

# DISCLOSURE SUMMARY PAGE

|   |                          |
|---|--------------------------|
| <b>FORM DR-2</b><br>(Rev. 12/2005)  | <b>DISCLOSURE REPORT</b> |
| <b>For Office Use Only</b>  |                          |
| Comm. # <u>340</u>  |                          |
| Logged In <u>5</u> <u>2</u>   |                          |
| Scanned _____   |                          |
| Computer _____  |                          |
| Audited _____   |                          |
| File with:<br>Iowa Ethics and Campaign Disclosure Board<br>510 E. 12 <sup>th</sup> , Ste. 1A<br>Des Moines, Iowa 50319<br>Fax: 515-281-3701 |                          |

**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) SENATE 34

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.

Janne Wengert  
SIGNATURE OF PERSON FILING REPORT

278-1052  
TELEPHONE

1/16/08  
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 <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>830.92</u>  |
| <b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>   |    |                |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....   |    | <u>6320.00</u> |
| Schedule F: Loans Received total (Attach Schedule F) .....  |    | _____          |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H).....   |    | _____          |
| <b>(Schedule H applies to Candidates' Committees Only)</b>  |    |                |
| <b>SUB-TOTAL</b> .....  | \$ | <u>7150.92</u> |
| <b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>   |    |                |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....   |    | _____          |
| 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).....  | \$ | <u>7150.92</u> |

|  |    |                    |
|--|----|--------------------|
| **UNPAID BILLS (From Schedule D - Attach Schedule D).....          | \$ | _____              |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ..... | \$ | <u>110.00</u>      |
| **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<br><b>A</b><br>(Rev. 07/03)                        | MONETARY<br>RECEIPTS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>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 |
|---------------------------------------|--|---|--|-----------------------|-----------------------------|
| 5/25/07                               | ID# 6027<br>CK# 2581                               | DEERE PAC IOWA #6027<br>666 GRAND AV. STE 1707<br>DES MOINES - IA 50309-2509    |  | \$ 500 <sup>00</sup>  | <input type="checkbox"/>    |
| 6/10/07                               | ID# 600001636<br>CK# 600494                        | UNITED TRANSPORTATION UNION<br>P.A.C 14600 DETROIT AV<br>CLEVELAND, OH 44107    |  | 1000 <sup>00</sup>    | <input type="checkbox"/>    |
| 8/7/07                                | ID#<br>CK# 4167                                    | JAMES D. OBRADOVICH<br>2418 35 <sup>TH</sup> ST<br>DES MOINES IA 50310-4549     |  | 20 <sup>00</sup>      | <input type="checkbox"/>    |
| 8/7/07                                | ID#<br>CK# 1066                                    | JAMES D. HENTER<br>10555 NEW YORK AV - STE 102<br>URBANDALE IA 50322-3748       |  | 250 <sup>00</sup>     | <input type="checkbox"/>    |
| 8/7/07                                | ID# 6004<br>CK# 4620                               | ASSOC. GEN. CONTRACTORS PAC<br>701 E. COURT AV.<br>DES MOINES IA 50309-4941     |  | 500 <sup>00</sup>     | <input type="checkbox"/>    |
| 8/7/07                                | ID# 6356<br>CK# 1452                               | FREEDOM FUND PAC<br>1171 - 7 <sup>TH</sup> ST.<br>DES MOINES IA 50314           |  | 100 <sup>00</sup>     | <input type="checkbox"/>    |
| 8/7/07                                | ID# 6052<br>CK# 3159                               | IND. INS AGTS PAC<br>4000 WESTOWN PKWY STE 200<br>W. DES MOINES IA 50265        |  | 200 <sup>00</sup>     | <input type="checkbox"/>    |
| 8/7/07                                | ID# 6058<br>CK# 4062                               | IA CHIROPRACTIC SOC. PAC<br>1605 N. ANKENY BLVD STE 160<br>ANKENY - IA 50023    |  | 100 <sup>00</sup>     | <input type="checkbox"/>    |
| 8/7/07                                | ID# 6046<br>CK# 4343                               | JUSTICE FOR ALL<br>215 - 6 <sup>TH</sup> AV STE 526<br>DES MOINES IA 50309-4091 |  | 250 <sup>00</sup>     | <input type="checkbox"/>    |
| 8/7/07                                | ID# 6059<br>CK# 3008                               | IA COMMITTEE OF AUTO RETAILERS<br>1111 OFFICE PARK RD<br>W. DES MOINES IA 50265 |  | 200 <sup>00</sup>     | <input type="checkbox"/>    |
| SUB-TOTAL                             |  |   |  | \$ 3120 <sup>00</sup> |                             |
| TOTAL (if last page of this schedule) |  |   |  | \$ [REDACTED]         |                             |

\* 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.

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| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                      |

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|---------------------------------------|--|--|--|-----------------------|-------------------------------------|
| 8/7/07                                | ID# 6098<br>CK# 3557                               | IOWA BEV PAC<br>321 E. WALNUT STE 310<br>DES MOINES IA 50309-2026                        |  | \$ 500 <sup>00</sup>  | <input checked="" type="checkbox"/> |
| 9/5/07                                | ID# 840<br>CK# 1839                                | PRIN PAC<br>711 HGBH ST.<br>DES MOINES IA 50392  |  | 500 <sup>00</sup>     | <input checked="" type="checkbox"/> |
| 11/19/07                              | ID# 6067<br>CK# 3763                               | IOWA HEALTH PAC<br>6750 WESTOWN PKW#100<br>WDM IA 50266                                  |  | 200 <sup>00</sup>     | <input type="checkbox"/>            |
| 12/28/07                              | ID#<br>CK# 9302                                    | STANLEY M. CHESLEY SPECIAL ACCT<br>1 WEST 4 <sup>TH</sup> ST.<br>CINCINNATI - OHIO 45202 |  | 2000 <sup>00</sup>    | <input type="checkbox"/>            |
|                                       | ID#<br>CK#   |  |  |                       | <input type="checkbox"/>            |
|                                       | ID#<br>CK#   |  |  |                       | <input type="checkbox"/>            |
|                                       | ID#<br>CK#   |  |  |                       | <input type="checkbox"/>            |
|                                       | ID#<br>CK#   |  |  |                       | <input type="checkbox"/>            |
|                                       | ID#<br>CK#   |  |  |                       | <input type="checkbox"/>            |
|                                       | ID#<br>CK#   |  |  |                       | <input type="checkbox"/>            |
|                                       | ID#<br>CK#   |  |  |                       | <input type="checkbox"/>            |
| SUB-TOTAL                             |  |  |  | \$ 3200 <sup>00</sup> |                                     |
| TOTAL (if last page of this schedule) |  |  |  | \$ 6320 <sup>00</sup> |                                     |

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