESS (number and street)	345 Old Sutton	Road			
▼					
Check if different than previously reported. (ACC)	Barrington			IL 6	60010
2. FEC IDENTIFICATION N	UMBER ▼	CITY A		STATE ▲	ZIP CODE ▲
C C00505610		3. IS THIS REPORT	NEW (N) O	AMENDE (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Ch  (a) Quarterly Reports:  April 15 Quarterly F	Report (Q1)	(b) 12-Day <b>Pf</b>	RE-Election Report for Primary (12P)  Convention (12C)	General (12)	
October 15 Quarte	rly Report (Q3)	Election of		D / Y Y Y Y	in the State of
January 31 Year-Er	nd Report (YE)	(c) 30-Day <b>P</b> (	<b>DST</b> -Election Report	for the:	
			General (30G)	Runoff (30F	Special (30S)
Termination Report	(TER)	Election of	on D	D / Y Y Y Y	in the State of
	M / D D /	Y Y Y Y Y 2018	through	M M / D D / 12 31	Y Y Y Y Y 2018
I certify that I have examined the	Coolidge, Lesli		knowledge and belie	f it is true, correct and	complete.
Coo Signature of Treasurer	olidge, Leslie, , ,		[Electronically Filed]	Date Date	/ 31 / Y Y Y Y Y Y 2019
NOTE: Submission of false, errone	eous, or incomplete	e information ma	y subject the person s	signing this Report to the	penalties of 52 U.S.C. §30109
Office 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

2018 10 2018 12 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

10 2018 31 2018 Report Covering the Period: From: To:

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.	OPI	ERATING EXPENDITURES	0.00	120.00	
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00	
19.	LOA	AN 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.	REF	FUNDS OF CONTRIBUTIONS TO:			
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00	
			0.00	200	
	(b)	Political Party Committees  Other Political Committees	0.00	0.00	
	(0)	(such as PACs)	0.00	0.00	
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00	
21.	ОТН	HER DISBURSEMENTS	0.00	0.00	
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	0.00	120.00	
		III. CASH SU	MMARY		
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	TING PERIOD	0.00	
24	TO	TAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	0.00	
25.	SUI	BTOTAL (add Line 23 and Line 24)		0.00	
26.	TOT	TAL DISBURSEMENTS THIS PERIOD (from	n Line 22)	0.00	
27.		SH ON HAND AT CLOSE OF REPORTING	i 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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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, , ,	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
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 <sup>M</sup> / D18 <sup>D</sup> / 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	<b>N</b>	
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

FOR LINE NUMBER: (check only one)

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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 of	ור)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

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OF

		135
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4137
LOAN SOURCE Full Name (Last, First,	Middle Initial	Floation: 0040
Coolidge, Leslie, , ,	Middle IIIIIai)	Memo Item Election: 2012    X   Primary   General
Mailing Address 345 Old Sutton Road		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)

**X** 13a 13b

OF

NAME OF COMMITTEE (IN F	•		Transaction ID : SC/10.4142
LOAN SOURCE Full Na Coolidge, Leslie, ,	•	ddle Initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road			Other (specify) ▼
			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 Incur	rred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M01M / D02D /	<sup>Y</sup> Ž01Ž <sup>Y</sup>	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X N
List All Endorsers or Gu	uarantors (if any) t	o Loan Source	
1. Full Name (Last, First	, Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
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
0::	lo	710.0.1	Amount Guaranteed
City	State	ZIP Code	Outstanding:
4. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
	Ta	T	Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period Th	nis Page (optional)		5154.15
TOTALS This Period (last pa			,
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

FOR LINE NUMBER: (check only one)

PAGE

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13a 13b

OF

NAME OF COMMITTEE (In F	•		Transa	action ID : SC/10.4141
Coolidge, Leslie, ,		ldle Initial)	☐ Memo Iter	n Election: 2012  x Primary  General
Mailing Address 345 Old Sutton Road				Other (specify) ▼
			ZIP Code	▼ Personal Funds of the Candidate
Barrington Hills		IL	60010	T CISCILLI I GILGS OF THE CAMBIGATE
Original Amount of Loan		Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Period
	11000.00	9	0.00	11000.00
TERMS Date Incur	rred	С	Pate Due Interest Ra	
M02M / D23D /	<sup>Y</sup> Ž01Ž <sup>Y</sup>	M M / D D		0.00 % (apr) Yes X No
List All Endorsers or Gu	uarantors (if any) to	o Loan Source		
1. Full Name (Last, First	, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
·			Outstanding:  Name of Employer	9 9
2. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
4. Full Name (Last, First,	Middle Initial)	!	Name of Employer	
Mailing Address	Mailing Address			
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
SUBTOTALS This Period Th	nis Page (optional)			44000 00
TOTALS This Period (last pa				11000.00
The following flast pr		,		, , , , , , , , , , , , , , , , , , ,
Carry outstanding balance	only to LINE 3. Sch	edule D, for this	s line. If 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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X	13a
	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, , ,	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 <sup>M</sup> / D26 <sup>D</sup> / 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 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 (optional	)	
		, 10000.00
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

