

**Political Organization
Report of Contributions and Expenditures**

(Rev. November 2013)

Information about Form 8872 and its instructions is available at www.irs.gov/form8872.

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

A For the period beginning Jan 01, 2014 and ending March 31st, 2014

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

1 Name of organization LEAD FUND Employer identification number 27-2751523

2 Mailing address (P.O. Box or number, street, and room or suite number) 3506 Murray Dr.

City or town, state or province, country, and ZIP or foreign postal code W'loo, IA 50701

3 Email address of organization jeff.danielson@gmail.com 4 Date organization was formed 6/1/2010

5a Name of custodian of records
Jeff Danielson

5b Custodian's address
At Home

6a Name of contact person
Same as above

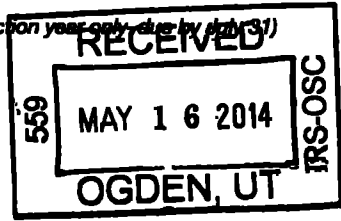
6b Contact person's address
Same as above

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

City or town, state or province, country, and ZIP or foreign postal 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: _____



SCANNED MAY 22 2014

9 Total amount of reported contributions (total from all attached Schedules A)	9	<u>00.00</u>
10 Total amount of reported expenditures (total from all attached Schedules B)	10	<u>2768.30</u>

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.
Sign Here Jeff Danielson Signature of authorized official Date 5/11/2014

Schedule B Itemized Expenditures	Schedule B page of
Name of organization	Employer identification number

Recipient's name, mailing address and ZIP code N.E. JUNA FORD BANK 1005 LAURETTE ST. WYOMING, IA 50703	Name of recipient's employer _____ Recipient's occupation _____	Amount of expenditure \$ 2763.30 Date of expenditure 25 FEB 2014
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Purpose of expenditure
Contribution to nonprofit; closing account & ending

Recipient's name, mailing address and ZIP code	Name of recipient's employer _____ Recipient's occupation _____	Amount of expenditure \$ 527 Date of expenditure
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Purpose of expenditure

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

Purpose of expenditure

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

Purpose of expenditure

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

Purpose of expenditure

Recipient's name, mailing address and ZIP code	Name of recipient's employer _____ Recipient's occupation _____	Amount of expenditure \$ 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	\$ 2763.30
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Schedule A Itemized Contributions

Schedule A page of

Name of organization LEAD IWA

Employer identification number 27-2751523

Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
N/A	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Name of contributor's employer	Amount of contribution
N/A	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Name of contributor's employer	Amount of contribution
N/A	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Name of contributor's employer	Amount of contribution
N/A	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Name of contributor's employer	Amount of contribution
N/A	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Name of contributor's employer	Amount of contribution
N/A	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Name of contributor's employer	Amount of contribution
N/A	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Name of contributor's employer	Amount of contribution
N/A	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Name of contributor's employer	Amount of contribution
N/A	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Name of contributor's employer	Amount of contribution
N/A	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
	Name of contributor's employer	Amount 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 ▶ \$ 00.00