

**Political Organization
 Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

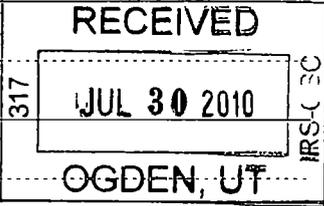
A For the period beginning **June 1st**, 20 **10** and ending **July 15**, 20 **10**

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 | |

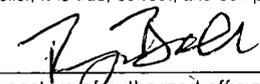
7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number
 City or town, state, and ZIP code

8 Type of report (check only one box)

| | |
|--|---|
| a <input type="checkbox"/> First quarterly report (due by April 15) | f <input type="checkbox"/> 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) |
| b <input type="checkbox"/> Second quarterly report (due by July 15) | g <input type="checkbox"/> 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 _____ |
| c <input type="checkbox"/> Third quarterly report (due by October 15) | h <input type="checkbox"/> Post-general election report (due by the 30th day after general election) (1) Date of election _____ (2) For the state of _____ |
| d <input type="checkbox"/> Year-end report (due by January 31) | |
| e <input checked="" type="checkbox"/> Mid-year report (Non-election year only-due by July 31) | |

| | | |
|---|-----------|----------|
| 9 Total amount of reported contributions (total from all attached Schedules A) | 9 | 0 |
| 10 Total amount of reported expenditures (total from all attached Schedules B) | 10 | 0 |

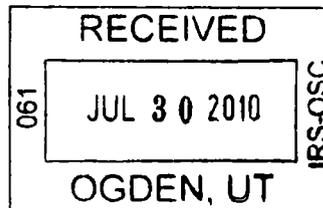
Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Sign Here ▶  ▶ **7/74/10**
 Signature of authorized official Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)



SCANNED AUG 09 2010

| Schedule A Itemized Contributions | | Schedule A page 1 of 2 |
|--|---|--|
| 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 ▶ \$ 0 |

| | |
|--|--|
| Schedule B Itemized Expenditures | Schedule B page 1 of 2 |
| 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 | \$ 0 |
|---|---|

