

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	840
Logged In	W
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)
DEARDEN FOR STATE SENATE COMMITTEE

IMPORTANT: Indicate type of committee you are reporting for: 1
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
(8)Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>DICK L. DEARDEN</u>	Political Party <u>DEMOCRATIC</u>
Office Sought <u>STATE SENATE</u>	District (if Senate or House) <u>S. # 34</u>

Janne Wingert
SIGNATURE OF TREASURER (or person filing this report)

(515) 278-1052
TELEPHONE

JAN 14 2004
1-14-04
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one

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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election
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. (This is the total of all monies 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.)\$ 777.36

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 3075.00

Schedule F: Loans Received total (Attach Schedule F)..... _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 3852.36

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)... 787.85

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 3064.51

****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ _____

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ _____

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F).....\$ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 DEARDEN FOR STATE SENATE

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
7-7-03	ID# 6004 CK# 4054	ASSOC. GENERAL CONTRACTORS OF IOWA PAC 701 E. COURT AV. DES MOINES IA 50309-4901		\$ 250 ⁰⁰	✓
7-7-03	ID# 6046 CK# 3653	JUSTICE FOR ALL PAC 218-6 TH AV STE 526 DES MOINES, IA 50309-4091		250 ⁰⁰	✓
7-7-03	ID# CK# 1744	HEAVY HIGHWAY PAC 2415 INGERSOLL AV DES MOINES, IA 50312-5233		100 ⁰⁰	✓
7-7-03	ID# 6078 CK# 1513	IOWA PHYSICAL THERAPY PAC 1228-8 TH ST STE 106 WEST DES MOINES IA 50265-2624		50 ⁰⁰	✓
7-7-03	ID# CK# 2484	ARLO M ^D DOWELL 1811-74 TH DES MOINES IA 50322		50 ⁰⁰	✓
7-7-03	ID# CK# 3132	CARLOS JAYNE 3523 SW 37 TH ST DES MOINES IA 50321-1839		50 ⁰⁰	✓
7-7-03	ID# CK# 5706	MICHAEL HELLER 1669 NW 92 ND ST @LIVE - IA 50325		100 ⁰⁰	✓
7-7-03	ID# CK# 7048	DAVID PALMER 213 SW FLYNN DR ANKENY IA 5021		100 ⁰⁰	✓
7-7-03	ID# 6052 CK# 2672	IND. INS. AGENTS OF IA PAC COMMITTEE 4000 WESTOWN PKY STE 200 W.D.M. - IA 50265		200 ⁰⁰	✓
7-7-03	ID# 6058 CK# 2270	IA CHIROPRACTIC SOCIETY 1605 N. ANKENY STE 100 ANKENY IA 50021-4159		100 ⁰⁰	✓
SUB-TOTAL				\$ 1250 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

* 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) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
DEARDEN FOR STATE SENATE

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7-7-03	ID# CK# CASH	JAME OBRADOVICH 2418 - 35 TH ST DES MOINES IA 50310		\$ 25 ⁰⁰	✓
7-27-03	ID# 6113 CK# 002858	AFSCME/IOWA COUNCIL 61-PEOPLE 4320 NW 2 ND AV DES MOINES-IA 50313		250 ⁰⁰	✓
7-27-03	ID# 6101 CK# 2334	MOTOR CARRIERS PAC PO BOX 6121 E.D.M. STN. DES MOINES IA 50309		100 ⁰⁰	✓
7-27-03	ID# 6033 CK# 1852	EMC CO. PAC FOR RESPONSIBLE GOV. 717 MULBERRY ST DES MOINES IA 50309		50 ⁰⁰	✓
7-27-03	ID# 6125 CK# 002224	IOWA REALTORS PAC 1370 NW 114 TH ST STE 100 CLIVE-IA 50325		100 ⁰⁰	✓
8-8-03	ID# 6098 CK# 3252	IOWA BEV PAC 310 NORTHWESTERN BLDG 321 E. WALNUT ST DES MOINES IA 50309		100 ⁰⁰	✓
8-8-03	ID# 6021 CK# 1632	CREDIT UNION PAC 3737 WESTOWN PARKWAY W.D.M - IOWA 50265		250 ⁰⁰	✓
9-19-03	ID# CK# 008459	CRAIG H. NEILSEN 8620 TITLEIST CR. LAS VEGAS - NEVADA 89117		250 ⁰⁰	
9-29-03	ID# CK# 1303	MCI IOWA PAC 707 - 17 TH ST. STE 3600 DENVER - CO 80202-3436		100 ⁰⁰	
9-29-03	ID# FEC # C00001636 CK# 4062	TRANSPORTATION POLITICAL EDUCATION LEAGUE 14600 DETROIT AVE, CLEVELAND - OH 44107		500 ⁰⁰	
SUB-TOTAL				\$ 1725 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 1725	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
DEARDEN FOR STATE SENATE COMMITTEE

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.

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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
11-18-03	ID# 6146 CK# 1487	HOME BUILDERS ASSOC PAR 4201 WESTOWN PKWY STE 250 WEST DES MOINES IA 50266-6720		\$ 100 ⁰⁰	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 100⁰⁰

TOTAL (if last page of this schedule)

\$ 3075⁰⁰

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
 DEARDEN FOR STATE SENATE COMMITTEE

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
7-14-03	ID# CK# 254	CARTER PRINTING 1739 E. GRAND AV DES MOINES IA 50316	PRINTING RECEPTION FLYERS	\$ 29.68
1-31-03	ID# CK# 252	IA DEMO PARTY	CONTRIBUTION	700.00
3-19-03	ID# CK# 253	TREAS STATE OF IA STATE HOUSE DES MOINES IA 50319	PURCHASED STATE OF IA BIRD PINS	50 ⁰⁰
	ID# CK#	US BANK PO BOX 1800 ST PAUL, MN 55101-0800	BANK SERVICE CHARGES 2003	8 ¹⁷
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 787.85

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 56.6(3)(i).)

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

DEARDEN FOR STATE SENATE COMMITTEE

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7-7-03	MICHAEL HELLER 1669 N.W. 92 ND ST CLIVE - IA 50325		FOOD AND BEVERAGE	\$ 112 ⁸⁷	✓

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$

112⁸⁷

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