

**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

► See Separate instructions.

A For the period beginning **October 16**, 20 **12** and ending **January 31**, 20 **13**

B Check applicable boxes: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization **Lead Iowa** **Employer identification number** **27-2751523**

2 Mailing address (P.O. Box or number, street, and room or suite number)

3906 Monterey Drive

City or town, state, and ZIP code

Waterloo, IA 50701

3 E-mail address of organization

leadIowa@gmail.com

4 Date organization was formed

6/1/2010

5a Name of custodian of records

Ryan Ball

5b Custodian's address

3906 Monterey Drive

Waterloo, IA 50701

6a Name of contact person

Kelli Todd

6b Contact person's address

PO Box 701

Des Moines, IA 50303

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☐ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☒ Year-end report (due by January 31)

e ☐ Mid-year report (Non-election year only-due by July 31)

f ☐ Monthly report for the month of _____
(due by the 20th day following the month shown above, except the December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)

(1) Type of election: _____

(2) Date of election: _____

(3) For the state of: _____

h ☐ Post-general election report (due by the 30th day after general election)

(1) Date of election: _____

(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A). **9** **00.00**

10 Total amount of reported expenditures (total from all attached Schedules B). **10** **00.00**

Sign Here

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Signature of authorized official

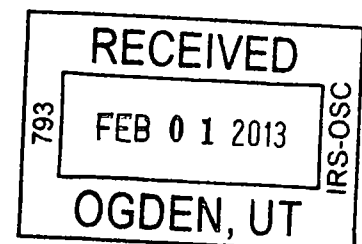
Date

12-30-12

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)



SCANNED FEB 19 2013

Schedule A Itemized Contributions		Schedule A page 2 of 3
Name of organization Lead Iowa		Employer identification number 27-2751523
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date . . . ▶ \$	Date of contribution
Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$

Schedule B Itemized Expenditures		Schedule B page 3 of 3
Name of organization Lead Iowa		Employer identification number 27-2751523

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure \$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872	\$
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