

**Political Organization
 Report of Contributions and Expenditures**

► See Separate instructions.

A For the period beginning **July 16**, 20 **11** and ending **October 15**, 20 **11**

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)
PO Box 701
 City or town, state, and ZIP code
Des Moines, IA 50303

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
PO Box 701
Des Moines, IA 50303

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 _____

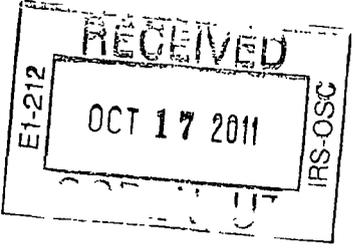
h Post-general election report (due by the 30th day after general election)
(1) Date of election _____
(2) For the state of _____

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	343.22

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 *[Signature]* Date **10-15-11**

SCANNED OCT 20 2011



Schedule A Itemized Contributions

Name of organization

Employer identification number

Lead Iowa

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 ▶ **\$ 00.00**

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 Heritage Payroll Services 1501 Ingersoll Ave, STE 101 Des Moines, IA 50309	Name of recipient's employer Lead Iowa	Amount of expenditure \$ 63.19
	Recipient's occupation Professional Services	Date of expenditure 8/19/2011

Purpose of expenditure
Professional Services

Recipient's name, mailing address and ZIP code Kelli Todd 905 W. Benton Street #7 Iowa City, IA 52246	Name of recipient's employer Lead Iowa	Amount of expenditure \$ 155.68
	Recipient's occupation Executive Director	Date of expenditure 8/19/2011

Purpose of expenditure
Payroll for services rendered

Recipient's name, mailing address and ZIP code Heritage Payroll Services 1501 Ingersoll Ave, STE 101 Des Moines, IA 50309	Name of recipient's employer Lead Iowa	Amount of expenditure \$ 124.35
	Recipient's occupation Professional Services	Date of expenditure 9/15/2011

Purpose of expenditure
Professional services related to payroll

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 **\$ 343.22**

