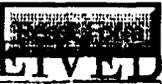


DISCLOSURE SUMMARY PAGE RECEIVED



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) JUL 19 2007

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) Na

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 7-18-07
515-448-4995 Home

I AM FILING A Final REPORT FOR (1) ELECTION // (2) NON-ELECTION YEAR.
 (report date) Indicate by # 2

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.)

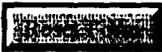
Local Committees, enter Date of Election	<u>was 11-7-2006</u>
County & Local Committees, enter County in which Election is held	

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>20.11</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>650.71</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>670.82</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>670.82</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>0.00</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>0.00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>18,885.71</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>0.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	✓ YES ___ NO
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



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)

*Period Covered
May 15th - July 14th 2007*

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
5-16-07	ID# CK# 1040	Karl Helgevoold P.O. Box 141 Eagle Grove, IA 50533	Advertisement Service From FHP	\$ 42.80
5-16-07	ID# CK# 1041	Karl Helgevoold P.O. Box 141 Eagle Grove, IA 50533	WOOD FOR Signs From Eagle Building Supply	36.72
5-17-07	ID# Counter CK 25	Karl Helgevoold P.O. Box 141 Eagle Grove, IA 50533	Ads From Daw's Advocate	268.90
5-17-07	ID# Counter CK 26	Karl Helgevoold P.O. Box 141 Eagle Grove, IA 50533	Ads From Daw's Advocate	124.80
5-17-07	ID# CK# 1042	Karl Helgevoold P.O. Box 141 Eagle Grove, IA 50533	Ads From Daw's Advocate	197.60
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 670.82
TOTAL (if last page of this schedule)				\$ 670.82

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).)

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

Period Covered
 May 15th - July 14th 2007



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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 18,235.00

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
5-21-07	Karl Helgesold P.O. Box 141 Eagle Grove, IA 50533	Candidate	\$ 650.71

TOTAL (PART I) \$ 650.71
18,235.00
18,885.71

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 REPAY'D
			\$ 0.00

TOTAL CASH REPAYMENTS (PART II) \$ 0.00
 From Schedule E - TOTAL LOANS FORGIVEN \$ 18,885.71
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0.00

*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 (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. Helgevoid Campaign Account

Period Covered **May 15th - July 14th 2007**

PART I - NAME AND ADDRESS OF CONSULTANT

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.)

Name of Consultant Leeli Lureckas 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
	na		0

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From na	na
To _____	\$ _____

Contract completed 11-11-06

ESTIMATES OF PERFORMANCE

Contract Completed 11-11-06

SUB-TOTAL	\$ na
TOTAL (If last page of this schedule)	\$ na

Contract Complete