FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

RECEIVED FAX JUL - 6 2006

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT

For Office Use Only
Comm. # ____
Logged In ____
Scanned ____
Computer ____
Audited ____

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

Karl A. Helgevold Campaign Account

IMPORTANT Indicate by # type of committee you are reporting for: 5
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Karl A. Helgevold
Political Party (if applicable): Independent
Office Sought: County Supervisor
District (if Senate or House): n/a

File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-3701

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.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE: 515-851-0602 Cell, 515-448-4995 Home

DATE SIGNED: 7-5-06

I AM FILING A May 19th, 2006 (report date) REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR
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: 11-7-2006
County & Local Committees, enter County in which Election is held: Wright 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.) $	0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A Cash Contributions total (Attach Schedule A) (*also see in-kind below)	0.00
Schedule F Loans Received total (Attach Schedule F)	2,100.00
Schedule H Total Sales of Campaign Property (Attach Schedule H)	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL $	2,100.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,975.65
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) $	124.35
**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) $	2,100.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	✓ YES ___ NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) $	0.00

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

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING FORM

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

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

Karl A. Helgevold Campaign Account

Covered Period Jan. 1 - May 14th

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
03/17/06	ID# CK# Starter Check No Number	Luneckas Consulting 201 38th Street W. Des Moines, IA 50265	Campaign Consulting Services	$ 635.00
03/27/06	ID# CK# 1002	Wright County Monitor Box 153 Clarion, IA 50525	For campaign Purposes	30.00
03/29/06	ID# ACH CK# Automatic Withdrawal Payment	Harland Checks P.O. Box 17451 Baltimore, MD 21297-1451	Check printing costs/checks	7.65
03/27/06	ID# CK# 1003	Belmond Independent P.O. Box 126 Belmond, IA 50421	For Campaign Purposes	30.00
03/31/06	ID# CK# 1004	Luneckas Consulting 201 38th Street W. Des Moines, IA 50265	Campaign Consulting Services	610.00
05/01/06	ID# CK# 1001	Luneckas Consulting 201 38th Street W. Des Moines, IA 50265	Campaign Consulting Services	645.00
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	$ 1,975.65
			TOTAL (*if last page of this schedule*)	$ 1,975.65

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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SCHEDULE **F** (Rev. 07/03) — LOANS RECEIVED & REPAID

☐ CHECK THIS BOX IF AMENDING FORM

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

Karl A. Helgevold Campaign Account

Covered Period Jan 1st - May 14th

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD $ 0.00

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
03/15/06	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	$ 100.00
03/20/06	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	1,000.00
04/05/06	Eagle Grove Tree & Shrub Nursery owner, Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	1,000.00

TOTAL *(PART I)* $ 2,100.00

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)* $ 0.00

From Schedule E – TOTAL LOANS FORGIVEN $ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD $ 2,100.00

*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 when it applies.

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE G (Rev. 02/96) — BREAKDOWN OF MONETA EXPENDITUR BY CONSULT

☐ CHECK THIS BOX I AMENDING FORM

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

Karl A. Helgevold Campaign Account

Period Covered Jan 1st - May 15th

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant: Lezli Luneckas Broomhall

Mailing Address: 201 38th Street

City: West Des Moines | State: IA | Zip Code: 50265

CONTRACT PERIOD (MM/DD/YR)

From 4-1-06

To 11-08-06

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

$ 5,130.00

ESTIMATES OF PERFORMANCE

Web Design, Logo Development, Brochure, Advertisement, Press Releases, planning.

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUN EXPENDI
			$

SUB-TOTAL $

TOTAL (If last page of this schedule) $

Page 1 of 1 (for Schedule G)