

AUG 14 2002

DISCLOSURE SUMMARY PAGE

DR-2
(Rev. 02/98) **DISCLOSURE REPORT**

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

Mertz For Representative

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative Candidate
- (2) Statewide PAC
- (3) State Party
- (4) County/Local Candidate
- (5) County PAC
- (6) Ballot Issue/Franchise Committee
- (7) County/City Central Committee
- (8) Support State of Candidate

[Signature]

515 295 5332

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

13 Aug 02
DATE SIGNED

For Office Use Only

Comm. # 527
 Indexed 3W
 Audited 8-5-02
 Computer CL + WPS

Penalties Due For Late Filed Reports Range from \$10 to \$400

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

JAN 17 2002
PM 1:16

I AM FILING A 01 Jan - 31 Dec 2001 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date) 1-19-02 Indicate one

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 Notice of Dissolution 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. (This is the total of all monies 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.)

7334⁸²

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

100⁰⁰

Schedule C: Fund-raising Events total (Attach Schedule C)

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

7434⁸²

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

6852⁵⁴

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)

582²⁸

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)

400⁰⁰

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ___ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 02/96)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	527
Indexed	SW
Audited	8-5-02
Computer	CL + WRS

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

IMPORTANT: Indicate type of committee you are reporting for: 1

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

SIGNATURE OF TREASURER (or person filing this report) _____ TELEPHONE _____ DATE SIGNED _____

Penalties Due For Late Filed Reports Range from \$10 to \$400

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

JAN 17 2002
 PM 1:16

I AM FILING A 01 Jan - 31 Dec 2001 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) ¹⁻¹⁹⁻⁰² Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies 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.)	\$	7334 ⁸²
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		100 ⁰⁰
Schedule C: Fund-raising Events total (Attach Schedule C)		
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	SUB-TOTAL	\$ 7434 ⁸²
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		6852 ⁵⁴
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)	\$	582 ²⁸

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)	\$	400 ⁰⁰
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		___ YES ___ NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
<i>10/20/01</i>	ID# <i>See USR 8052</i> CK# <i>409 1-01</i>	<i>DePout Good Government Fund 1007 Market St, Room D11078 Wilmington, DE 19878</i>		\$ <i>100⁰⁰</i>
	ID# CK#			

SUB-TOTAL

\$
\$ *100⁰⁰*

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) (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.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 02/96)	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)
Mertz For Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
012201	ID# CK# 514	Algonia Chamber of Commerce 123 E. State Algonia, Ia 50511	Annual Dues (2,3)	\$ 75 ⁰⁰
012201	ID# CK# 515	Dolores Mertz 1002 70th Ave Ottosen, Ia 50570	ISAC Conference Registrations (3)	70 ⁰⁰
012201	ID# CK# 516	Qwest P.O. Box 737 Des Moines, Ia 50338-0001	Telephone (2,3)	119 ⁸¹
021301	ID# CK# 517	Qwest (see above)	Telephone (2,3)	120 ⁹⁰
021301	ID# CK# 518	Bancroft Register Box 175 Bancroft, Ia 50517	Advertising (1)	73 ⁵⁰
021301	ID# CK# 519	Humboldt Independent Box 157 Humboldt, Ia 50548	Annual Newspaper Subscription (2)	32 ⁰⁰
041601	ID# CK# 520	Kossuth Co. Cattlemen 1308 Hwy 169 Bode, Ia 50519	Support for County Fair (2)	170 ⁰⁰
SUB-TOTAL				\$ 681 ²¹
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Campaign funds may be used only for:
 (1) campaign purposes,
 (2) constituency expenses, and
 (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

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).)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 02/96)	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)
Mertz For Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
041601	ID# CK# 521	Qwest (see above)	Telephone (2,3)	\$ 92 ³⁹
062601	ID# CK# 522	Kossuth - On State Fund County Courthouse Algona, Ia 50511	Donation (3)	1000 ⁰⁰
071701	ID# CK# 523	Qwest (see above)	Telephone (2,3)	236 ⁶²
071701	ID# CK# 524	Dolores Mertz 1002 70th Ave OTTOMEN, Ia 50570	Reimburse Lodging (meals) National Health Care Task Force (3)	270 ⁹⁸
071701	ID# CK# 525	Dolores Mertz (see above)	Reimburse Lodging Farm Advisory Meetings - CSO (3)	332 ⁸¹
071701	ID# CK# 526	Dolores Mertz (see above)	Reimburse Air Farm Advisory mtg - CSO (3)	194 ²¹
072501	ID# CK# 527	Algona Area Economic Development 307 E. Call Algona, Ia 50511	Annual Dues (3)	185 ⁰⁰
SUB-TOTAL				\$ 2312 ⁰¹
TOTAL (if last page of this schedule)				\$

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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).)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 02/96)	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)

Mertz For Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
082301	ID# CK# 528	Truman Fund Iowa Democratic Party 5601 Fleur Drive Des Moines, Ia 50321	Donation (3)	\$ 250 ⁰⁰
082301	ID# CK# 529	Governor's Club Iowa Democratic Party (see above)	Membership (3)	1000 ⁰⁰
091301	ID# CK# 530	Dolores Mertz (see above)	Hotel: women In Public (3) Policy mtg	166 ⁹²
091301	ID# CK# 531	Dolores Mertz (see above)	Plane Ticket: Council of State Gov (3) mtg	304 ⁷⁰
091301	ID# CK# 532	Dolores Mertz (see above)	Meals: Amer Legislative Exchange (3) Council mtg	108 ⁸⁰
091301	ID# CK# 533	Qwest (see above)	Telephone (2,3)	197 ¹⁴
091301	ID# CK# 534	Postmaster PO Box 9998 Ottosen, Ia 50570-9900	Annual mailing fee (1,2,3)	125 ⁰⁰
SUB-TOTAL				\$ 2652 ⁶⁴
TOTAL (if last page of this schedule)				\$

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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).)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 02/96)	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)
Mertz For Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
10 19 01	ID# CK# 535	Dolores Mertz (see above)	Hotel: American Legislative Exchange Council (3)	\$ 111 ⁷⁷
10 19 01	ID# CK# 536	Dolores Mertz (see above)	Hotel: Enrichment Board FFA # women in Public Policy (3)	162 ⁶³
10 19 01	ID# CK# 537	Dolores Mertz (see above)	Hotel: Women in Public Policy (3)	53 ⁷⁶
10 19 01	ID# CK# 538	Qwest (see above)	Telephone (2,3)	97 ⁷⁹
10 31 01	ID# CK# 539	Dolores Mertz (see above)	Hotel: National FFA meeting (2,3)	488 ⁶³
10 31 01	ID# CK# 540	Dolores Mertz (see above)	Plane Tickets: Council of State Government Meeting (2,3)	168 ²⁰
10 31 01	ID# CK# 541	Dolores Mertz (see above)	Plane Ticket: FFA meeting (2,3)	123 ⁹⁰
SUB-TOTAL				\$ 1206 ⁶⁸
TOTAL (if last page of this schedule)				\$ 6852 ⁵⁴

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Please insert the applicable number in the purpose column for each expenditure.

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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).)

SCHEDULE F (Rev. 02/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Mertz For Representative

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 400⁰⁰

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule F -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 400⁰⁰

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