

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)
Karl A. Helgevold Campaign Account

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 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): Na

DISCLOSURE CAMPAIGN
OCT 19 2006
FILED

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: [Signature] TELEPHONE: 515-851-0602 Cell DATE SIGNED: 10-17-06
515-448-4995 Home

I AM FILING A Oct. 19th, 2006 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
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.)	\$ <u>147.99</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>0.00</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>9,550.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0.00</u>
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ <u>9,697.99</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>9,639.18</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0.00</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ <u>58.81</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>871.50</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>0.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>13,295.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ <u>0.00</u>

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

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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)
Karl A. Helgevold Campaign Account

Covered Period July 15th - Oct 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
07-17-06	ID# CK# 1030	Karl Helgevold Box 141 Eagle Grove, IA 50533	Signs, Banner, T-Shirts, Bags, from Victory Store	\$ 2,124.15
07-17-06	ID# CK# 1031	Karl Helgevold Box 141 Eagle Grove, IA 50533	Paddle Fans from Cole Industries	489.28
07-17-06	ID# CK# 1032	Karl Helgevold Box 141 Eagle Grove, IA 50533	Balloons & Clips from Victory Store	344.97
07-17-06	ID# CK# 1033	Eagle Grove Chamber of 120 N. Lucas Commerce Eagle Grove, IA 50533	Copies for Petitions	16.05
07-17-06	ID# CK# 1034	Eagle Grove Eagle 314 W. Broadway Eagle Grove, IA 50533	Color Copies & Laminate for Petitions	6.92
07-29-06	ID# CK# 1036	Lunckas Consulting 201 38 th Street W. Des Moines, IA 50265	Campaign Consulting Services	645.00
08-02-06	ID# CK# 1037	Eagle Grove Eagle 314 W. Broadway Eagle Grove, IA 50533	Copies	41.94
08-13-06	ID# CK# 1006	Tom Wagner 1369 25 th Street Eagle Grove, IA 50533	Post for signs	51.00
SUB-TOTAL				\$ 3,719.31
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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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)
Karl A. Helgevold Campaign Account

Covered Period **July 15th - Oct 14**

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
08-21-06	ID# CK# 1038	KQWC 1020 E. Second Street Webster City, IA 50595	Radio Advertisement	\$ 1472.00
08-06-06	ID# CK#	Security Savings Bank Box 347 Eagle Grove, IA 50533	Service Charge	3.00
08-06-06	ID# CK#	Security Savings Bank Box 347 Eagle Grove, IA 50533	Sales Tax	.21
08-08-06	ID# CK#	Security Savings Bank Box 347 Eagle Grove, IA 50533	Bank Charge	20.00
08-30-06	ID# CK# 1009	Lunckas Consulting 201 38 th Street W. Des Moines, IA 50265	Campaign Consulting Services	645.00
08-30-06	ID# CK# 1010	Lunckas Consulting 201 38 th Street W. Des Moines, IA 50265	Printing Brochures	412.24
09-01-06	ID# CK# 1011	Tom Wagner 1369 255 th Street Eagle Grove, IA 50533	Post for signs	26.00
09-04-06	ID# CK#	Security Savings Bank Box 347 Eagle Grove, IA 50533	Service Charge	3.00
SUB-TOTAL				\$ 2,581.45
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

Reset Form

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)
Karl A. Helgevoold Campaign Account

Covered Period *July 15th - Oct 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
09-04-06	ID# CK#	Security Savings Bank Box 347 Eagle Grove, IA 50533	Sales Tax	\$.21
09-13-06	ID# CK# 1012	Tom Wagner 1369 255 th Street Eagle Grove, IA 50533	Post For Signs	22.00
09-19-06	ID# CK# 1013	Wright County Monitor Box 153 Clarion, IA 50525	Advertisements	600.00
09-19-06	ID# CK# 1014	Belmond Independent Box 126 Belmond, IA 50421	Advertisements	600.00
09-19-06	ID# CK# 1015	PSI P. O. Box 263 Belmond, IA 50421	Advertisements	600.00
09-22-06	ID# CK# 1016	Eagle Grove Eagle 314 W. Broadway Eagle Grove, IA 50533	Advertisements	600.00
9-25-06	ID# CK# 1017	Wright County Auditor 115 N. Main Clarion, IA 50525	List	20.00
09-27-06	ID# CK# 1018	Post Master 119 S Iowa Avenue Eagle Grove, IA 50533	Postage	117.00

