

DISCLOSURE SUMMARY PAGE

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

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

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 Slate of Candidates

Delores Thilges 515-924-3609 1-14-03
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 2003
pm illeg

I AM FILING A 12-31-02 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR
(report date) 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.)\$ 8,959.61

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 1,205.00

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\$ 10,164.61

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 5,854.36

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)\$ 4,310.25

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

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 1089.41

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$ 400 -

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES X NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

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 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
<i>11/26/02</i>	ID# CK# <i>1563</i>	<i>Monsanta Citizenship Fund 800 N Lindbergh Blvd, St. Louis Mo. 63167</i>		\$ <i>100.00</i>
<i>11/26/02</i>	ID# CK# <i>2063</i>	<i>Richard V Running 2531 E. Leach Ave. Des Moines, Ia 50320</i>		<i>25.00</i>
<i>11/26/02</i>	ID# <i>6101</i> CK# <i>2293</i>	<i>Motor Carriers PO Box 6121 East Des Moines St. Des Moines, Ia 50309</i>		<i>250.00</i>
<i>11/26/02</i>	ID# <i>6160</i> CK# <i>2022</i>	<i>Ia Ind. Bankers 1603 2nd St. Suite 202 West Des Moines, Ia 50366</i>		<i>150.00</i>
<i>11/26/02</i>	ID# CK# <i>8535</i>	<i>Leroy Weber 1602 130th St. LuVerne, Ia 50560</i>		<i>30.00</i>
<i>11/26/02</i>	ID# CK# <i>4121</i>	<i>Lowell Junkins & Assoc, 818 West Des Moines St. Des Moines Ia 50309 Suite 200</i>		<i>50.00</i>
<i>12/4/02</i>	ID# CK#	<i>Pally Bukta 1604 S. 32nd St Clinton, Ia 52732</i>		<i>100.00</i>
<i>12/31/02</i>	ID# <i>9659</i> CK# <i>1043</i>	<i>Federation of Iowa Insurers Bery Kraus Pres. 2141 Grand Ave. P.O. Box 1756 Des Moines, Ia 50326</i>		<i>500.00</i>
	ID# CK#			
	ID# CK#			
SUB-TOTAL				<i>\$1205 -</i>
TOTAL (if last page of this schedule)				<i>\$1205 -</i>

* 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 Repr

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
11/2/02	ID# CK# 630	Pocahontas Record Democrat 218 N. Main Pocahontas, Ia 50574	Adds (1)	\$336.00
11/3/02	ID# CK# 631	Whittemore Independent P.O. Box 237 Whittemore, Ia 50598	Adds (1)	49.00
11/2/02	ID# CK# 632	West Bend Journal P.O. Box 47 West Bend, Ia 50597	Adds (1)	98 -
11/03/02	ID# CK# 633	Humboldt Workshop INC P.O. Box 587 Humboldt, Ia 50548	Label Mailing (1)	222.02
11/20/02	ID# CK# 634	Crystal Tree Fluer Dr. Des Moines Ia 50321	Reg. ISAC MTG, (3)	18.00
11/20/02	ID# CK# 635	HAMPTON INN Fluer Dr, 5001 Des Moines, Ia 50521	Lodging ISAC () Mtg,	176.96
11/22/02	ID# CK# 636	Short Stop West Des Moines Des Moines, Ia 50517	Petroleum Mtg (3)	14.50
SUB-TOTAL				\$ 894.48
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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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

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
11/26/02	ID# CK# 637	Humboldt Ind, PO Box 157 Humboldt, Ia 50548	Adds & flyers (1)	\$2509.41
11/30/02	ID# CK# 638	Humboldt Reminder PO Box 549 Humboldt, Ia 50548	Adds (1)	1260 -
11/26/02	ID# CK# 639	The Laurens Sum & Reminder PO Box 135 Laurens, Ia 50554	Adds (1)	432 -
11/30/02	ID# CK# 640	Algona Pub. Co. PO Box Algona, Ia 50511	Adds (1)	402.77
12/3/02	ID# CK# 641	Pocahontas Record Democrat PO Box 128 Pocahontas, Ia 50574-0128	Add (1)	45.60
12/4/02	ID# CK# 642	Humboldt Reminder PO Box 549 Humboldt, Ia 50548	Add (1)	60.75
12/4/02	ID# CK# 643	Humboldt Independent PO Box 157 Humboldt, Ia 50548	Add (1)	82.50
SUB-TOTAL				\$4794.05
TOTAL (if last page of this schedule)				\$

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SCHEDULE B (Rev. 02/96)	MONETARY EXPENDITURES
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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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
12/4/02	ID# CK# 644	Dolores Mertz 607 110 St. Ottosen Ia 50570	Lodging mtg (3)	\$ 52.11
12/4/02	ID# CK# 645	Dolores Mertz 607 110 St. Ottosen Ia 50570	Lodging mtg (3)	102.72
12/16/02	ID# CK# 646	West Bend Journal P.O. Box 47 West Bend, Ia 50597	Thank you (1)	5.50
12/16/02	ID# CK# 647	Whittemore Independent P.O. Box 237 Whittemore, Ia 50598	Thank you (1)	5.50
	ID# CK#			

SUB-TOTAL \$165.83

TOTAL (if last page of this schedule) \$3854.36

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Mertz for Rep

SCHEDULE F (Rev. 02/96)	LOANS RECEIVED & REPAYED
<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 REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule F -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 400

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