

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2011 JAN 12 PM 1:12
140

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

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>840</u>	
Logged In <u>SW</u>	
Scanned _____	
Computer _____	
Audited _____	

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 Wengert
SIGNATURE OF PERSON FILING REPORT

(515) 278-1052
TELEPHONE

1-12-11
DATE SIGNED

I AM FILING A 1-19-11 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.) \$ 1134.80

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 4160.00

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 \$ 5234.80

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 4851.98

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) \$ 382.82

**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) \$ 76.12

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
8/30/10	ID# 6098 CK# 3756	IOWA BEVERAGE PAC 321 E WALNUT STE 310 DES MOINES-IA 50309-2026		\$ 1000 ⁰⁰	<input type="checkbox"/>
7/20/10	ID# CK#	HOLLY SABAR 4018 E. 24 TH CT DES MOINES IA 50317		50 ⁰⁰	<input type="checkbox"/>
10/14/10	ID# CK# 11847	GEORGE & BARBARA APPLEBY 10163 NW 102 ND ST CLIVE-IA 50325-6770		50.00	<input type="checkbox"/>
10/12/10	ID# 840 CK# 1155	RDH PAC IA DENTAL HYGIENISTS ASSOC. 1490 KENT AV KANAWHA-IA 50447		100.00	<input type="checkbox"/>
10/12/10	ID# CK# 8236	ANTHONY COLOSIMO 14092 WILLOW DR. CLIVE-IA 50325		100 ⁰⁰	<input type="checkbox"/>
10/14/10	ID# CK# 7515	CARY & MARY SLATER 3303 E. UNIVERSITY DES MOINES IA 50317		150 ⁰⁰	<input type="checkbox"/>
10/14/10	ID# CK# 2316	MARK & JULIA DOLL 815 SOUTH BRANCH DR WAUKEE IA 50263		500 ⁰⁰	<input type="checkbox"/>
10/4/10	ID# 6063 CK# 2474	IA DENTAL ASSOC PAC 5530 WEST PKWY STE 100 JOHNSTON-IA 50131-2291		500 ⁰⁰	<input type="checkbox"/>
10/14/10	ID# CK# 6404	JAY & LAURA DOLL 1738 PLUM THICKET LANE WEST DES MOINES-IA 50266		250 ⁰⁰	<input type="checkbox"/>
10/14/10	ID# 6052 CK# 3525	FND. INSURANCE AGENTS OF IA, PAC 6052-4000 WESTOWN PKWY STE 200 W. DES MOINES-IA 50266		250 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 2950 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

Reset 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

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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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
10/14/10	ID# CK# 5478	IA. FISH & GAME CONSERVATION OFFICERS ASSOC JEFF SWEARNO 4314 ECLINTON AV DM IA 50317-4026		\$ 100 ⁰⁰	<input type="checkbox"/>
10/14/10	ID# CK# 3762	Q WEST 1 PAC 925 HICH ST DES MOINES - IA 50309		250 ⁰⁰	<input type="checkbox"/>
10/16/10	ID# CK# 1865	ROBERT & REBECCA COFFELT 4460 - 246 th ST AMES - IA 50014		100 ⁰⁰	<input type="checkbox"/>
10/13/10	ID# CK# 1089	N.E.C.A PAC 2900 WESTOWN PKWY STE D WEST DES MOINES - IA 50266-1815		250 ⁰⁰	<input type="checkbox"/>
10/18/10	ID# CK# 1300	MEREDITH CORP EMPLOYEE FUND 2043 COUNTRY CLUB BLVD DES MOINES - IA 50325		100 ⁰⁰	<input type="checkbox"/>
10/14/10	ID# CK# 2311	MICHAEL HELLER 1621 So. 50 th PL WEST DES MOINES - IA 50265		100 ⁰⁰	<input type="checkbox"/>
11/1/10	ID# CK# 1157	MIDWEST PAC 1636 NW 114 th ST CLIVE IA 50325-7071		100 ⁰⁰	<input type="checkbox"/>
12/1/10	ID# CK# 2177	MATTHEW EIDE 329 - 43 rd ST DES MOINES. IA 50312		150 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1150⁰⁰
\$ 4100⁰⁰

TOTAL (if last page of this schedule)

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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.

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

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/20/10	ID# CK#	ACT BLUE IOWA PO BOX 382110 CAMBRIDGE, MA 02238-2110	COST OF HOLLY SAGAR \$50 ⁰⁰ DONATION	\$ 1.98
9/29/10	ID# CK# 292	SENATE MAJORITY FUND 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	1500 ⁰⁰
10/25/10	ID# CK# 293	POLK CO DEMOCRATS 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	250 ⁰⁰
10/25/10	ID# CK# 294	SENATE MAJORITY FUND 5661 FLEUR DR DES MOINES IA 50321	CONTRIBUTION	3100 ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 4851.98
TOTAL (if last page of this schedule)				\$ 4851.98

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)(l).)

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
9/30/10	SENATE MAJORITY FUND 5661 FLEUR DR DES MOINES IA 50321		POSTAGE	\$ 76.12	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$
 TOTAL (if last page of this schedule) \$ 76.12

*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.