

FOR INSTRUCTIONS, SEE BACK OF 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: 3
(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

FILED
JAN 19 2007
IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
FAX

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 1-18-07
515-448-4995 Home

I AM FILING A January 19, 2007 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 <u>11-7-2006</u>
County & Local Committees, enter County in which Election is held <u>WRIGHT</u>

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>58.81</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>400.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>4,790.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>5,248.81</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>5,242.65</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>6.16</u>
*UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>1,212.20</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0.00</u>
*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>18,085.00</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

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)

Covered Period Oct 15th - Dec 31st

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

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
10-21-06	ID# CK# 10040	Mel R. Sampson, P.O. Box 25 Eagle Grove, IA 50533	"not applicable"	\$ 250.00	<input type="checkbox"/>
10-20-06	ID# CK# cash	Terry Newcomb 1937 290th St Clarion, IA 50525	"Cousin"	50.00	<input type="checkbox"/>
10-16-06	ID# CK# 6738	Michael W. Dunn Manchester, IA 53057	"not applicable"	100.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 400.00

TOTAL (if last page of this schedule)

\$ 400.00

* 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.

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 Oct 15th - Dec 31st

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
10-16-06	ID# - CK# 1021	Frank Boyd 319 N. Cadwell Avenue Eagle Grove, IA 50533	Labor	\$ 90.00
10-16-06	ID# - CK# 1039	In Stitches Box 53 Eagle Grove, IA 50533	Logo Shirts	63.00
10-26-06	ID# - CK# 1044	Lunckas Consulting 201 38 th Street W. Des Moines, IA 50265	Contract Complete Bythettar Campaign Consulting Services	545.00
10-28-06	ID# - CK# 1045	KQWC 1020 E. Second Street Webster City, IA 50595	Radio Advertisement	144.00
10-30-06	ID# - CK# 1043	Eagle Grove Eagle 314 W. Broadway Eagle Grove, IA 50533	Advertisement	400.00
10-31-06	ID# - CK# 1022	Wright County Monitor Box 153 Clarion, IA 50525	Advertisement	222.00
10-31-06	ID# - CK# 1073	Belmond Independent Box 126 Belmond, IA 50421	Advertisement	357.00
10-31-06	ID# - CK# 1024	PSI Box 263 Belmond, IA 50421	Advertisement Postage	914.07
SUB-TOTAL				\$ 2,735.07
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

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.

CHECK THIS BOX IF AMENDING FORM

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

Covered Period *Oct 15th - Dec 31st*

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
10-31-06	ID# CK# 1025	PSI Box 263 Belmond, IA 50421	Advertisement	\$ 1,600.07
11-2-06	ID# CK# 1046	FHP Box 305 Belmond, IA 50421	Advertisement	61.68
11-2-06	ID# CK# 1047	Post Master Eagle Grove MPD Eagle Grove, IA 50533 9998	Advertisement Postage	79.41
11-5-06	ID# CK# -	Security Savings Bank Box 347 Eagle Grove, IA 50533	Service Charge	3.00
11-5-06	ID# CK#	Security Savings Bank Box 347 Eagle Grove, IA 50533	Sales Tax	121
11-11-06	ID# CK# 1048	Lunckas Consulting 201 38th Street W. Des Moines, IA 50265	Contract Complet By the Hour Campaign Consulting Services	670.00
11-21-06	ID# CK# 1049	Beta Sigma Phi Box 141 Eagle Grove, IA 50533	Labor	90.00
12-4-06	ID# CK#	Security Savings Bank Box 347 Eagle Grove, IA 50533	Service Charge	3.00
SUB-TOTAL				\$ 2,507.37
TOTAL (if last page of this schedule)				\$

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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. Helgevoid Campaign Account

Period Covered *Oct 15th - Dec 31st*

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
<i>12-4-06</i>	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Sales Tax</i>	<i>\$.21</i>
	ID# CK#			
SUB-TOTAL				<i>\$.21</i>
TOTAL (if last page of this schedule)				<i>\$ 5,242.65</i>

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).)

SCHEDULE
D
(Rev. 08/98) INCURRED
INDEBTEDNESS

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

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

CHECK THIS BOX
IF AMENDING
FORM

Period covered Oct 15th - Dec 31st

**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 Street Webster City, IA 50595	Photography Services	\$ 441.38
11-3-06	Iowa Ethics & Campaign Disclosure Board 510 East 12 th St, Suite 2A Des Moines, IA 50319	Fine	100.00
10-30-06	Karl Helgevoid Box 141 Eagle Grove, IA 50533	Advertisements From Dow's Advocate	268.90
11-2-06	Karl Helgevoid Box 141 Eagle Grove, IA 50533	Advertisements From Dow's Advocate	124.80
7-20-06	Karl Helgevoid Box 141 Eagle Grove, IA 50533	Advertisement Service From FTP	42.80
8-25-06	Karl Helgevoid Box 141 Eagle Grove, IA 50533	Wood for Signs From Eagle Building Supply	36.72
9-30-06	Karl Helgevoid Box 141 Eagle Grove, IA 50533	Advertisements From Dow's Advocate	197.60
SUB-TOTAL			\$ 1,212.20
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,212.20

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

Page 1 of 1
(for Schedule D)

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.

Reset Form

SCHEDULE
F
(Rev. 07/03)

LOANS RECEIVED & REPAYED

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

Period Covered
Oct 15th - Dec 31st

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ **13,295.00**

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
10-16-06	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	\$ 100.00
10-31-06	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	\$ 4,200.00
11-27-06	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	\$ 490.00

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

TOTAL (PART I) \$ **4,790.00**
+ **13,295.00**

TOTAL CASH REPAYMENTS (PART II) \$ **0.00**
From Schedule E - TOTAL LOANS FORGIVEN \$ **0.00**
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ **18,085.00**

*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.

Reset Form

SCHEDULE
G
BREAKDOWN
OF MONETARY
EXPENDITURES
BY CONSULTANT
(Rev. 02/96)

CHECK THIS BOX IF
AMENDING FORM

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

Covered Period
Oct 15th - Dec 31st
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 Lunekas Broomhall		
Mailing Address 201 38th Street		
City West Des Moines	State IA	Zip Code 50265

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
	N/A		\$

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

CONTRACT PERIOD (MM/DD/YR)	
From 4-1-06	Contracted By The Hour * See
To 11-8-06 <small>changed to 11-11-06</small>	

Schedule B

ESTIMATES OF PERFORMANCE

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

SUB-TOTAL

\$ **0.00**

TOTAL (if last page of this schedule)

\$ **0.00**