PAGE 1 / 26

# FORM 3

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

1 011111 0	For An A	Authorized Con	nmittee	Offic	Office Use Only			
NAME OF COMMITTEE (in	TYPE OR PRIN		xample: If typing, type ver the lines.	12FE4M5				
Coolidge For C	ongress							
	<u> </u>							
ADDRESS (number and	d street)	n Road						
▼								
Check if diff than previou reported. (A	ısly ı Barrington			IL 600	10			
2. <b>FEC IDENTIFIC</b>	ATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲			
C C0050561		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT			
(a) Quarterly Re	PORT (Choose One) eports:  Quarterly Report (Q1)	(b) 12-Day <b>PRI</b>	E-Election Report for t	he: General (12G)	Runoff (12R)			
	Quarterly Report (Q2)  15 Quarterly Report (Q3)	Election or	Convention (12C)	Special (12S)	in the State of			
<b>X</b> January	31 Year-End Report (YE)	(c) 30-Day <b>POST</b> -Election Report for the:						
			General (30G)	Runoff (30R)	Special (30S)			
Terminat	tion Report (TER)	Election or	M M / D D	/ Y " Y " Y	in the State of			
5. Covering Period	M M / D D D 1	2016	through	1 M / D D / Y	y y y 2016			
I certify that I have ex	xamined this Report and to Coolidge, Le of Treasurer		nowledge and belief it	is true, correct and co.	mplete.			
Signature of Treasure	Coolidge, Leslie, , ,		[Electronically Filed]	Date 01	30 /			
NOTE: Submission of f	alse, erroneous, or incomple	ete information may	subject the person sign	ning this Report to the pe	enalties of 52 U.S.C. §30109			
Office Use Only				F	FEC FORM 3 (Revised 05/2016)			

### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 26

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Coolidge For Congress

2016 10 2016 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

#### POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 26

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name Coolidge For Congress 2016 12 31 2016 Report Covering the Period: From: 10 01 To: I. RECEIPTS **COLUMN A COLUMN B COLUMN C Total this Period Election Cycle Total as of** Total for 80 2016 09 (date after general election) (date of general election) through 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than 31 2016 Political Committees (last day of reporting period) Itemized (use Schedule A) 0.00 0.00 0.00 (ii) Unitemized 0.00 0.00 0.00 (iii) Total of contributions from individuals 0.00 0.00 0.00 Political Party Committees 0.00 0.00 0.00 Other Political Committees 0.00 0.00 0.00

### POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

PAGE 4 / 26

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period		COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C  Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)			
	(d) The Candidate					
	0.00	0.00	0.00			
	(e) TOTAL CONTRIBUTIONS (other than lo	pans) (add Lines 11(a)(iii), (b), (c) and (d))				
	0.00	0.00	0.00			
12.	TRANSFERS FROM OTHER AUTHORIZED	COMMITTEES				
	0.00	0.00	0.00			
13.	LOANS: (a) Made or Guaranteed by the Candidate					
	0.00	0.00	0.00			
	(b) All Other Loans					
	0.00	0.00	0.00			
	(c) TOTAL LOANS (add Lines 13(a) and (b))					
	0.00	0.00	0.00			
14.	OFFSETS TO OPERATING EXPENDITURES	S (Refunds, rebates, etc.)				
	0.00	15.41	0.00			
15.	OTHER RECEIPTS (Dividends, Interest, etc.)					
	0.00	0.00	0.00			
16.	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14	and 15)				
	0.00	15.41	0.00			

POST-ELECTION DETAILED SUMMARY PAGE Report of Receipts and Disbursements PAGE 5 / 26 FEC Form 3 (Revised 1/01) Write or Type Committee Name Coolidge For Congress 10 01 2016 31 2016 Report Covering the Period: 12 From: To: **II. DISBURSEMENTS COLUMN C COLUMN A COLUMN B Total this Period** Election Cycle Total as of \* Total for \* (date after general election) (date of general election) through \* (last day of reporting period) (\* See page 5 for date) (\* See page 5 for dates) 17. OPERATING EXPENDITURES 0.00 0.00 120.00 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 0.00 0.00 0.00 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate 0.00 0.00 0.00 (b) Of All Other Loans 0.00 0.00 0.00 (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) 0.00 0.00 0.00

