

DISCLOSURE SUMMARY PAGE

110

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	840
Logged in	S
Scanned	
Computer	
Audited	3 pages
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) IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DEARDEN FOR STATE SENATE COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: **4**

(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

7:00 JUL 18 PM 1:50

CANDIDATE COMMITTEES ONLY:

Candidate Name: **DICK L. DEARDEN** Political Party (if applicable): _____

Office Sought: **STATE SENATE** District (if Senate or House): **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.

Jeanne Wenzert
 SIGNATURE OF PERSON FILING REPORT

(515) 278-1052
 TELEPHONE

7/18/08
 DATE SIGNED

I AM FILING A 7-19-08 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

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.)\$ 6450.92

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... 2850.00

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\$ 9300.92

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 234.26

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).....\$ 9066.66

**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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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
7/1/08	ID# 840 CK# 2513	IA. COMMITTEE ON POLITICAL EDUCATION ATL-610 2000 WALKER ST STE A DES MOINES IA 50317		\$ 500 ⁰⁰ / _—	<input checked="" type="checkbox"/>
7/1/08	ID# 6052 CK# 3260	FND. INS. AGENTS OF FONA PAC 4000 WESTOWN PKWY STE 200 WEST DES MOINES IA 50265		250 ⁰⁰ / _—	<input checked="" type="checkbox"/>
7/1/08	ID# 6099 CK# 1166	MCREDITH CORP. EMPLOYEES FUND FOR BETTER GOV.- DEMO ACCT 1716 LOCOST ST. DES MOINES IA 50309-3023		100 ⁰⁰ / _—	<input checked="" type="checkbox"/>
7/1/08	ID# CK# 1857	MICHAEL HELEMER 1621 So 50th PL WEST DES MOINES IA 50265		100 ⁰⁰ / _—	<input checked="" type="checkbox"/>
7/1/08	ID# 6046 CK# 4433	JUSTICE FOR ALL PAC 218-62nd AV. STE 526 DES MOINES IA 50309-4091		250 ⁰⁰ / _—	<input checked="" type="checkbox"/>
7/1/08	ID# CK# 5128	JULIE A. SMITH 3917 HILLEREST DR DES MOINES-IA 50310		100 ⁰⁰ / _—	<input checked="" type="checkbox"/>
7/1/08	ID# CK# 5912	JAY + LAURA DOLL 1723 PLUM THICKET LN. WEST DES MOINES-IA 50266		400 ⁰⁰ / _—	<input checked="" type="checkbox"/>
7/1/08	ID# CK# 215	MARK + JULIA DOLL 3501 23RD AV COUNCIL BLUFFS-IA 51501-7015		400 ⁰⁰ / _—	<input checked="" type="checkbox"/>
7/8/08	ID# 6113 CK# 4052	AFSCME / COUNCIL 61 PEOPLE ACCT 4320 NW 2ND AV DES MOINES IA 50313		500 ⁰⁰ / _—	<input checked="" type="checkbox"/>
7/9/08	ID# 6498 CK# 1713	WELLS PAC 636 GRAND AV DES MOINES IA 50309		250 ⁰⁰ / _—	<input checked="" type="checkbox"/>

SUB-TOTAL

\$
\$2850⁰⁰/_—

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). 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

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
6/17/08	ID# CK# 276	CARTER PRINTING 1739 E. GRAND AV. DES MOINES-IA 50316	LETTERHEAD + ENVELOPES	\$ 234.26
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 234.26

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).)