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4143
LOAN COURSE Full Name (Last First I	M:-I-II- I:+:-IV	I FL :
Coolidge, Leslie, , ,	viiddie initiai)	☐ 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
15900.95	,	0.00 15900.95
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D07D / Y Z01Ž 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	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:
CURTOTAL C. This Deviced This Device (authors	.n	
SUBTOTALS This Period This Page (optional		15900.95
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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OF

NAME OF COMMITTEE (In F	•		Transaction ID : SC/10.4146
Coolidge, Leslie, ,	•	ddle Initial)	☐ Memo Item
Mailing Address 345 Old Sutton Road			Other (specify) ▼
			ZIP Code  Personal Funds of the Candidate
Barrington Hills		IL	60010
Original Amount of Loar	1	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
	653.85		0.00 653.85
TERMS Date Incu	rred	Г	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D07D /	<sup>Y</sup> Ž01Ž <sup>Y</sup>	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or G	` **	o Loan Source	
1. Full Name (Last, First	t, Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
	T		Amount Guaranteed
City	State	ZIP Code	Outstanding:
3. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
O:t.	04-4-	7ID 0- 4-	Amount Guaranteed
City	State	ZIP Code	Outstanding:
4. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
011	lo	710.0	Amount Guaranteed
City	State	ZIP Code	Outstanding:
SUBTOTALS This Period TI	nis Page (optional)		653.85
TOTALS This Period (last p			, , , , ,
Corry outstanding below-	only to LINE 2 C-1	odulo D. for thi	s line If no Schodule D. committenued to engagints line of Summer
Carry outstanding palance	Only to LINE 3, Sch	iedule 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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FOR LINE NUMBER: (check only one)

13a 13b

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 State	zIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	zIP Code	Guaranteed Outstanding:
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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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4145
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
18861.70		0.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M03 <sup>M</sup> / D13 <sup>D</sup> / Y Ž01Ž 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

FOR LINE NUMBER: (check only one)

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			Detailed Guillinary I	age	13b	
NAME OF COMMITTEE (In Full)			Trans	action ID : SC/10.4147		
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		☐ Memo Iter	m Election: 2012		
Coolidge, Leslie, , ,				Primary		
				<b>✗</b> General		
Mailing Address 345 Old Sutton Road				Other (specify) ▼		
540 Gld Gdttoff Road						
City	State	)				
	IL	60010		<b>x</b> Personal Funds of the	Candidate	
Barrington Hills	IL.	00010				
Original Amount of Loan	Cumulative Pa	yment To D	ate Ba	alance Outstanding at Close of T	Γhis Period	
2661.28			0.00	266	1.28	
TERMS Date Incurred		Date Due	Interest Ra	oto Coouro		
TERMS Date Incurred	L	Jale Due	(If none, en		J.	
M <sub>03</sub> M / D <sub>20</sub> D / Y Ž01Ž Y	M M / D D	/ Y 12	/31/12 <sup>Y</sup>	0.00		
10 10 10 10 10 10 10 10 10 10 10 10 10 1			01712	% (apr)	s 🗶 No	
List All Endorsers or Guarantors (if any)	to Loan Source					
Full Name (Last, First, Middle Initial)	LO LOGIT GOGICO		Name of Employer			
1. Full Name (Last, First, Middle Initial)		'	Name of Employer			
Mailing Address			Occupation			
Walling Address						
		<u> </u>	Amount			
City State	ZIP Code		Guaranteed			
July	2 3345	(	Outstanding:	7		
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)		1	Name of Employer			
Mailing Address		(	Occupation			
		_				
	T		Amount Guaranteed			
City	ZIP Code		Outstanding:	7		
4. Full Name (Last, First, Middle Initial)			Name of Employer			
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
Mailing Address		'	Occupation			
-			Amount			
City State	ZIP Code		Guaranteed			
July State	2 3345		Outstanding:	7	_	
	l					
SUBTOTALS This Period This Page (optional)			······	266	1.28	
					##	
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 fo	orward 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	
	ME OF COMMITTEE (In Full) oolidge For Congress				Transa	action ID : SC/10.4148	
Щ	LOAN SOURCE Full Name (Last,	First Mic	Idle Initial)			n Election: 2012	
	Coolidge, Leslie, , ,	i ii St, iviic	idie iliitiai)		☐ Memo Iter	Primary  General	
	Mailing Address 345 Old Sutton Road					Other (specify)	
	City		State	ZIP Co	de	Personal Funds of the Candidate	
	Barrington Hills		IL	60010		To receive the data and	
	Original Amount of Loan		Cumulative Pay	yment To		alance Outstanding at Close of This Period	
	1000	0.00	,		0.00	1000.00	
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, ent		
	M04 <sup>M</sup> / D03 <sup>D</sup> / Y 2012	Y	M M / D D	/ Y 1	2/31/12 <sup>Y</sup>	% (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)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
	3. Full Name (Last, First, Middle In	itial)	•		Name of Employer  Occupation		
	Mailing Address						
		_			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	
SI	UBTOTALS This Period This Page (	optional)			······	1000.00	
т	OTALS This Period (last page in this	s line only	y)		······		
C	carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.	