20. REFUNDS OF CONTRIBUTIONS TO:

0.00

(b) Political Party Committees

0.00

#### POST-ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

PAGE 6 / 26

**COLUMN A COLUMN B** COLUMN C **Total this Period** Election Cycle Total as of \* Total for \* (date after general election) (date of general election) through \* (last day of reporting period) (\* See page 5 for date) (\* See page 5 for dates) Other Political Committees (such as PACs) 0.00 0.00 0.00 TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c)) 0.00 0.00 0.00 21. OTHER DISBURSEMENTS 0.00 0.00 0.00 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21) 120.00 0.00 0.00 III. NET CONTRIBUTIONS (OTHER THAN LOANS) (Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e)) 0.00 0.00 0.00 IV. NET OPERATING EXPENDITURES (Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17) 0.00 104.59 0.00 V. CASH SUMMARY CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 0.00 0.00 24. TOTAL RECIEPTS THIS PERIOD (from Line 16)..... 0.00 25. SUBTOTAL (add Line 23 and Line 24)..... 0.00 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (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

13a

OF

							130	
AME OF COMMITTEE (In Full) Coolidge For Congress					Transa	ction ID : SC/10.4139		
LOAN SOURCE Full Name (Last, For Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,				Memo Item	Election: 2012  x Primary  General		
Mailing Address 345 Old Sutton Road						Other (specify) ▼		
City		State	ZIP Cod	de		X Personal Funds of the Ca	andidate	
Barrington Hills		IL	60010					
Original Amount of Loan	04	Cumulative Pay	ment To	Date 1500.00		ance Outstanding at Close of Thi		
, , , , ,	04	-		1000.00			74	
TERMS Date Incurred			ate Due		Interest Rat (If none, enter	er 0)		
M10 <sup>M</sup> / P18 <sup>D</sup> / Y Ž01ť	Υ	M M / D D	/ Y 1	2/31/12 Y	0	% (apr) Yes	× No	
List All Endorsers or Guarantors (	if any) t	o Loan Source						
1. Full Name (Last, First, Middle In	itial)			Name of Em	ployer			
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Ini	tial)			Name of Employer				
Mailing Address				Occupation				
				Amount			1	
City	State	ZIP Code		Guaranteed Outstanding:		7 7		
3. Full Name (Last, First, Middle Ini	tial)			Name of Employer				
Mailing Address				Occupation				
				Amount			1	
City	State	ZIP Code		Guaranteed Outstanding:		7		
4. Full Name (Last, First, Middle Ini	tial)			Name of Employer				
Mailing Address				Occupation				
				Amount			1	
City	State	ZIP Code		Guaranteed Outstanding:		7 7 7		
SUBTOTALS This Period This Page (o	ntional).					10010	24	
						12040.0	<i>J</i> 4	
FOTALS This Period (last page in this	line only	/)			···· <b>\</b>			
Carry outstanding balance only to LIN	IE 3, Scl	nedule D, for this	s line. If	no Schedule	D, carry for	ward to appropriate line of Sun	nmary.	

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

PAGE 8
FOR LINE NUMBER: (check only one)

**X** 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 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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**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 <sup>M</sup> / 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			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 10

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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	.n	
SUBTOTALS This Period This Page (optional		5154.15
TOTALS This Period (last page in this line o	nly)	······································
Carry outstanding balance only to LINE 3, §	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 11

