

Reset Form

**DISCLOSURE SUMMARY PAGE**

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

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

**IMPORTANT:** Indicate by # type of committee you are reporting for: 06  
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Candidate (8) 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 <u>Karl A. Helgevoold</u>	Political Party (if applicable) <u>Independent</u>
Office Sought <u>County Supervisor</u>	District (if Senate or House) <u>na</u>

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.

A SIGNATURE OF PERSON FILING REPORT  
 515-851-0602 Cell  
 515-448-4995 Home TELEPHONE  
 5-18-07 DATE SIGNED

I AM FILING A May 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  
11-7-2006

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

MAY 21 2007

**STATEMENT OF CASH ON HAND**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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>6.16</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
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>150.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0.00</u>
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b>	\$ <u>156.16</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>136.05</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0.00</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ <u>20.11</u>
<b>UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ <u>670.82</u>
<b>IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ <u>441.38</u>
<b>OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ <u>18,235.00</u>
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>VALUE OF CAMPAIGN PROPERTY</b> (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



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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*

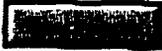
Period Covered *Jan 1<sup>st</sup> - May 14<sup>th</sup>*

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
1-17-07	ID# CK# 1050	<i>Iowa Ethics &amp; Campaign Disclosure Board 510 E. 12th St, Suite 1A Des Moines, IA 50319</i>	<i>Fine</i>	<i>\$ 100.00</i>
1-4-07	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Service Charge</i>	<i>3.00</i>
1-4-07	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Sales Tax</i>	<i>.21</i>
2-4-07	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Service Charge</i>	<i>3.00</i>
2-4-07	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Sales Tax</i>	<i>.21</i>
2-23-07	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Bank Fee</i>	<i>20.00</i>
3-4-07	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Service Charge</i>	<i>3.00</i>
3-4-07	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Sales Tax</i>	<i>.21</i>
SUB-TOTAL				<i>\$ 129.63</i>
TOTAL (if last page of this schedule)				<i>\$</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).)

FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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. Hegevoold Campaign Account*

Period Covered *Jan 1<sup>st</sup> - May 1<sup>st</sup>*

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
4-4-07	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Service Charge</i>	<i>\$ 3.00</i>
4-4-07	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Sales Tax</i>	<i>.21</i>
5-6-07	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Service Charge</i>	<i>3.00</i>
5-6-07	ID# CK#	<i>Security Savings Bank Box 347 Eagle Grove, IA 50533</i>	<i>Sales Tax</i>	<i>.21</i>
	ID# CK#			

SUB-TOTAL \$ *6.42*  
TOTAL (if last page of this schedule) \$ *136.05*

**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)(l).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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.

Period Covered Jan 1 - May 14

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

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

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/YY)	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*
10-30-06	Karl Helgevoid Box 141 Eagle Grove, IA 50533	Ads From Dan's Advocate	\$ 268.90
11-2-06	Karl Helgevoid Box 141 Eagle Grove, IA 50533	Ads From Dan's Advocate	124.80
7-20-06	Karl Helgevoid Box 141 Eagle Grove, IA 50533	Advertisement Service FROM FHP	42.80
8-25-06	Karl Helgevoid Box 141 Eagle Grove, IA 50533	WOOD FOX Signs From Eagle Building Supply	36.72
9-30-06	Karl Helgevoid Box 141 Eagle Grove, IA 50533	Ads From Dan's Advocate	197.60
		SUB-TOTAL	\$ 670.82
		TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD	\$ 670.82

Page 1 of 1  
(for Schedule D)

\*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.



Reset Form

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

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

Period Covered  
**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 \$ 18,085.00

**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.)

**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
2-28-07	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	\$ 125.00
3-19-07	Karl A. Helgevold P.O. Box 141 Eagle Grove, IA 50533	Candidate	25.00

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) \$ 150.00  
18,085.00  
18,235.00

TOTAL CASH REPAYMENTS (PART II) \$ 0.00  
From Schedule E - TOTAL LOANS FORGIVEN \$ 0.00  
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 18,235.00

\*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 <b>G</b> (Rev 02/96)	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. Helgevoold Campaign Account*

Period Covered *Jan 1<sup>st</sup>*  
*May 14<sup>th</sup> 2007*

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant <i>Lezli Lunekas Bramhall</i>		
Mailing Address <i>201 38<sup>th</sup> Street</i>		
City <i>West Des Moines IA</i>	State <i>IA</i>	Zip Code <i>50265</i>

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <i>Contracted</i> To <i>ended 11-11-06</i>	\$ <i>n/a</i>

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	AMOUNT EXPENDED
	<i>n/a</i>		\$

ESTIMATES OF PERFORMANCE

<i>Web Design, Logo Development, Brochure, Advertisement, Press Release planning</i>
<i>Contract</i>
<i>Ended 11-11-06</i>

SUB-TOTAL	\$ <i>0.00</i>
TOTAL (if last page of this schedule)	\$ <i>0.00</i>