

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	S
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)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) # 34

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
 JAN 11 2007
 FILED

Late reports are subject to possible civil and criminal penalties.

(515) 278-1052 1-11-07
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

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

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.) \$ 2615.79

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 12725.00 ✓
 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..... \$ 15340.79

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... 14509.87 ✓
 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) \$ 830.92

**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)..... \$ _____

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

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)

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
7/3/06	ID# 8466 CK# 2651	ALL AMERICAN PAC 607 - 14 TH SE NW STE 800 WASHINGTON DC 20005		\$ 500 ⁰⁰	<input type="checkbox"/>
7/27/06	ID# CK# 3702	JAMES COWDIE 141 - 37 TH SE DES MOINES, IA 50312		10,000 ⁰⁰	<input type="checkbox"/>
8/8/06	ID# CK# 7825	WAYNE + DELORES BAUMAN 422 LEYDEN AV DES MOINES - IA 50317-5524		25 ⁰⁰	<input type="checkbox"/>
8/8/06	ID# CK# 2916	MARILYN SPINA 2545 E. OUID AV DES MOINES IA 50317-6023		25 ⁰⁰	<input type="checkbox"/>
8/8/06	ID# CK# 2212	THOMAS HENDERSON 6239 N. W. WOOD DR JOHNSTON - IA 50131		100 ⁰⁰	<input type="checkbox"/>
8/23/06	ID# CK# 8800	RON + SHARON HARMON 448 N. WALNUT BLVD PLEASANT HILL - IA 50327		100 ⁰⁰	<input type="checkbox"/>
8/23/06	ID# CK# 9504	PATRICK + BARBARA MCCLINTOCK 669 - 41 ST SE DES MOINES IA 50312-2747		25 ⁰⁰	<input type="checkbox"/>
8/23/06	ID# CK# 2346	MICHAEL FREILINGER PO BOX 93003 DES MOINES, IA 50393		50 ⁰⁰	<input type="checkbox"/>
8/23/06	ID# CK# 3897	JAMES FITZGERALD 3036 E. DIEHL AVE DES MOINES - IA 50320		50 ⁰⁰	<input type="checkbox"/>
9/15/06	ID# CK# 011608	CRAIG H. NEILSEN 8620 TITLEIST CR. LAS VEGAS, NEVADA 89117		200 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 11,075 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 11,075	

* 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.

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
✓ 10/2/06	ID# 6058 CK# 2963	IOWA CHIROPRACTIC SOCIETY - PAC 1605 N. ANKENY BLVD STE 100 ANKENY - IA 50021-4159		\$ 200 ⁰⁰	
10/5/06	ID# CK# 6491	GARY & MARY SLATER 3303 E. UNIVERSITY DES MOINES IA 50317		100 ⁰⁰	
10/9/06	ID# CK# 2447	JEAN & KERMIT TRUNNATT 813 N. SHADYVILLE BLVD PI. HILL - IA 50327-2015		25 ⁰⁰	
✓ 10/10/06	ID# 6004 CK# 4523	ASSOC. GENERAL CONTRACTORS OF IA 701 E. COURT AV DES MOINES, IA 50309-4901	PAC	1000 ⁰⁰	
10/16/06	ID# CK# 1596	CAPITOL CONSULTANTS BRIAN JOHNSON 6824 PANORAMA DR - PANORA - IA 50216-8713		100 ⁰⁰	
✓ 10/30/06	ID# 6067 CK# 3581	IA HEALTH PAC #6067 6750 WESTOWN PKWY #100 WEST DES MOINES IA 50266		200 ⁰⁰	
11/14/06	ID# CK# 9561	CHARLES & LOUISE FUNARO 3012 MARYLYNN DR URBANDALE - IA 50322-6838		25 ⁰⁰	
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL \$1650⁰⁰

TOTAL (if last page of this schedule) \$12725⁰⁰

* 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.

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. 07/03)	MONETARY EXPENDITURES
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CHECK THIS BOX IF AMENDING FORM

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

DEARDEN FOR STATE SENATE

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
8-5-06	ID# CK# 270	CARTER PRINTING 1739 E. GRAND AV DES MOINES IA 50316	LETTERS	\$ 9.87
9-18-06	ID# 4098 CK# 271	SENATE MAJORITY FUND, IDP 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	5000.00
9-18-06	ID# 4098 CK# 272	IA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	2500.00
10-05-06	ID# 4098 CK# 273	SENATE MAJORITY FUND, IDP 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	3000.00
10-16-06	ID# 4098 CK# 274	SENATE MAJORITY FUND, IDP 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	2000.00
1/31/06	ID# 4098 CK# 269	IA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	2000.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 14509.87

TOTAL (if last page of this schedule) \$ 14509.87

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).)