

**Political Organization
 Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning **February 1**, 20 **11** and ending **April 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 **lead Iowa@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

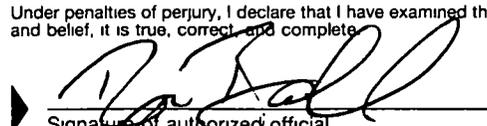
7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
 City or town, state, and ZIP code

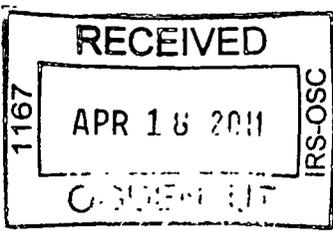
8 Type of report (check only one box)

- 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	127.35

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  **Signature of authorized official** **Date** 4/14/11



SCANNED APR 22 2011

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 of Form 8872 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 \$ 127.35
	Recipient's occupation Professional Services	Date of expenditure 4/4/2011
Purpose of expenditure Professional Services		
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		\$ 127.35

