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8872

Form
(November 2002)

Department of the Treasury
Internal Revenue Service

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1086

► See Separate Instructions.

1309

A For the period beginning **July 1**, 20 **13** and ending **September 30**, 20 **13**

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

1 Name of organization

Employer identification number

Lead Iowa

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: _____

3

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

RECEIVED

OCT 20 2013

OGDEN, UT

For Paperwork Reduction Act Notice, see separate instructions.

Form **8872** (11-2002)

ENVELOPE
POSTMARK DATE OCT 25 2013

SCANNED FEB 19 2014

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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
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 ExpendituresSchedule B page **3** of **3**

Name of organization

Employer identification number

Lead Iowa**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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