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OF

						_				130
AME OF COMMITTEE (In Full) Coolidge For Congress					Trans	saction I	D : SC/10.4	4141		
LOAN SOURCE Full Name (Last, First, Middle Initial)  Coolidge, Leslie, , ,  Mailing Address 345 Old Sutton Road					Memo Ite		etion: 20° Primary General Other (spe			
345 Old Sutton Road										
City	S	State	ZIP Cod	de		×	Personal	Funds	of the C	Candidate
Barrington Hills	60010									
Original Amount of Loan Cumulative Payment To  11000.00				Date 0.00	-	alance (	Outstanding	at Clo	se of Th 11000.	
TERMS Date Incurred		Da	ate Due		Interest R				Secured:	
M02M / D23D / Y 2012 Y	М	M / D D	/ Y 1	2/31/12 <sup>Y</sup>	(If none, er	0.00	<b>%</b> (apr	·) [	Yes	x No
List All Endorsers or Guarantors (if a	any) to	Loan Source								
1. Full Name (Last, First, Middle Initia	al)			Name of Em	ployer					
Mailing Address				Occupation						
				Amount	_			-		
City	ate	ZIP Code		Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initial	)	l		Name of Employer						
Mailing Address				Occupation						
		1		Amount Guaranteed			7			
City	ate	ZIP Code		Outstanding:		7	7	-		_
3. Full Name (Last, First, Middle Initial	)			Name of Em	ployer					
Mailing Address				Occupation						
		T		Amount				7		
City	ate	ZIP Code		Guaranteed Outstanding:		7	7		-	_
4. Full Name (Last, First, Middle Initial	)			Name of Employer						
Mailing Address				Occupation						
		T		Amount				-		7
City	ate	ZIP Code		Guaranteed Outstanding:		7	7	-		_
SUBTOTALS This Period This Page (opti	onal)							- 10	11000.	.00
FOTALS This Period (last page in this lin	e only).				····• <b>&gt;</b>		,	,		
Carry outstanding balance only to LINE	3, Sche	dule D, for this	line. If	no Schedule	D, carry fo	orward t	to appropr	riate lin	e of Su	mmary.

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

		135			
AME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4140			
LOAN SOURCE Full Name (Last, First, Coolidge, Leslie, , ,  Mailing Address 345 Old Sutton Road	Middle Initial)	☐ Memo Item    Election: 2012   ★ Primary   General   Other (specify) ▼			
City  Barrington Hills	State	ZIP Code 60010  Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pay				
15000.00	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period  0.00  15000.00			
TERMS Date Incurred	D	rate Due Interest Rate Secured: (If none, enter 0)			
M02 <sup>M</sup> / D26 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 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 Guaranteed			
City	ZIP Code	Outstanding:			
2. Full Name (Last, First, Middle Initial)	1	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	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
UBTOTALS This Period This Page (optional)					
Carry outstanding palance only to LINE 3,	ochedule D, for this	silile. If no ochequie b, carry forward to appropriate line of Summary.			

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

FOR LINE NUMBER: (check only one)

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13a 13b

OF

NAME OF COMMITTEE (In Fu	•		Transa	action ID : SC/10.4143			
Coolidge, Leslie, , ,	ne (Last, First, Mic	☐ 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	To restrict the same state of the same state			
Original Amount of Loan		Cumulative Page	yment To Date Ba	alance Outstanding at Close of This Period			
	15900.95	7	0.00	15900.95			
TERMS Date Incurre	ed	С	Date Due Interest Ra				
M03M / D07D / Y	Ž01Ž Y	M M / D D	′ 12//31/12 <sup>Y</sup>	0.00 % (apr) Yes X No			
List All Endorsers or Gua	` ' '	o Loan Source					
1. Full Name (Last, First,	Middle Initial)		Name of Employer				
Mailing Address	Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	Guaranteed			
2. Full Name (Last, First, I	Middle Initial)		Name of Employer	Name of Employer			
Mailing Address			Occupation	Occupation			
			Amount Guaranteed				
City	State	ZIP Code	Outstanding:				
3. Full Name (Last, First, I	Middle Initial)		Name of Employer	Name of Employer			
Mailing Address			Occupation	Occupation			
0''	0	710.0.1	Amount Guaranteed				
City	State	ZIP Code	Outstanding:	9 9			
4. Full Name (Last, First, I	Middle Initial)		Name of Employer	Name of Employer			
Mailing Address			Occupation	Occupation			
Cit.	Ctata	ZID Code	Amount Guaranteed				
City	State	ZIP Code	Outstanding:	9			
SUBTOTALS This Period This	s Page (optional).			15900.95			
TOTALS This Period (last page				13300.33			
0			- Frank and Oaka I I D				
Carry outstanding balance of	niv to LINE 3. Sch	neaule D, for this	s line. It no Schedule D, carry fo	rward to appropriate line of Summary.			