SUB-TOTAL \$ *2,559.21*
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



SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> 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 July 15th - Oct 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
09-26-06	ID# CK# 1019	Eagle Grove Eagle 314 W. Broadway Eagle Grove, IA 50533	Labels	\$ 51.00
10-04-06	ID# CK#	Security Savings Bank Box 347 Eagle Grove, IA 50533	Service Charge	3.00
10-04-06	ID# CK#	Security Savings Bank Box 347 Eagle Grove, IA 50533	Sales TAX	.21
10-2-06	ID# CK# 1020	Lunckas Consulting 201 38 th Street W. Des Moines, IA 50265	Campaign Consulting Services	725.00
	ID# CK#			

SUB-TOTAL \$ 779.21

TOTAL (if last page of this schedule) \$ 9,639.18

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).)

Covered Period July 15th - Oct 14th

COMMITTEE NAME (Must be same as on Statement of Organization)
KARL A. Helgevold Campaign Account

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5-23-06	David's Gallery 636 Second St. Webster City, IA 50595	Photography Services	\$ Estimate 441.38
09-30-06	Karl Helgevold Box 141 Eagle Grove, IA 50533	Advertisements From Don's Advocate	197.60
09-20-06	In Stitches Box 53 Eagle Grove, IA 50533	Logo Shirts	63.00
07-20-06	Karl Helgevold Box 141 Eagle Grove, IA 50533	Advertisement Services From FHP	42.80
08-25-06	Karl Helgevold Box 141 Eagle Grove, IA 50533	Wood for Signs From Eagle Building Supply	36.72
10-16-06	Frank Boyd 319 N. Cadwell Avenue Eagle Grove, IA 50533	LABOR	90.00
SUB-TOTAL			\$ 871.50
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 871.50

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 "Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.



COMMITTEE NAME (Must be same as on Statement of Organization)
Karl A. Helgevold Campaign Account

Covered Period July 15th - Oct 14th

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 3,745.00

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

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
08-01-06	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533		\$ 3,350.00
08-09-06	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	300.00
08-17-06	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	1,500.00
09-05-06	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	1,100.00

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 (PART I) 1 of 2 \$ 6,250.00
 2 of 2 3,300.00
9,550.00

TOTAL CASH REPAYMENTS (PART II) \$ 0.00
 From Schedule E - TOTAL LOANS FORGIVEN \$ 0.00
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 13,295.00

*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.

3,745 last
 6,250 1 of 2
 3,300 2 of 2
13,295

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)
Karl A. Helgevold Campaign Account

Covered Period July 15th - Oct 14th

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 3,745.00

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

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.)

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

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
09-19-06	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	\$ 3,000.00
10-03-06	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	300.00

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

TOTAL (PART I) 2 of 2 \$ 3,300.00
 1 of 2 6,250.00
9,550.00

TOTAL CASH REPAYMENTS (PART II) \$ 0.00
 From Schedule E - TOTAL LOANS FORGIVEN \$ 0.00
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 13,295.00

*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.

3,745 Last
 6,250 1 of 2
3,300 2 of 2
13,295

Reset Form

SCHEDULE G (Rev. 02/86)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Karl A. Helgevold Campaign Account

Covered Period July 15th
Oct 14th 2006

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.)

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Lezli Luneckas Broomhall			
Mailing Address 201 38 th Street			
City West Des Moines IA	State	Zip Code 50265	

TOTAL ANTICIPATED
COMPENSATION FOR
PERFORMANCE

CONTRACT PERIOD (MM/DD/YR)

From 4-1-06
To 11-8-06

\$ 5,130.00

ESTIMATES OF PERFORMANCE

Web Design, Logo, Development Brochure, Advertisement, Press Releases, Planning

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
8-30-06	Lunekas Consulting (* See Schedule B)	Printing Brochures	\$ 412.24
			* See Schedule B

SUB-TOTAL

\$ * See

TOTAL (If last page of this schedule)

\$ Schedule B