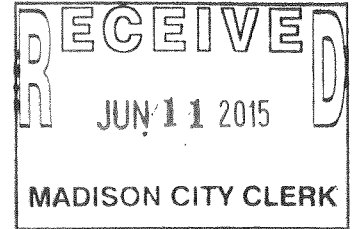


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**



Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Leaders in Education

Street Address

1805 7th Street, NW, 8th Floor

City, State and Zip Code

Washington, DC 20001

MADISON CITY CLERK

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- January Continuing Pre-Primary Spring Fall Special
 July Continuing Pre-Election Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$0	\$0
1B. Contributions from Committees (Transfers-In)	\$0	\$0
1C. Other Income and Commercial Loans	\$0	\$0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$0	\$0

2. DISBURSEMENTS

2A. Gross Expenditures	\$7.19	\$7.19
2B. Contributions to Committees (Transfers-Out)	\$0	\$0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$7.19	\$7.19

CASH SUMMARY

Cash Balance Beginning of Report	\$0
Total Receipts	\$0
Subtotal	\$0
Total Disbursements	\$7.19
CASH BALANCE END OF REPORT	\$0
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$0
LOANS (Balance at the Close of This Period-3B)	\$0

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Beki Bahar-Engler

Signature of Candidate or Treasurer

Beki Bahar-Engler
Email beki.bahar-engler@educationalequity.org

Date: 6/11/15

Daytime Phone: 703/926-1987

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Leaders in Education

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
04/14/15	Leadership for Educational Equity 1805 7th St., NW, 8th Floor Washington, DC 20001 Check if: <input type="checkbox"/> In-Kind Offset	Reimbursement for Fundraising Services	7.19
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 7.19

TOTAL ITEMIZED EXPENDITURES \$ 7.19

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ 0.00

TOTAL EXPENDITURES \$ 7.19

ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans

Complete Committee Name
 Leaders in Education

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
3/ 23 /15	Leadership for Educational Equity 1805 7th Street, NW, 8th Floor Washington, DC 20001	7.19	0.00	7.19	0.00
		Nature of Debt (Purpose) Reimbursement for Fundraising Services			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
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		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE \$ 0.00

TOTAL ITEMIZED OBLIGATIONS \$ 0.00

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS \$ 0.00

TOTAL INCURRED OBLIGATIONS \$ 0.00

SCHEDULE 4**TERMINATION REQUEST**

Complete Committee Name

Leaders in Education

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.12(3))

DISPOSAL OF RESIDUAL FUNDS*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

Date	Recipient	Amount
N/A		

LOAN OR DEBT FORGIVENESS*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount
N/A		

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.



Signature of Candidate or Treasurer

6/11/15

Date