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

FOR LINE NUMBER: (check only one)

**PAGE** 

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**X** 13a 13b

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Transaction ID: SC/10.4146 NAME OF COMMITTEE (In Full) Coolidge For Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Coolidge, Leslie, , , General Mailing Address 345 Old Sutton Road Other (specify) City State ZIP Code X Personal Funds of the Candidate IL 60010 Barrington Hills Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 653.85 0.00 653.85 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D07D M 03M Ž01Ž Y 12/31/12 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 653.85 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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OF

							130	
AME OF COMMITTEE (In Full) Coolidge For Congress					Transa	ction ID : SC/10.4144		
LOAN SOURCE Full Name (Last, Coolidge, Leslie, , ,	LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,				] Memo Item	Election: 2012  x Primary  General		
Mailing Address 345 Old Sutton Road						Other (specify) ▼		
City	ZIP Cod	de		X Personal Funds of the C	andidate			
Barrington Hills		IL	60010			The second of the contract of		
Original Amount of Loan		Cumulative Pay	yment To	Date	Bala	ance Outstanding at Close of Th	is Period	
6000	.00	,		0.00	)	6000.	00	
TERMS Date Incurred		D	Date Due		Interest Rat			
M03 <sup>M</sup> / D09 <sup>D</sup> / Y Z012	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) t	o Loan Source						
1. Full Name (Last, First, Middle In	nitial)			Name of Em	ployer			
Mailing Address	Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	]	
2. Full Name (Last, First, Middle In	tial)	I		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7 7 7	]	
3. Full Name (Last, First, Middle In	tial)			Name of Em	ployer			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:			]	
4. Full Name (Last, First, Middle In	tial)			Name of Employer				
Mailing Address				Occupation				
21	la			Amount Guaranteed			1	
City	State	ZIP Code		Outstanding:		7	1	
SUBTOTALS This Period This Page (o	ptional).				···· <b>&gt;</b>	6000.0	00	
FOTALS This Period (last page in this	line only	/)						
Carry outstanding balance only to LIN	NE 3, Scl	nedule D, for this	s line. If r	no Schedule	D, carry for	ward to appropriate line of Sur	nmary.	

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, , ,	iviluale initial)	☐ Memo Item			
Mailing Address 345 Old Sutton Road		Other (specify)			
City	State	ZIP Code  Personal Funds of the Candidate			
Barrington Hills	IL	60010			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
18861.70		0.00			
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)			
M03 <sup>M</sup> / D13 <sup>D</sup> / Y Z01Ž Y	M M / D D	/			
List All Endorsers or Guarantors (if an	y) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	e ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	e ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	e ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
	T	Amount			
City State	e ZIP Code	Guaranteed Outstanding:			
CURTOTAL O TILL D. L. LTILL D LTILL D	n				
SUBTOTALS This Period This Page (option	າສາງ	18861.70			
TOTALS This Period (last page in this line	only)	······································			
Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

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FOR LINE NUMBER: (check only one)

**X** 13a

OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4147
LOAN SOURCE Full Name (Last, First, N	Aiddle Initial)	Election: 0040
Coolidge, Leslie, , ,	☐ Memo Item	
Mailing Address 345 Old Sutton Road		Other (specify) ▼
City	State	ZIP Code  Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
2661.28		0.00 2661.28
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D20D / Y Ž01Ž Y	M M / D D	/ Y 12∛31/12 Y 0.00
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona		
		2001.20
TOTALS This Period (last page in this line of	nly)	······································
Carry outstanding balance only to LINE 3, 5	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

