

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>527</u>	
Logged In <u>SW-trickled</u>	
Scanned _____	
Computer _____	
Audited _____	

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

CANDIDATE COMMITTEES ONLY:

Candidate Name DOLORES M. MERTZ	Political Party DEMOCRAT
Office Sought REPRESENTATIVE	District (if Senate or House) 8 HOUSE

MAY 16 2004
fax

Dolores Thilges 515-924-3609 5-15-04
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A MAY 19, 2004 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 1

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.) \$ 41.68

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 3380.00

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 \$ 3421.68

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1823.01

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) \$ 1598.67

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

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 34.64

**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. 07/03)	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/YYR)	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
1/8/04	ID# 6067 CK# 3069	Ia Health 6750 Westtown Parkway #100 West Des Moines, Ia 50266		\$100.00	<input type="checkbox"/>
01/08/04	ID# 9659 CK# 1235	Federation of Iowa Insurers P.O. Box 1756 Des Moines, Iowa 50306		100.00	<input type="checkbox"/>
01/08/04	ID# 8051 CK# 8671	Craig H. Nielsen 8620 Titleist Circle Las Vegas, NV 89117		150.00	<input type="checkbox"/>
01/09/04	ID# CK# 1159	Riverpac 400 E. 3rd St. Dubuque, Iowa 52001-2395		100.00	<input type="checkbox"/>
3/15/04	ID# CK# 1393	Ronald L. Dodds 125 Cathedral Oaks Road Apt. 2 Forest City, Iowa 50436		20.00	<input type="checkbox"/>
3/15/04	ID# CK# 3351	American Outdoors, Inc. 603 Redbud Ridge Mt. Pleasant, Ia 52641		50.00	<input type="checkbox"/>
3/15/04	ID# CK# 4319	Machart, Chad & Sheila 24424 180th Street Anamosa, Ia 52205		10.00	<input type="checkbox"/>
3/15/04	ID# CK# 7748	Jack, W. H. 3069 340th St. Chelsea, Ia 52215		5.00	<input type="checkbox"/>
3/15/04	ID# CK# 1525	Trophy Whitetail Deer Inc. 15425 450th Street Leland, Ia 50453		25.00	<input type="checkbox"/>
3/15/04	ID# CK# 5077	Goettsch, Howard A. 14850 300th Street Long Grove, Ia 52756		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 610
\$

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

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)
Mertz for Representative

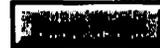
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAUTION: Section 88B.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	✓ IF FOR FUND-RAISER INCOME
3/14/04	ID# 6069 CK# 2100	Iowa Industry Political Action Committee 904 Walnut Suite 100 Des Moines, Iowa 50309-3503		\$100.00	<input type="checkbox"/>
3/14/04	ID# CK# 4481	Robert & Faye Kuhlman 706 130 St. Ottosen, Ia 50570		20.00	<input type="checkbox"/>
3/14/04	ID# CK# 5878	James E. Black 1603 200th St. Algona, Iowa 50511		25.00	<input type="checkbox"/>
3/14/04	ID# CK# 3892	Tim J. McEnroe 310 E.Fair St. Algona, Iowa 50511		50.00	<input type="checkbox"/>
3/15/04	ID# CK# 3598	Charles Or Maryanna Sarazine 207 Royal Oaks Algona, Iowa 50511		25.00	<input type="checkbox"/>
3/15/04	ID# CK# 1925	Stuart Simonson P.O. Box 476 Whittemore, Ia 50598		50.00	<input type="checkbox"/>
3/15/04	ID# CK# 5818	Hultman Company 1200 57th St. West Des Moines, Iowa 50266		100.00	<input type="checkbox"/>
3/15/04	ID# CK# 4285	John D. Kopriva 51371 220th Avenue Pocahontas, Ia 50574		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 425	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)
 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(8), 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	✓ IF FOR FUND-RAISER INCOME
3/15/04	ID# CK# 2230	Awesome Antlers unlimited 2850 385th Street, Chelsea, Ia 52215		\$50.00	<input type="checkbox"/>
3/15/04	ID# CK# 4514	Stumpf, Thomas & Victoria 2045 270th St. Rockwell City, Ia 50579		25.00	<input type="checkbox"/>
3/15/04	ID# CK# 4067	Huebner, Jeanice & Donald 3149 160th St. Ft. Madison, Ia. 52627		25.00	<input type="checkbox"/>
3/15/04	ID# CK# 3142	Brakke, Tom or Rhonda 5614 310 Street Clear Lake, Iowa 50428		200.00	<input type="checkbox"/>
3/15/04	ID# CK# 2349	Char's Taxidermy Studio 2430 265th Ave Fort Madison, Ia 52627		25.00	<input type="checkbox"/>
3/15/04	ID# CK# 2242	West, Robert & Barb 125500 115th Ave Davenport, Ia. 52804		50.00	<input type="checkbox"/>
3/15/04	ID# CK# 1057	Schmidt, Rodney A. 16026 305th Ave Garden Grove, Ia 50103		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 425-

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of 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)

