

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) **ETHICS AND CAMPAIGN DISCLOSURE BOARD**

DICK L. DEARDEN FOR STATE SENATE

IMPORTANT: Indicate by # type of committee you are reporting for: **2010 JAN 14 PM 2ND COMMITTEE**

(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

| | |
|---|--------------------------|
| FORM DR-2 (Rev. 12/2005) | DISCLOSURE REPORT |
| For Office Use Only | |
| Comm. # | <u>840</u> |
| Logged In | <u>[Signature]</u> |
| Scanned | <u>[Signature]</u> |
| Computer | _____ |
| Audited | _____ |
| File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701 | |

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.

[Signature] (515) 278-1052 1-14-10
 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.)\$ 1714.80

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)..... 4420.00

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\$ 6134.80

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... 5000.00

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).....\$ 1134.80

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

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ 31.46

**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 |
|---------------------------------------|--|--|--|----------------------|-----------------------------|
| 8/31/09 | ID# CK# 7126 | JOSEPH GRACE 257 COTTONWOOD DR. SW ALTONA - IA 50009 | | \$ 20 ⁰⁰ | <input type="checkbox"/> |
| 8/31/09 | ID# CK# 3669 | GWEST IPAC #6107 925 HIGH ST. DES MOINES, IA 50309 | | 100 ⁰⁰ | <input type="checkbox"/> |
| 8/31/09 | ID# CK# 1407 | BRIAN & JOANN JOHANSON 6724 PANORAMA DR PANORA - IA 5026 | | 100 ⁰⁰ | <input type="checkbox"/> |
| 8/31/09 | ID# CK# 1994 | MICHAEL HELLER 1621 SOUTH SUTPL W. DES MOINES - IA 50265 | | 100 ⁰⁰ | <input type="checkbox"/> |
| 8/31/09 | ID# CK# 1975 | MATTHEW FIDE 329 - 43RD ST DES MOINES - IA 50312 | | 100 ⁰⁰ | <input type="checkbox"/> |
| 8/31/09 | ID# CK# 4515 | IA CHIROPRACTIC SOCIETY PAC 6058 100 E GRAND AV STE 240 DES MOINES - IA 50309 | | 100 ⁰⁰ | <input type="checkbox"/> |
| 8/31/09 | ID# CK# 3411 | IND. INS AGENTS OF IA 4000 WESTOWN PKWY STE 200 W. DES MOINES - IA 50265 | | 250 ⁰⁰ | <input type="checkbox"/> |
| 8/31/09 | ID# CK# 5991 | JAY T. DOLL 1738 PLUM THICKET LN. W. DES MOINES, IA 50266 | | 500 ⁰⁰ | <input type="checkbox"/> |
| 8/31/09 | ID# CK# 1616 | MARK DOLL 815 SOUTH BRANCH DR WAUKEE - IA 50263 | | 500 ⁰⁰ | <input type="checkbox"/> |
| 8/31/09 | ID# CK# 3681 | IA BEV PAC 321 E. WALNUT STE 310 DES MOINES - IA 50309-2026 | | 1000 ⁰⁰ | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$2770 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). 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. 07/03) | 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

See amended page

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| 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 |
|--------------------------|--|---|--|----------------------|-----------------------------|
| 11/11/09 | ID# 6084 CK# 1095 | IA. SOC. OF ANESTHESIOLOGISTS PAC 525 SW 5 TH ST. STE-A DM. IOWA 50309-4501 | | \$ 100 ⁰⁰ | |
| 12/09/09 | ID# 6478 CK# 1202 | IANA-PAC 1156 - FOREST ST CARROLL IA 51401 | | 250 ⁰⁰ | |
| 12/12/09 | ID# 6067 CK# 4152 | IA HEALTH PAC 6067 1795 - 90 TH SE W. DES MOINES IA 50266-4503 | | 200 ⁰⁰ | |
| 12/18/09 | ID# 6146 CK# 1869 | HOMEBUILDERS ASSOC PAC 9001 HICKMAN RD STE 210 DES MOINES-IA | | 160 ⁰⁰ | |
| 1/4/10 | ID# 6059 CK# 3394 | ICAR 1111 OFFICE PARK RD W. DES MOINES-IA 50265 | | 400 ⁰⁰ | |
| 1/6/10 | ID# CK# 7304 | GARY & MARY SLATER 3303 E. UNIVERSITY AV DES MOINES IA 50317 | | 150 ⁰⁰ | |
| 1/5/10 | ID# 6082 CK# 1458 | MIDAMERICAN ENERGY CO EFFECTIVE GOV. COMM 666 GRAND AV DES MOINES-IA 50303-0657 | | 200 ⁰⁰ | |
| 1/14/10 | ID# 6001 CK# 4570000324 | NATIONWIDE MUTUAL INS CO PAC 1100 LOCUST RD DES MOINES IA 50391 | | 250 ⁰⁰ | |
| | ID# CK# | | | | |
| | ID# CK# | | | | |