**PAGE** 

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Transaction ID: SC/10.4148 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 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) D03D M 04M 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)..... 1000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

							100
AME OF COMMITTEE (In Full) Coolidge For Congress					Transac	tion ID : SC/10.4149	
LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,					Memo Item	Election: 2012 Primary Seneral	
Mailing Address 345 Old Sutton Road						Other (specify) $\blacktriangledown$	
City		State	ZIP Cod	de		✗ Personal Funds of	the Candidate
Barrington Hills		IL	60010				
Original Amount of Loan		Cumulative Pay	yment To			ince Outstanding at Close	
1652.	64	<u> </u>		0.00		7 7	1652.64
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter	0)	cured:
M04 <sup>M</sup> / D26 <sup>D</sup> / Y Ž01Ž	Υ	M M / D D	/ Y 1	2)/31/12 Y	0.0	0/ /	Yes 🗶 No
List All Endorsers or Guarantors (	if any) t	o Loan Source					
1. Full Name (Last, First, Middle In	itial)			Name of Emp	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		, ,	
2. Full Name (Last, First, Middle Initial)				Name of Emp	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
3. Full Name (Last, First, Middle Ini	tial)			Name of Emp	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		, , , , , ,	
4. Full Name (Last, First, Middle Ini	tial)	- I		Name of Emp	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7	
SUBTOTALS This Period This Page (o	ptional).				<b>&gt;</b>	7	1652.64
<b>FOTALS</b> This Period (last page in this	line only	/)			▶	7	
Carry outstanding balance only to LIN	IE 3, Sch	nedule D, for this	s line. If	no Schedule [	D, carry forw	vard to appropriate line	of Summary.

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

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OF

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AME OF COMMITTEE (In Full) Coolidge For Congress					Transac	ction ID : SC/10.4136	
LOAN SOURCE Full Name (Last, First, Middle Initial) Coolidge, Leslie, , ,					Memo Item	Election: 2012 Primary General	
Mailing Address 345 Old Sutton Road						Other (specify) ▼	
City		State	ZIP Cod	le		Personal Funds of the	Candidate
Barrington Hills		IL	60010			To resolve to the	
Original Amount of Loan		Cumulative Pay	yment To			ance Outstanding at Close of	
71	.61			0.00		, , ,	71.61
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter		ed:
M10M / D01D / Y Ž01Ž	Y	M M / D D	/ Y 1	2)/31/12 Y	0.	00 % (apr) Ye	es 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle In	nitial)			Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7	
2. Full Name (Last, First, Middle Initial)				Name of Em	ployer		
Mailing Address				Occupation			
C:h.	State	ZID Code		Amount Guaranteed			
City	State	ZIP Code		Outstanding:		9 9 9	
3. Full Name (Last, First, Middle In	tial)			Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7	
4. Full Name (Last, First, Middle In	tial)			Name of Em	ployer		
Mailing Address				Occupation			
011	lo	710 0 1	-	Amount Guaranteed			$\overline{\neg}$
City	State	ZIP Code		Outstanding:		9	
SUBTOTALS This Period This Page (o	ptional).				··· <b>&gt;</b>	7	71.61
FOTALS This Period (last page in this	line only	/)			▶ _	7 7	
Carry outstanding balance only to LIN	NE 3, Scl	nedule D, for this	s line. If r	o Schedule I	D, carry forv	vard 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, N	Aiddle 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
439.77		0.00 439.77
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10 <sup>M</sup> / D19 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any	) 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	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:
CURTOTAL O. T	n	
SUBTOTALS This Period This Page (optional		439.77
TOTALS This Period (last page in this line of	nly)	······································
Carry outstanding balance only to LINE 3, 5	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

