

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

MERTZ FOR REPRESENTATIVE

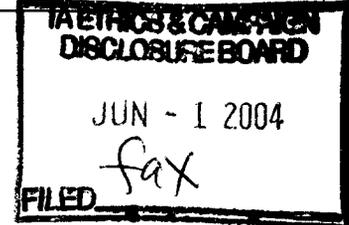
IMPORTANT: Indicate type of committee you are reporting for:  1

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

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



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 JUNE 1, 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.)	\$ 1,598.67
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	13,443.00
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>	
<b>SUB-TOTAL</b>	\$ 15,041.67
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	5,500.60
Schedule F: Loan Repayments total (Attach Schedule F)	400.00
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$ 9,141.07

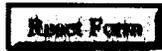
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 111.08
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$

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 <b>A</b> (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

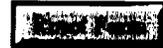
**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**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
5/17/04	ID# CK# 8270	Daniel J. Elbert Box 424 Whittemore, Iowa 50598		\$50.00	<input type="checkbox"/>
5/17/04	ID# CK# 5713	Betty L. Harmon 407 N. Harlan Algona, Iowa 50511		25.00	<input type="checkbox"/>
5/17/04	ID# CK# 9079	Charles F. Schlievert 316 s. Hall Algona, Iowa 50511		50.00	<input type="checkbox"/>
5/17/04	ID# CK# 8981	Lorraine Enger 703 Rossing Ave. Bode Iowa 50519		10.00	<input type="checkbox"/>
5/17/04	ID# CK# 7025	Sherry J. Williams 708 3rd Avenue NW Pocahontas, Ia 50574		25.00	<input type="checkbox"/>
5/17/04	ID# CK# 186	Steve & Vicki Mallory 101 Timberline Trail Algona, Iowa 50511		100.00	<input type="checkbox"/>
5/18/04	ID# 6046 CK# 3760	Juostice for all Formerly The Help Trust 218 6th Ave		250.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 8553	Teresa L. Floyd 4601 SW 31st Des Moines, Iowa 50321		50.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 3256	William A. Dotzler 2837 Cedat Terrace Dr. Waterloo, Ia 50702		100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 1330	MCI Iowa PAC 707 17th Street Suite 3600 Denver Co. 80202		200.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 860.00	
<b>TOTAL (If last page of this schedule)</b>				\$	

\* 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.

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<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<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

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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
5/18/04	ID# CK# 7839	Jane Barto 443 E. Pleasant Ridge Rd. P>O> Box 35		\$50.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 4643	Steven L. Falck 10736 10th St Stanley, Ia. 50671		100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 5966	Larry I Long 7029 Vista Dr. West Des Moines, Ia 50266		50.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 7589	R. Jeffrey Lewis 7507 Hoover St. Indianola, Ia 50125		200.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 3642	Cindy J. Jones 207 West Saunders Street Mt. Pleasant, Ia 52641		25.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 7838	Jane Barto 443 E Pleasant Ridge Rd P.O. Box 35 Carroll, Ia 51401		50.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 7232	Thomas D. Hanson 1300 Des Moines Building Des Moines, Ia 50309		100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 3686	Kent Sovern 1534 Germania Dr. Des Moines, Iowa 50311		25.00	<input checked="" type="checkbox"/>
5/18/04	ID# 6429 CK# 1808	Heavy Highway PAC 2415 Ingersoll Avenue Des Moines, Ia 50312		1,000.00	<input checked="" type="checkbox"/>
5/18/04	ID# 6069 CK# 2107	Iowa Industry 904 Walnut Suite 100 Des Moines, Ia 50309		100.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1700.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Mertz for Representative