SUB-TOTAL

\$ 1650

TOTAL (if last page of this schedule)

\$ 4420

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

Reset Form

| | |
|---|-------------------|
| SCHEDULE A (Rev. 07/03) | MONETARY RECEIPTS |
| <input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

2010 JAN 22 PM 2:49

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.

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| 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 |
|--------------------------|--|---|--|----------------------|---------------------------|
| 11/11/09 | ID# 6484 CK# 1095 | IA. SOC. OF ANESTHESIOLOGISTS PAC 525 SW 5th ST STE A DM IOWA 50309-4501 | | \$ 100 ⁰⁰ | <input type="checkbox"/> |
| 12/09/09 | ID# 6478 CK# 1202 | F.A.N.A. PAC 1156 FOREST ST CARROLL-IA 51401 | | 250 ⁰⁰ | <input type="checkbox"/> |
| 12/12/09 | ID# 6067 CK# 4152 | IA. HEALTH PAC 1795 - 90th ST W. D. M. IA 5026-1563 | | 200 ⁰⁰ | <input type="checkbox"/> |
| 12/18/09 | ID# 6146 CK# 1869 | HOME BUILDERS ASSOC PAC 9001 HICKMAN RD STE 210 DES MOINES IA | | 100 ⁰⁰ | <input type="checkbox"/> |
| 1/4/10 | ID# 6059 CK# 3394 | I.C.A.R. 1111 OFFICE PARK RD W. D. M IA 50265 | | 400 ⁰⁰ | <input type="checkbox"/> |
| 1/6/10 | ID# CK# 7304 | GARY & MARY SLATER 3303 E. UNIVERSITY AVE D. M. IOWA 50317 | | 150 ⁰⁰ | <input type="checkbox"/> |
| 1/5/10 | ID# 6082 CK# 1458 | MIDAMERICAN ENERGY EFFECTIVE GOV COMMITTEE 666 GRAND AV DM IA 50303-0657 | | 200 ⁰⁰ | <input type="checkbox"/> |
| 1/10/10 | ID# 6001 CK# 4570000324 | NATIONWIDE MUTUAL INSURANCE PAC 1100 LOCUST DES MOINES- IA 50391-5500 | | 250 ⁰⁰ | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$ 1650⁰⁰

TOTAL (if last page of this schedule)

\$ 4420⁰⁰

* 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 |
|---------------------------------------|--|--|--------------------------------|-----------------------|
| 1-4-10 | ID# 9098 CK# 291 | SENATE MAJORITY FUND 5661 FLEUR DR DES MOINES IA 50321 | CONTRIBUTION | \$ 5000 ⁰⁰ |
| | 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) | | | | \$ 5000 ⁰⁰ |

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
DEARDEN FOR STATE SENATE COMMITTEE

Reset Form

| | |
|--|--------------------------|
| SCHEDULE E (Rev. 06/97) | IN-KIND CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | ✓ IF FOR FUND-RAISER CONTRIBUTION |
|--------------------------|--|---|-------------------------------------|-----------------------------|-------------------------------------|
| 8/5/09 | FOWA MAJORITY FUND SENATE 5601 FLEUR DR DM-FA 50321 | | U.S.P.S POSTAGE | \$ 31.46 | <input checked="" type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
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| | | | | | <input type="checkbox"/> |

SUB-TOTAL \$ **31.46**

TOTAL (if last page of this schedule) \$ **31.46**

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.