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

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				Detailed C	bullillary i a	ige				13b
AME OF COMMITTEE (In Full) Coolidge For Congress					Transa	ction IC	) : SC/10.41	35		
LOAN SOURCE Full Name (Last, For Coolidge, Leslie, , ,  Mailing Address 345 Old Sutton Road	First, Mid	dle Initial)			Memo Item	<b>X</b>	cion: 2012 Primary General Other (spec			
City Barrington Hills		State IL	ZIP Coc 60010	le		×	Personal F	- unds of the	e Can	didate
Original Amount of Loan 32161.	19	Cumulative Pay	ment To	Date 0.00		ance O	utstanding	at Close of	f This	-
TERMS Date Incurred  M 10 M / D 26 D / Y Z01Z	Y	D D D	rate Due	2/31/12 <sup>Y</sup>	Interest Rat (If none, ente		% (apr)	Secur	red: res	K No
List All Endorsers or Guarantors (		Loan Source	T							
1. Full Name (Last, First, Middle In	itial)			Name of Emp	ployer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	,			
2. Full Name (Last, First, Middle Ini	tial)	'		Name of Emp	ployer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
3. Full Name (Last, First, Middle Ini	tial)			Name of Emp	ployer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
4. Full Name (Last, First, Middle Ini	tial)	•		Name of Emp	ployer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		9				
SUBTOTALS This Period This Page (o					···•		7	, 321	61.19	
Carry outstanding balance only to LIN	IE 3, Sch	edule D, for this	line. If r	o Schedule I	D, carry for	ward to	appropria	ate line of	Sumn	nary.

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

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OF

		100
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4134
LOAN COURSE FINAL (L. L. F. L. N	4: 1 II	
LOAN SOURCE Full Name (Last, First, No. Coolidge, Leslie, , ,	Memo Item Election: 2012 Primary	
Mailing Address 345 Old Sutton Road		
City	State	ZIP Code  Results  Personal Funds of the Candidate
Barrington Hills	IL	60010 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
6000.00		0.00 6000.00
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)
M11M / D02D / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTALS This Deviced This Degre (entires	I)	
SUBTOTALS This Period This Page (optional	ı)·····	6000.00
TOTALS This Period (last page in this line o	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

		130
NAME OF COMMITTEE (In Full) Coolidge For Congress		Transaction ID : SC/10.4130
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	Memo Item Election: 2012
Coolidge, Leslie, , ,	Memo Item Primary  General	
Mailing Address 345 Old Sutton Road		Other (specify) ▼
City	State	ZIP Code  Personal Funds of the Candidate
Barrington Hills	IL	60010
Original Amount of Loan	Cumulative Pay	
1780.84		0.00 1780.84
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M11M / D06D / Y Ž01Ž Y	M M / D D	/ Y 12⅓31/12 Y 0.00 % (apr) Yes ▼ No
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		1780.84
TOTALS This Period (last page in this line only	y)	······································
Carry outstanding balance only to LINE 3, Sch	edule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

			130
NAME OF COMMITTEE (In Full)  Coolidge For Congress		Transact	tion ID : SC/10.4164
LOAN SOURCE Full Name (Last, First	Middle Initial		Election: 0040
Coolidge, Leslie, , ,	☐ Memo Item	Election: 2012 Primary General	
Mailing Address 345 Old Sutton Road			Other (specify)
City	State	ZIP Code	<b>✗</b> Personal Funds of the Candidate
Barrington Hills	IL	60010	
Original Amount of Loan	Cumulative Pa	yment To Date Balar	nce Outstanding at Close of This Period
30.00		0.00	30.00
TERMS Date Incurred	Γ	Date Due Interest Rate (If none, enter	
M12M / D01D / Y Ž01Ž Y	M M / D D	/ Y 12//31/12 Y 0.0	
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:	7 7
2. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed Outstanding:	y y w
4. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed Outstanding:	9 9 9
SUBTOTALS This Period This Page (optio	nal)	<u> </u>	30.00
TOTALS This Period (last page in this line	only)	······	143008.02
Carry outstanding balance only to LINE 3	, Schedule D, for this	s line. If no Schedule D, carry forw	ard to appropriate line of Summary.