

DISCLOSURE SUMMARY PAGE

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

DEARDEN FOR STATE SENATE COMMITTEE 2009 JAN 13 PM 4:04

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):
Office Sought: **STATE SENATE** District (if Senate or House): **34**

FORM DR-3 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Compl. # 840	
Logged In S	
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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 Wenger
SIGNATURE OF PERSON FILING REPORT

(515) 278-1052
TELEPHONE

1-13-09
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.)	\$	<u>6585.60</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		<u>1415.00</u>
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	\$ <u>8000.60</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>6285.80</u>
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>1714.80</u>

**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

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
10/30/08	ID# 840 CK# 1084	JAMES HENTER 10555 NEW YORKAVE STE102 URBANDALE-IA 50322-3745		\$ 150 ⁰⁰	
10/30/08	ID# CK# 1574	GREG A. CROSS 3701 SE 18 TH ST. DES MOINES-IA 50320		50 ⁰⁰	
10/30/08	ID# 840 CK# 18696	I. B. E. W. EDUCATION COMMITTEE 900 7 TH ST N.W. WASHINGTON DC 20001		500 ⁰⁰	
11/3/08	ID# CK# 8499	JOHN & KAREN FATINO 1605 SEARIGHT DR PLEASANT H. LL IA 50397		100 ⁰⁰	
11/3/08	ID# CK# 8474	KELLY HERRERA 3560 E. DOUGLAS AV. D-6 DES MOINES-IA 50317		25 ⁰⁰	
11/3/08	ID# CK# CASH	MARY CONLOW 4801 OBSERVATORY RD DES MOINES-IA 50311		40 ⁰⁰	
11/17/08	ID# CK# 450000235	NATIONWIDE MUTUAL INS CO. IOWA PAC 1100 LOCUST RD. DES MOINES, IA 50391		250 ⁰⁰	
11/28/08	ID# CK# 4463	MELISSA WATSON CARL WIEDERAENDERS 4312 KINGMAN BLVD DES MOINES IA 50310		100 ⁰⁰	
1/9/09	ID# 6264 CK# 1015	FA. AUTOMOTIVE RECYCLERS PAC 55 WEST 32 ND ST. DUBUQUE-IA 52001	6264	200 ⁰⁰	
	ID# CK#				

SUB-TOTAL

\$1715⁰⁰
\$1715⁰⁰

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
10/21/08	ID# CK# 288	SENATE MAJORITY FUND 5661 FLEUR DR DES MOINES, IA 50321	CONTRIBUTION	\$ 2500 ⁰⁰
10/24/08	ID# CK# 289	SENATE MAJORITY FUND 5661 FLEUR DR DES MOINES, IA 50321	CONTRIBUTION	3500 ⁰⁰
11/17/08	ID# CK# 290	HILL TOP RESTAURANT 2820 HUBBELL AV DES MOINES, IA 50317	REFRESHMENTS FOR VOLUNTEERS	285 ⁸⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 6285.80
TOTAL (if last page of this schedule) \$ 6285.80

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).)