



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

**INSTRUCTIONS:** Please type or print legibly in BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
3

IS THIS AN AMENDMENT?  Yes  No

### COMMITTEE INFORMATION

1. Full Name of Committee (as or Statement of Organization) <input type="checkbox"/> Check if this is a new team <b>Leadership for Educational Equity - Indiana PAC</b>	
2. Acronym or abbreviated Name (if any) <b>LEE IN PAC</b>	3. Committee Telephone Number <b>( 703 ) 926-1987</b>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>1805 7th Street, NW, 8th Floor</b>	
5. City, State, ZIP Code <b>Washington, DC 20001</b>	6. Party Affiliation (if applicable)

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)	8. Party Affiliation or If Independent Candidate
9. Office Sought (Include district number if any Not required for exploratory committee.)	10. County of Residence

### TYPE OF REPORT

### CONVENTION CANDIDATES ONLY

11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be 0) <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: <b>10/11/2014</b> Through: <b>12/31/2014</b>	COLUMN A This Period	COLUMN B Year to date
13. Cash on hand investments at the beginning of this reporting period.	0.00	
14. Cash on hand investments January 1, current year.		0.00

### CONTRIBUTIONS AND RECEIPTS

<i>(Note: These amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (use Schedule A)	25,000.00	25,000.00
15b. Unitemized	0.00	0.00
15c. Add lines 15a and 15b in both columns <b>SUBTOTAL</b>	25,000.00	25,000.00
16. Add lines 13 and 15c Column A and lines 14 and 15c Column B <b>TOTAL</b>	25,000.00	25,000.00

### EXPENDITURES

<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	12,441.48	12,441.48
17b. Unitemized	0.00	0.00
17c. Add lines 17a and 17b in both columns <b>SUBTOTAL</b>	12,441.48	12,441.48
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) <b>TOTAL</b>	12,558.52	12,558.52
19. Debts OWED BY the committee (use Schedule D)	0.00	
20. Debts OWED to the committee (use Schedule E)	0.00	

### CERTIFICATION

### FOR OFFICE USE ONLY

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer:	Title: <b>Treasurer</b>	Date: <b>1/20/2014</b>
Signature of Candidate (if applicable)		Date

*Myla A. Eldridge*

JAN 21 2015

**FILED**

9:15AM 98

Received Time Jan. 21. 2015 9:15AM No. 7754

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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**(CFA-4 SCHEDULE A1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state/ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Jonathan Sackler 75 Field Point Circle Greenwich, CT 06830  Contributor's Occupation (if required) <u>Managing Partner</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> InKind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$5,000.00	\$5,000.00	10/17/2014  Beki Bahar-Engler
2. Michael Bloomberg 909 Third Avenue New York, NY 10022  Contributor's Occupation (if required) <u>Executive</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> InKind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$20,000.00	\$20,000.00	10/20/2014  Beki Bahar-Engler
3.  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> InKind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> InKind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> InKind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		\$ 25,000.00		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$ 25,000.00		



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**(CFA-4 SCHEDULE B  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures **totaled on ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

**FILE NUMBER**

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RECIPIENT'S NAME AND MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION		TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE	SOUGHT <i>(if applicable)</i>				
Code <u>C</u> LaNier Echols for IPS School Board District 5 PO Box 88874 Indianapolis, IN 46208		IPS School Board District 5	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Contribution	\$5,000.00	\$5,000.00	10/27/2014
Code <u>C</u> LaNier Echols for IPS School Board District 5 PO Box 88874 Indianapolis, IN 46208		IPS School Board District 5	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Contribution	\$2,500.00	\$7,500.00	11/04/2014
Code <u>O</u> Leadership for Educational Equity 1805 7th Street, NW, 8th Floor Washington, DC 20001			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Payment for Staff Salaries	\$4,868.35	\$4,868.35	12/02/2014
Code <u>O</u> Leadership for Educational Equity 1805 7th Street, NW, 8th Floor Washington, DC 20001			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Payment for Acctg. Services	\$43.13	\$4,911.48	12/12/2014
Code <u>O</u> NGP VAN 1105 15th Street, NW Washington, DC 20005			<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Software & Support	\$30.00	\$30.00	12/15/2014
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
<b>SUBTOTAL THIS PAGE OF SCHEDULE</b>				<b>B 12,441.48</b>		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THIS PAGE ONLY</b> <i>(Enter total on ITEM 17a of the Summary Sheet)</i>				<b>\$ 12,441.48</b>		