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

		100
NAME OF COMMITTEE (In Full)  Coolidge For Congress		Transaction ID : SC/10.4149
LOAN SOURCE Full Name (Last, First, M	iddlo Initial)	Election: 0040
Coolidge, Leslie, , ,	☐ Memo Item ☐ Election: 2012 ☐ Primary ☐ General	
Mailing Address 345 Old Sutton Road	Other (specify) ▼	
City	State	ZIP Code  Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
1652.64		0.00 1652.64
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M04M / D26D / Y Ž01Ž Y	M M / D D	/ Y 12⅓31/12 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
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)		1652.64
TOTALS This Period (last page in this line on	ly)	······································
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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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					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 <sup>M</sup> / D01 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y 12	/31/12 <sup>Y</sup>	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			
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	<b>I</b>	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, , ,	☐ 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 <sup>M</sup> / P19 <sup>D</sup> / 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 State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
		, , , , , , , , , , , , , , , , , , , ,
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

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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 Iter	Primary	
-	Mailing Address 345 Old Sutton Road					X 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 Payment 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)	
	M10M / P19D / Y 2012	Y	M M / D D	/ Y 1	2/31/12 <sup>Y</sup>	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  Occupation		
	Mailing Address						
					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.	
	<del>-</del>		·				

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

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		Detailed Guilli	13b			
NAME OF COMMITTEE (In Full)		•	Transaction ID : SC/10.4135			
Coolidge For Congress						
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Me	mo Item Election: 2012			
Coolidge, Leslie, , ,			Primary			
			<b>x</b> General			
Mailing Address 345 Old Sutton Road			Other (specify) ▼			
343 Old Sullon Road						
City	State	ZIP Code				
	IL	60010	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 In surred		Onto Duo Into	reat Date			
TERMS Date Incurred	L		rest Rate Secured: one, enter 0)			
M10 <sup>M</sup> / D26 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y 12/31/12 Y	0.00			
20 2012		12/01/12	% (apr) Yes X No			
List All Endorsers or Guarantors (if any	n to Loan Source					
Full Name (Last, First, Middle Initial)	, to Loan Course	Name of Employ	er			
1. Full Name (Last, First, Middle Illitial)		ramo or Employs	OI .			
Mailing Address		Occupation				
Walling Address		o o o a patient				
		Amount				
City State	ZIP Code	Guaranteed				
only of the state	2 0000	Outstanding:	7			
2. Full Name (Last, First, Middle Initial)	I .	Name of Employe	er			
Mailing Address		Occupation	Occupation			
			Amount			
City	ZIP Code	Guaranteed				
		Outstanding:	,			
3. Full Name (Last, First, Middle Initial)		Name of Employe	er			
Mailing Address		Occupation				
		A				
011	710.0.1	Amount Guaranteed				
City	ZIP Code	Outstanding:	9 9			
4. Full Name (Last, First, Middle Initial)		Name of Employ	or			
4. Full Name (Last, First, Middle Initial)		realite of Employs	Ci			
Mailing Address		Occupation				
maining / tadrooc		o o o a patient				
		Amount				
City	ZIP Code	Guaranteed				
,		Outstanding:	9 9			
	n.					
SUBTOTALS This Period This Page (options	aı)	······	32161.19			
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. c	arry forward to appropriate line of Summary.			

