CAMPAIG LOCAL COM	N FINANCE F MITTEES OF V						
Is This Report an Amendment:	No				CENVIGN		
Instructions for completing schedules are on the back of each schedule.							
COMMITTEE IDENTIFICATION				lll M	AR 3 0 2015		
Name of Committee Leaders in Education			1				
Street Address 1805 7th Street, NW, 8th Floor				MAOR	MA 9144GE GRE, QUIENSK		
City, State and Zip Code Washington, DC 20001		•					
Please check if address is different than previously reported, a	nd complete the Can	npaign Re	gistration S	tatement in th	ne back of this form.		
NAME OF REPORT	-			-			
January Continuing Pre-Primary Pre-Primary	Spring	Fall	☐ Sp	ecial	Termination Report		
July Continuing Pre-Election 2015	Spring	☐ Fall	☐ Sp	ecial	also complete Schedule 4		
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period		Colu Cale Year-T				
1. RECEIPTS			ħ O				
1A. Contributions (Including Loans) from Individuals	\$ 0		\$ <u>0</u>				
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	;	\$ O				
2. DISBURSEMENTS							
2A. Gross Expenditures	\$ 0		\$ 0				
2B. Contributions to Committees (Transfers-Out)	\$ 0		\$ 0				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0		\$ 0				
CASH SUMMARY		· · · · · · · · · · · · · · · · · · ·					
Cash Balance Beginning of Report	\$ 0						
Total Receipts	\$ 0						
Subtotal	\$ 0						
Total Disbursements	\$ 0						
CASH BALANCE END OF REPORT	\$ 0	120					
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 7.19						
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 of Trint Waine of Canadate of Avenue.	Signatur	e of Candidate or Treasurer Beki Bahar–Engler	Date: 3/30/2015	
Beki Bahar-Engler	Email	beki.bahar-engler@educationalequity.c	org 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.

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	2	of	- 3
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Complete Commi	ttee Name		w
Leaders in Ed			
Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Friends of Anna Moffit	Amount	Calendar Year-To-Date Total
3/ 23 /2015	PO Box 5273	7.19	7.19
	Madison, WI 53705	7.10	
	Check if X In-Kind Loan	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	7 unount	Year-To-Date Total
1 1			
Date	Check if In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
 			Year-10-Date Total
			· · ·
	Check if In-Kind Loan		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1		· ·	÷
	Check if In-Kind Loan	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	·	Year-To-Date Total
/ /			
Date	Check if In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar Vara Ta Data Total
, , ,			Year-To-Date Total
' '			
	Check if In-Kind Loan		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1	-		
	Check if In-Kind Loan	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	, , , , ,	Year-To-Date Total
1 1 .			
Date	Check if In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			real-10-Date Total
	Check if In-Kind Loan		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			
	Check if In-Kind Loan		
		0.00	
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$ 0.00	• •
		0.00	
TO	TAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$	I

SCHEDULE 3-A

ADDITIONAL DISCLOSURE Incurred Obligations Excluding Loans

Page <u>3</u> of <u>3</u>

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	Cumulat Th	ive Payments s Period	Outstanding Balance At Close of This Period
Date 3/ 23 /15	Full Name, Mailing Address and Zip Code of Creditor Leadership for Educational Equity	0.00	7.19	(0.00	7.19
.,,	1805 7th Street, NW, 8th Floor Washington, DC 20001	Nature of Debt (Purpose) Fundraising Services				
Date	Full Name, Mailing Address and Zip Code of Creditor			-		·
/ /		Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
, ,		Nature of Debt (Purpose)			, , , , , , , , , , , , , , , , , , , ,	
Date	Full Name, Mailing Address and Zip Code of Creditor					·
1 1		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ / 		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
<i> </i>	·	Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
<i>1 1</i>	'	Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)	,			
		SUBTOTAL ITEMIZE	D OBLIGATIONS THIS	PAGE	\$	7.19
		TOT	TAL ITEMIZED OBLIGA	ATIONS	\$	7.19
3		TOTAL UNITEMIZED	OBLIGATIONS \$20 OI	RLESS	\$	0.00
		тот	AL INCURRED OBLIGA	ATIONS	\$	7.19