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	IF FOR FUND-RAISER INCOME
1-5-04	ID# CK# 2712	Casey's Pac P>O> VBox 3001 Ankeny, Iowa 50021-8045		\$100.00	<input type="checkbox"/>
4-19-04	ID# CK#	Pocahontas County Democrats 412 First Ave SW Pocahontas, Iowa 50574		50.00	<input type="checkbox"/>
3-11-04	ID# CK# 5759	Mary Pamela Jochum 2368 Jackson St. Dubuque, Iowa 52001		25.00	<input type="checkbox"/>
4-19-04	ID# CK#	Ronald & Mary Nielsen Johnston, Iowa		25.00	<input type="checkbox"/>
4/29/04	ID# CK# 2465	Paulee Lipsman 2880 Grand Ave #106 Des Moines, Iowa 50312		100.00	<input type="checkbox"/>
4-29-04	ID# CK# 2912	Timothy J. Gannon 205 Bluff St. Mingo, Iowa 50168		50.00	<input type="checkbox"/>
5/7/04	ID# 6096 CK# 1782	Manufactured Housing 1400 Dean Ave Des Moines, Iowa 50316-3938		250.00	<input type="checkbox"/>
5/09/04	ID# CK# 3914	Eldon J & Julie Winkel 1902 E. Linden, St. Algona, Iowa 50511		50.00	<input type="checkbox"/>
5/09/04	ID# CK# 2417	Robert M or Kathryn A. Hogg 2750 Otis Rd. SE Cedar Rapids, Ia. 52403		25.00	<input type="checkbox"/>
5/9/04	ID# 6101 CK# 2380	Motor /Carriers P>O> Box 6121 East Des :Moines Stn. Des Moines, Iowa 50309		300.00	<input type="checkbox"/>
SUB-TOTAL				\$ 975.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)
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	✓ IF FOR FUND-RAISER INCOME
5/12/04	ID# 6059 CK# 2443	Iowa Committee of Automotive Retailers 1111 Office Park Rd West Des Moines, Iowa 50265		\$350.00	<input type="checkbox"/>
5/12/04	ID# CK# 12101	LeRoy I Strohmman P. O. Box 447 Algona, Iowa 50511		100.00	<input type="checkbox"/>
5/12/04	ID# CK# 2848	Earle A. Hanselman 508 Hanna Ave Lu Verne, Iowa 50560		50.00	<input type="checkbox"/>
5/12/04	ID# CK# 2421	Conley J. Nelson 503 West Keith Street Algona, Iowa 50511		100.00	<input type="checkbox"/>
5/12/04	ID# CK# 6389	Thelma Meister 912 S. Minnesota St. Algona, Iowa 50511		100.00	<input type="checkbox"/>
5/12/04	ID# CK# 567	Don Wagner 1007 110th St. Bode, Ia 50519		20.00	<input type="checkbox"/>
5/12/04	ID# CK# 3285	M. J. Origer 1016 Hwy 169 Bode, Ia 50519		5.00	<input type="checkbox"/>
5/12/04	ID# CK# 9691	Robert & Norma Ruhnke 1714 East State ST. Algona, Iowa 50511		25.00	<input type="checkbox"/>
5/12/04	ID# CK# 179	J.W. Geelan 1415 @. Valleyview Dr. Algona, Iowa 50511		100.00	<input type="checkbox"/>
5/12/04	ID# CK# 3295	Elmer & Beanie Steier P.O. Box 397 Whittemore, Iowa 50598		100.00	<input type="checkbox"/>

SUB-TOTAL

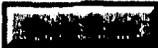
\$ 950 -

TOTAL (If last page of this schedule)

\$ 3380

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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev 07/03)	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 (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/08/04	ID# CK#677	Algona Area Chamber 123 e. State St. Algona, Iowa 50511	Dues	\$ 110.00
01/08/04	ID# CK#678	Humboldt Newspaper 512 Summer Ave Humboldt, Iowa 50548	add	88.00
01/27/04	ID# CK#	Bank of America P.O. Box 25118 Tampa Fl 33622-8513	Bank Charges	12.60
2/24/04	ID# CK#	Bank of America P.O. Box 25118 Tampa Fl. 33622-8513	Bank Charges	12.60
4/29/04	ID# CK#680	Algona Publishing Co. 14 E. Nebr. Algona, Iowa 50511	envelopes ,printed letter	176.72
4/29/04	ID# CK#681	U.S. Postmaster Ottosen, Iowa 50570	mailing - postage	239.50
05/10/04	ID# CK#682	Kossuth Regional Health Center Hwy 169 S. Algona, Iowa 50511	Tag Day Donation	25.00
05/10/04	ID# CK#683	Algona Area Economic Develop Corp. 123 E. State St. Algona, Iowa 50511	Annual "Dues	185.00
SUB-TOTAL				\$ 849.42
TOTAL (if last page of this schedule)				\$

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 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	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 (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/10/04	ID# CK#684	Algona Publishing Co. 14 E. Nebr. St. Algona, Iowa 50511	Material for mailing (evelopes)	\$ 74.79
3/26/04	ID# CK#	Bank of America P. O. Box 25118 Tampa, Fl. 33622-8513	bank charge	12.60
5/10/04	ID# CK#686	KLGA Radio Station Algona, Iowa 50511	Adds	648.00
5/12/04	ID# CK#687	KLGA Radio Station Algona, Iowa 50511	ADDS	45.00
5/12/04	ID# CK# 688	Algona Pub Co 14 E. Nebr Algona, Ia 50511	Add	193.20
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 973.59
TOTAL (if last page of this schedule)				\$ 1823.01

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 68A.402(3)(l).)

FOR INSTRUCTIONS, SEE BACK OF FORM

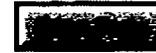
COMMITTEE NAME (Must be same as on Statement of Organization)
 Mertz For Representative



SCHEDULE E (Rev. 08/97)	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
03/08/04	Leroy H. Thilges 2801 130th Ave. Burt, Iowa 50522		List of voters from State Voters Reg.	\$ 34.64	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 34.64	

*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.



SCHEDULE F (Rev. 07/03)	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 \$ 400.00

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 REPAID
			\$

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____
 From Schedule E - TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 400.00

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LD THILGES
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05/16/2004 15:49