

**DISCLOSURE SUMMARY PAGE**

OCT 30 2002  
pm dls

FORM <b>DR-2</b> (Rev. 02/96)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	527
Indexed	SW 2
Audited	
Computer	

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

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 Candidates

Delores Thilges 515-924-3609  
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

10-30-02  
DATE SIGNED

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

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A 10-15 to 11-1-02 to 10-29-02 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) 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.) .....\$ 10,597.31

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ..... 2525.00

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) ..... \_\_\_\_\_

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....\$ 13,122.31

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B)..... 4,162.70

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) .....\$ 8,959.61

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

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 328.68

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) .....\$ \_\_\_\_\_

<b>SCHEDULE</b> <b>A</b> (Rev. 02/96)	<b>MONETARY</b> <b>RECEIPTS</b>
<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)  
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
✓ 10/22/02	ID# CK# 1273	Ia Agribusiness Employees 900 Des Moines St. Des Moines, Ia 50309		\$ 100 -
✓ 10/22/02	ID# CK# 2646	Casey Pac PO Box 3001 Ankeny, Ia 50021-8045		100 -
✓ 10/22/02	ID# CK# 1479	Engineers PAC 1000 Walnut St #102 Des Moines, Ia 50309-3433		200 -
✓ 10/22/02	ID# 6058 CK# 2076	Iowa Chiropractic Soc. 1605 N. Ankeny BLVD. Suite 100 Ankeny, Ia 50021-4159		250 -
✓ 10/22/02	ID# 6146 CK# 1435	Homebuilders Assoc. PAC 801 Grand Ave. Suite 3100 Des Moines, Ia 50309-8036		200 -
10/27/02	ID# CK# 2999	Dentist Kelly Vonnahme 305 3rd Ave SW Pocahontas, Ia 50574		100 -
✓ 10/27/02	ID# 6077 CK# 1608	Iowa Pharmacy 8515 Douglas Suite 16 Des Moines, Ia 50322		100 -
✓ 10/27/02	ID# CK# 1054	Effective Gov. Comm. 607 14th St, NW Ste 800 Washington, DC 20005		500 -
10/27/02	ID# CK# 0917	Mark Tremmel 657 N. Court 682-9644 Ottumwa, Ia 52501		25.00
10/27/02	ID# CK# 7283	Paul Johnson 110 S. McCoy Algona, Ia 50511		50.00
SUB-TOTAL				\$ 1625.00
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) (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.

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

SCHEDULE <b>A</b> (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 Repr.

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
10/27/02	ID# CK#	unitemized Contributions		\$ 270 <sup>00</sup>
✓ 10/27/02	ID# 6272 CK# 222	State Police Off. Council 1206 E. Franklin Indianola, Ia 50125		50 -
✓ 10/27/02	ID# 6067 CK# 2902	Iowa Health PAC 6750 Westtown Parkway #100 West Des Moines Ia 50266		100 -
10/27/02	ID# CK# 2086	John & Linda Myers 1915 States Ave Hardy, Ia 50545-8716		50 -
10/27/02	ID# CK# 8924	Bernice Norman 805 8th St. S. Humboldt, Ia 50548-2240		10 -
10/27/02	ID# CK# 5300	Marie M. Wilson Box 64 Livermore, Ia 50558		1.0 -
10/27/02	ID# CK# 3286	Kent Tigges 2086 Iowa Ave. Humboldt, Ia 50548		100 -
10/27/02	ID# CK# 4711	Roland Williams 806 1st Ave N, Box 37 Dakota City, Ia 50539		20 -
10/27/02	ID# CK# 2261	Dean Coleman 1674 230th St. Humboldt, Ia 50548		50 -
10/27/02	ID# CK# 4612	Pat Albrecht 2746 Ohio Ave Badger, Ia 50516		20 -
SUB-TOTAL				\$ 680 -
TOTAL (if last page of this schedule)				\$

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<b>SCHEDULE A</b> (Rev. 02/96)	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)  
*Mertz for Repr.*

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
10/27/02	ID# CK# 5072	Gordon Kirchhoff 2459 Pine Ave, Humboldt Ia 50548		\$ 10 —
10/27/02	ID# CK# 4647	Daniel Holste 613 6th Ave N, Humboldt Ia 50548		5 —
10/27/02	ID# CK# 7272	John Vonderhaar PO Box 7 Dakota City, Ia 50529		40 —
10/27/02	ID# CK# 2029	Betty Burkhardt 805 N. 6th Humboldt Ia 50548		10 —
10/27/02	ID# CK# 3690	Mary Mulligan 1609 Elmhurst Ave. Humboldt, Ia 50548		25 —
10/27/02	ID# CK# 1019	Trent Chambers 114 Ada St Thor, Ia 50591		5 —
10/27/02	ID# CK# 6409	Mary E. Reedy 501 4th Ave N, Humboldt Ia 50548		100 —
10/27/02	ID# CK# 9404	Janice E. Knutson 605 13th Ave S, Humboldt, Ia 50548		25 —
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 220 —
TOTAL (if last page of this schedule)				\$ 2525 —

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SCHEDULE <b>B</b> (Rev. 02/96)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Mertz for Rep.*

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
10/18/02	ID# CK# 624	Secr of State Acct. Rec. Hoover Bldg. Des Moines, Ia 50319	Labels (1)	\$ 47.80
10/20/02	ID# CK# 625	Dolores Mertz 607 110 ST Ottosen, Ia 50570	Reimbursement Mailing (1)	551.50
10/23/02	ID# CK# 626	KLGA Radio Algona, Ia 50511	Adds (1)	344 -
10/28/02	ID# CK# 627	US Postmaster Ottosen, Ia 50570	Mailing (1)	2833.80
10/28/02	ID# CK# 628	KHBT FM Humboldt, Ia 50548	Adds (1)	185.60
✓ 10/28/02	ID# CK# 629	Humboldt Democrats 40 John Myers 1915 States Ave Humboldt Ia 50545	Donation (2)	200 -
	ID# CK#		( )	
SUB-TOTAL				\$ 4162.70
TOTAL (if last page of this schedule)				\$ 4162.70

**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).)

<b>SCHEDULE E</b> (Rev. 02/96)	<b>IN KIND CONTRIBUTIONS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Mertz for Rep

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE
10/27/02	Dads Belgian Waffles PO Box 593 Algonac Ia 50511		Belgian Waffles	\$ 328 <sup>60</sup>
<b>SUB-TOTAL</b>				\$ 328 <sup>60</sup>
<b>TOTAL (if last page of this schedule)</b>				\$ 328 <sup>60</sup>

\*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.

COMMITTEE NAME (Must be same as on Statement of Organization)  
**Mertz for Repr**

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 400

**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 \$ 400

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