

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	840
Logged In	SW 9
Scanned	
Computer	
Audited	

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

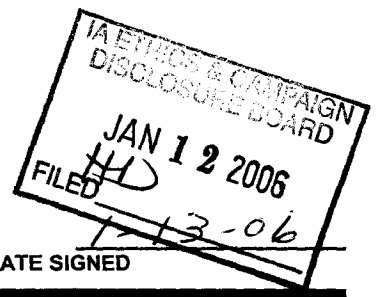
DEARDEN FOR STATE SENATE COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (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 DICK L. DEARDEN Political Party (if applicable) DEMOCRATIC

Office Sought STATE SENATE District (if Senate or House)



Late reports are subject to possible civil and criminal penalties.

Joanne Wenzel Irwin (515) 278-1052 7-13-06

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A _____ 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 _____

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.) \$ 990.79

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) + 2625.00

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..... \$ 3615.79

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... - 1000.00

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) \$ 2615.79

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

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)..... \$ 36.63

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

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

CANDIDATE COMMITTEES ONLY:

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

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

For Instructions, See Back of Form

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

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

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.

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
6-21-05	ID# 6052 CK# 2870	IND. INS. AGENTS OF IA. 4000 WESTOWN PKWY STE 200 W.D.M. IA. 50266		\$ 500 ⁰⁰	
7-26-05	ID# CK# 2642	JONATHAN WILSON 2924 DRUID HILL DR. D.M. IA. 50315		100 ⁰⁰	✓
7-26-05	ID# CK# 4045	ROBERT E. JOSTEN 801 GRAND STE 2900 D.M. IA. 50309		250 ⁰⁰	✓
7-26-05	ID# CK# 6133	GARY + MARY SLATER 3303 E. UNIVERSITY D.M. IA 50317		100 ⁰⁰	✓
7-26-05	ID# CK# 4682	ANDREW + DOROTHY BAUMERT 5068 COACHLIGHT DR W.D.M. IA. 50265-6928		25 ⁰⁰	✓
7-26-05	ID# CK# 3790	JULIE SMITH 3917 HILLCREST DR DM. IA 50310-4334		100 ⁰⁰	✓
7-26-05	ID# 8251 CK# 1481	PRIN PAC 711 HIGH ST. D.M. IA 50392		250 ⁰⁰	✓
7-26-05	ID# CK# 1494	T. J. JOCHUM CONSULTING 1137-36 th ST. D.M. IA 50311		200 ⁰⁰	✓
7-26-05	ID# 6046 CK# 3985	JUSTICE FOR ALL PAC 218 -6 th AV STE 526 DM IA 50309-4091		250 ⁰⁰	✓
7-26-05	ID# 6058 CK# 2642	IA. CHIROPRACTIC SOCIETY PAC 1605 N. ANKENY BLVD STE 100 ANKENY-IA 50021-4159		100 ⁰⁰	✓
SUB-TOTAL				\$ 1875 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. 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.

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
8-2-05	ID# 6004 CK# 4284	ASSOC. GENERAL CONTRACTORS OF IA 701 E. COURT AV DES MOINES IA 50309-4901 PAC		\$ 250 ⁰⁰	
12-22-05	ID# 6429 CK# 1963	HEAVY HIGHWAY PAC 2415 INGERSOLL AV DES MOINES IA 50312-5233		500 ⁰⁰	
	ID# CK#				
	ID# CK#				
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	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 750⁰⁰

TOTAL (if last page of this schedule)

\$ 2625⁰⁰

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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.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<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 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
	ID# CK#	IA DEMO PARTY 5661 FLEUR DR DES MOINES IA 50321		\$ 1000 ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 1000⁰⁰
TOTAL (if last page of this schedule) \$ 1000⁰⁰

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).)