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				,	13b	
NAME OF COMMITTEE (In Full) Coolidge For Congress			Tra	ansaction ID : SC/10.4134		
				T =		
LOAN SOURCE Full Name (Last, First, Mic	idle Initial)		Memo			
Coolidge, Leslie, , ,				Primary General		
Mailing Address				General Other (specify) ▼		
345 Old Sutton Road				— Guier (specify) •		
City	State	ZIP Code		Personal Funds of the Can	didate	
Barrington Hills		60010				
Original Amount of Loan	Cumulative Pay	ment To D	ate	Balance Outstanding at Close of This	Period	
6000.00			0.00	6000.00		
TERMS Date Incurred	D	ate Due	Interest (If none,	st Rate Secured: e, enter 0)		
M11M / D02D / Y Ž01Ž Y	M M / D D	/ Y 12	31/12 <sup>Y</sup>	0.00 % (apr) Yes	<b>x</b> No	
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)		1	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	Mailing Address			Occupation		
		-	Amount			
City	ZIP Code		Guaranteed Outstanding:	7 7		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(	Occupation			
			Amount			
City State	ZIP Code	<b>I</b>	Guaranteed Outstanding:	, , , , , , ,		
4. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address			Occupation			
		Amount				
City	ZIP Code		Guaranteed Outstanding:	, , , , , , , ,		
1		<u> </u>				
SUBTOTALS This Period This Page (optional)			······	6000.00	_	
TOTALS This Period (last page in this line only	r)		······	, , , , , ,		
Carry outstanding balance only to LINE 3. Sch	edule D for this	s line. If no	Schedule D. carn	v forward to appropriate line of Sump	———	

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

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OF

					· ·	130	
	ME OF COMMITTEE (In Full) Coolidge For Congress				Trans	action ID : SC/10.4130	
<u> </u>	LOAN SOURCE Full Name (Last,	First Mic	ddle Initial)			m Election: 2012	
	Coolidge, Leslie, , ,				∐ Memo Iter	Primary  General	
	Mailing Address 345 Old Sutton Road					Other (specify)    Other (specify)	
	City State			ZIP Cod	de	Personal Funds of the Candidate	
	Barrington Hills		IL	60010		- Constitution of the Cartalague	
	Original Amount of Loan		Cumulative Pay	ment To		alance Outstanding at Close of This Period	
	1780	0.84	,		0.00	1780.84	
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, en		
	M11M / D06D / Y Ž01Ž	Υ	M M / D D	/ Y 1	2/31/12 <sup>Y</sup>	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:		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	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 9	
S	UBTOTALS This Period This Page (	optional)			······	1780.84	
T	OTALS This Period (last page in this	line only	<i>y</i> )		······	, ,	
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

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OF

						130	
	ME OF COMMITTEE (In Full) oolidge For Congress				Trans	saction ID : SC/10.4164	
Ľ							
	LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	First, Mic	ddle Initial)		☐ Memo Ite	m Election: 2012 Primary	
	Mailing Address					General	
	Mailing Address 345 Old Sutton Road					Other (specify) ▼	
				ZIP Cod	de	X Personal Funds of the Candidate	
	Barrington Hills		IL	60010			
	Original Amount of Loan		Cumulative Pay	ment To	Date B	alance Outstanding at Close of This Period	
	30	0.00	7		0.00	30.00	
	TERMS Date Incurred Date Due				Interest R (If none, er		
	M12M / D01D / Y Ž01Ž	Y	M M / D D	/ Y 1	2)/31/12 <sup>Y</sup>	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	. , ,	
	2. Full Name (Last, First, Middle In	itial)	'		Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer  Occupation		
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	y y	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
			<u>'</u>				
SI	UBTOTALS This Period This Page (	optional)			······	30.00	
TO	OTALS This Period (last page in this	line only	v)		······	143008.02	
_	carry outstanding balance only to LII	NE 3. Sch	nedule D. for this	S line. If i	no Schedule D. carry fo	prward to appropriate line of Summary.	
ı	a, Jarotanania Jaianoc only to Eli	,	=, 101 till		Joneans D, buily it	to appropriate into or outfilliary.	