

DISCLOSURE SUMMARY PAGE

JAN 14 2004
pm 1-12

FORM DR-2 (Rev. 02/96)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>527</u>
Indexed	<u>0</u>
Audited	_____
Computer	_____

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

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 Bridges SIGNATURE OF TREASURER (or person filing this report) 515-924-3609 TELEPHONE 1-9-04 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 January 19, 2004 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.)	\$	<u>4310.27</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>910.00</u>
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	\$ <u>5220.27</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>5178.59</u>
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)	\$	<u>41.68</u>
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)	\$	<u>400.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		___ YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	_____

SCHEDULE A (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 Rep.

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
6/21/03	ID# CK#	Merle Rasmussen 615 N. Lantry Algona Ia 50511		\$ 200.00
8/8/03	ID# 6098 CK# 3279	Iowa Bev Pac 6098 310 Northwestern Bldg. 321 E. Walnut St. Des Moines, Ia 50309		200.00
8/18/03	ID# CK# 4774	Dupont Good Gov. Fund Wilmington Trust Co. Wilmington, Delaware 62-9/31-1		100.00
8/22/03	ID# CK# 3983	Daniel T. Myers 3306 Stone Park Blvd. Sioux City Iowa 51104		200.00
8/22/03	ID# 6067 CK# 2952	Iowa Health Pac # 6067 6750 Westtown Parkway #100 West Des Moines, Ia 50266		150.00
8/22/03	ID# CK# 4463	Julie Zaugg 1406 10th Ave West Bend, Ia 50597		20.00
8/22/03	ID# CK# 9262	Linda Vaudt 1903 20th Ave Whittemore, Ia 50598		20.00
8/22/03	ID# CK# 2314	Phyllis Fandel 613 2nd St Whittemore, Ia 50598		20.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 910.00
TOTAL (if last page of this schedule)				\$ 910.00

* 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
<i>1/10/03</i>	ID# CK# <i>648</i>	<i>Dolores Mertz 607 110 St Ottosen, Ia 50570</i>	<i>Rein bursement rent bldg on Humboldt (1) Fr. grds</i>	<i>\$200-</i>
<i>1/10/03</i>	ID# CK# <i>649</i>	<i>Humboldt Ind. P.O. Box 157 Humboldt Ia 50548</i>	<i>Add Thank (1) you</i>	<i>88.00</i>
<i>1/11/03</i>	ID# CK# <i>650</i>	<i>Dolores Mertz 607 110 St Ottosen, Ia 50570</i>	<i>Lodging meeting (3)</i>	<i>105.12</i>
<i>1/11/03</i>	ID# CK# <i>651</i>	<i>" "</i>	<i>" (3)</i>	<i>58.37</i>
<i>1/11/03</i>	ID# CK# <i>652</i>	<i>" "</i>	<i>meeting (3) Arizona</i>	<i>267.41</i>
<i>1/14/03</i>	ID# CK# <i>653</i>	<i>K Mart Hwy 169 Algona, Ia 50511</i>	<i>Note book Records (1)</i>	<i>8.47</i>
<i>2/11/03</i>	ID# CK#	<i>Bank of America Algona Ia</i>	<i>slap pay check (3)</i>	<i>28.00</i>
SUB-TOTAL				<i>\$ 755.37</i>
TOTAL (if last page of this schedule)				<i>\$</i>

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

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. 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 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
3/7/03	ID# CK# 654	Dolores Mertz 607 110 St. Ottosen Ia 50570	Letter Head Envelope (3) Pads	\$ 185.39
3/26/03	ID# CK# 656	House Truman Fund Capital Bld. Des Moines Ia 50319	Donation (2)	500.00
3/26/03	ID# CK# 657	Colores Carry Out Kentucky Fried Algonia, Ia 50511	Refund Corp. ck. (1)	200.00
6/21/03	ID# CK# 658	Algona Chamber Commerce 1203 E. State St. Algona, Ia 50511	Dues (2)	105.00
7/1/03	ID# CK# 659	Kossuth Co Barbeque 307 E. Call Algona, Ia 50511	Donation (2)	25.00
8/18/03	ID# CK# 660	Postmaster Ottosen, Ia 50570	Postal Permit (3)	125.00
8/20/03	ID# CK# 661	Dolores Mertz 607 110 St. Ottosen, Ia 50570	Lodging Leg. Comm (3)	51.36
SUB-TOTAL				\$ 1191.65
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

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
8/20/03	ID# CK# 662	Dolores M. Mertz 607 110 St. Othosen, Ia 50570	Lodging Leg. Comm, (3)	\$ 48.15
8/20/03	ID# CK# 663	" "	Leg. COMM " " 6-11 thru (3) 6-16	271.39
8/20/03	ID# CK# 664	" "	Lodging Leg. (3) Comm	51.96
8/20/03	ID# CK# 665	" "	Lodging Leg. COMM (3)	111.29
8/20/03	ID# CK# 666	" "	Lodging Leg. Comm (3)	48.15
8/20/03	ID# CK# 667	" "	Lodging Leg. Comm (3)	71.64
8/20/03	ID# CK# 668	" "	airfare Wash, July 11 D.C. 7-16-03 (3)	253. -
SUB-TOTAL				\$ 855.58
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

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. 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 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
8/20/03	ID# CK# 669	Dolores M. Mertz 607 110 St. Ottosen, Ia 50570	Air Fare Wash D.C 7-27 () to 8-03	\$382.00
9/5/03	ID# CK# 670	Algona Area Economic Develop. Corp. 133 E. State St. Algona, Ia 50511	Annual Dues (1-2)	185.00
9/17/03	ID# CK# 671	CSG (conference Reg. form) P.O Box 11910 Lexington KY 40578	Registration (3)	350.00
9/17/03	ID# CK# 672	National Child Safety Council 430 Summer Ave Humboldt, Ia 50548	Donation Ed. Material Children (2)	58.75
9/17/03	ID# CK# 673	Kossuth Co. Cattleman Rod Meyer 605 210th St. Whittemore, Ia 50598	Annual Dues (1-2)	200 -
9/17/03	ID# CK# 674	Humboldt Athletic Booster Janet Bottula 1302 10th Ave. SW Humboldt, Ia 50548	Donation (1-2)	100 -
9/31/03	ID# CK# 675	Savery Hotel 401 Locust St. Des Moines, Ia 50309	Lodging Meeting (3)	75.04
SUB-TOTAL				\$1350.79
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 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
10/29/03	ID# CK# 676	Iowa Democrat Party 5661 Fluor Drive Des Moines, Ia 50321	Donation (1)	\$1000-
11/24/03	ID# CK#	Bank of America 801 E. State St. Algona Ia 50511	Bank charge (1)	12.60
12/30/03	ID# CK#	Bank of America 801 E. State St. Algona, Ia 50511	Bank charge (1)	12.60
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
	ID# CK#		()	
SUB-TOTAL				\$1025.20
TOTAL (if last page of this schedule)				\$5,178.59

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).)

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

Mertz for Rep

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

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E - In-kind Contributions)

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

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

TOTAL (PART I) \$

TOTAL CASH REPAYMENTS (PART II) \$

From Schedule E - TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 400

Disclosures are required. Candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree if consequently, the donor is an immediate family relative by marriage. See instructions on back of this form.