

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

COMMITTEE NAME (Must be same as on Statement of Organization)

Helm for Recorder

IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Party (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County Party (9) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Julia Helm
 Political Party (if applicable): Republican
 Office Sought: Dallas County Recorder
 District (if Senate or House): _____

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
 OCT 12 2006 PM
 FILED 10-11-06

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Julia Helm
SIGNATURE OF PERSON FILING REPORT

515-987-3126
TELEPHONE

10/11/06
DATE SIGNED

I AM FILING A Campaign Disclosure July 15 - Oct. 14 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held
Dallas County

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$ 53.68
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....	905.00
Schedule F: Loans Received total (Attach Schedule F).....	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 958.68
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....	863.29
Schedule F: Loan Repayments total (Attach Schedule F).....	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....	\$ 95.39
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 0.00
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 0.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$ 500.00
CONSULTANT BREAKDOWN (Schedule G Attached?) _____	YES _____ NO _____
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Helm for Recorder

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7/26/06	ID# CK#	Earl & Ardis Anderson 3563 Richland Circle Van Meter, IA 50261		\$50	<input checked="" type="checkbox"/>
7/27/06	ID# CK#	Keith & Kathleen Gunzenhauser 3111 143rd Street Urbandale, IA 50323		\$50	<input checked="" type="checkbox"/>
7/28/06	ID# CK#	Tom & LaDonna Gratias 2471 NW 152nd Street Clive, IA 50325		\$100	<input checked="" type="checkbox"/>
7/31/06	ID# CK#	Ted & Susan Hutchison 30865 130th Ct. Woodward, IA 50276		\$50	<input checked="" type="checkbox"/>
8/01/06	ID# CK#	Dave Roberts 516 Second Street Redfield, IA 50233		\$50	<input checked="" type="checkbox"/>
8/09/06	ID# CK#	Eleanor Myers 313 N 12th Street Adel, IA 50003		\$20	<input checked="" type="checkbox"/>
8/14/06	ID# CK#	Jane & Gene Krumm 3596 I Ave Earlham, IA 50072		\$50	<input checked="" type="checkbox"/>
8/18/06	ID# CK#	Dwayne & Lori Vande Krol 2588 NW 162nd Street Clive, IA 50325		\$25	<input checked="" type="checkbox"/>
8/23/06	ID# CK#	Art Nelson P.O. Box 518 Dallas Center, IA 50063		\$50	<input checked="" type="checkbox"/>
8/24/06	ID# CK#	Kathy Lewis 3399 L Ave Adel, IA 50003		\$100	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 545.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Helm for Recorder

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/24/06	ID# CK#	Dallas County Republicans PO Box 1015 Waukee, IA 50263-1015		\$300	<input checked="" type="checkbox"/>
8/31/06	ID# CK#	D. Paul & Judy Bissinger 14822 Lakeview Drive Clive, IA 50325		\$25	<input checked="" type="checkbox"/>
9/10/06	ID# CK#	Rober & Mary Ockerman 1112 Sundance Circle Adel, IA 50003		\$25	<input checked="" type="checkbox"/>
9/23/06	ID# CK#	Roger Platz 20 Timber Valley Lane Adel, IA 50003		\$10	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 360	
TOTAL (if last page of this schedule)				\$ 905	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Helm for Recorder

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/17/06	ID# CK# 1020	Office Depot 3910 Univ Dr. Suite 10 West Des Moines, IA 50266	Copies of Fundraising letter & envelopes	\$ 17.79
7/23/06	ID# CK# 1021	Lowes 1700 50th Street West Des Moines, IA 50266	Spray Paint for Barn Signs	\$22.57
7/29/06	ID# CK# 1022	Menards 12000 Hickman Rd Clive, IA 50325	Posts for Barn Signs	\$12.57
7/30/06	ID# CK# 1023	Walmart 6365 Stagecoach Drive West Des Moines, IA 50266	Candy for Parades	\$32.82
8/05/06	ID# CK# 1024	Office Depot 3910 Univ Dr. Suite 10 West Des Moines, IA 50266	Copies of Bio for parades and door to door	\$13.03
8/18/06	ID# CK# 1025	Walmart 6365 Stagecoach Drive West Des Moines, IA 50266	Candy for Parades	\$29.18
8/19/06	ID# CK# 1026	Julia Helm 15198 Rosewood Drive Clive, IA 50325	Credit Card Reimbursement for barn sign materials	\$115.81
9/14/06	ID# CK# 1027	Nobbies 999 University Ave Suite 1000 Clive, IA 50325	Parade Stuff	\$6.10
SUB-TOTAL				\$ 249.87
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME *(Must be same as on Statement of Organization)*
Helm for Recorder

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE <i>(Disbursement)</i> WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/18/06	ID# CK# 1028	Julia Helm 15198 Rosewood Dr. Clive, IA 50325	Credit Card reimbursement for purchase of Yard Signs	\$ 587.51
10/08/06	ID# CK# 1029	Menards 12000 Hickman Rd Clive, IA 50325	Posts for barn signs	\$25.91
	ID# CK#			
SUB-TOTAL				\$ 613.42
TOTAL (if last page of this schedule)				\$ 863.29

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Helm for Recorder

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 500

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ 0

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E - TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 500

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