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5/18/04	ID# CK# 6392	William S. Smith 1708 S 42nd St W Des Moines, Iowa 50265		\$250.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 8062	Stephen W. Roberts 666 Walnut Street Suite 2500 Des Moines, Ia 50309		50.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 5938	Debra M. Floyd 4541 Woodland Ave. Apt 6 West Des Moines, Ia 50266		50.00	<input checked="" type="checkbox"/>
5/18/04	ID# 6118 CK# 2032	Iowa Optometric Association 1454 30th St Ste 204 West Des Moines, Ia 50266		200.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 7123	Sarah Fiedler Thorn 4056 Ashby Des Moines, Iowa 50310		50.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 3785	James P. Obradovich 2418 35th St Des Moines, Ia 50310		25.00	<input checked="" type="checkbox"/>
5/18/04	ID# 6058 CK# 2370	Iowa Chiropractic Society 1605 N. Ankeny Blvd. Suite 100 Ankeny, Ia 50021		150.00	<input checked="" type="checkbox"/>
5/18/04	ID# 6486 CK# 1408	Iowa telecom PAC 115 2nd Ave W Newton, Ia 50208		150.00	<input checked="" type="checkbox"/>
5/18/04	ID# 6125 CK# 2298	Iowa Realtors PAC 1370 NW 114 ST Suite 100 Clive, Ia 50325		200.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 1683	John C. Schachterle 317 Sixth Avenue Suite 740 Des Moines, Ia 50309		50.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1175.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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<b>SCHEDULE A</b> (Rev. 07/03)	<b>MONETARY 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

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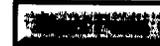
DATE RECEIVED (MM/DDYY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/18/04	ID# CK# 8165	Mark H. Douglas 4804 Cedar Drive West Des Moines, Ia 50266		\$75.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 5003	Jeffrey J. Schnell 1703 Kennedy St. Granger, Ia 50109		75.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 4525	Richard M. Degner 2790 NE 95th Avenue Ankeny, Ia 50021		75.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 4204	Jerry L. Addy 110 10th Ave NW Altoona, Ia 50009		100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 3752	Craig A. Laws 1606 Mc Kinley Des Moines, Iowa 50315		100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 8613	Richard V. Running 2531 E. Leach Avenue Des Moines, Ia 50320		50.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 3783	Susan Judkins 1705 Country Club Rd. Indianola, Ia 50125		20.00	<input checked="" type="checkbox"/>
5/18/04	ID# 8040 CK# 1832	Aquila, Inc. Employee State PAC 1815 Capitol Ave Omaha, NE 68102		200.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 1213	Vell Pac 636 Grand Avenue Station 13 Des Moines, Iowa 50309		250.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 4751	James Bollig P>O> Box 413 Bancroft, Iowa 50517		100.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1045.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)



SCHEDULE <b>A</b> (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

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5/18/04	ID# CK# 2445	Brad Petersburg 563 390th Street Hanlontown, Ia 50444		\$100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 3561	Connie Berg 3902 200th Ave Lakota, Ia 50451		100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 8804	Dave Nelson 1141 Page Avenue Belmond, Ia 50421		100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 7614	William Kennedy 211 South Portland Bancroft, Iowa 50517		100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 7034	Theodore Tade Sullivan 4305 101st Street Urbandale, Ia 50322		100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# 9630	Warren Kemper 5974 F Avenue Wapello, Ia 51653		50.00	<input checked="" type="checkbox"/>
5/20/04	ID# CK# 7848	John P. Kibbie 112 Oakwood, P. O. Box 190 Emmetsburg, Ia 50536		50.00	<input type="checkbox"/>
5/20/04	ID# CK# 4703	Harriett A. Bothne 507 N. 3rd St. Humboldt, Ia. 50548		10.00	<input type="checkbox"/>
5/20/04	ID# 6237 CK# 1604	ABATEPAC 3118 Eastern Ave NE Cedar Rapids, Ia 522402		250.00	<input type="checkbox"/>
5/20/04	ID# CK# 18161	William E. Strohmman 301 E. Call Algona, Iowa 50511		250.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1110.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<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.

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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
5/20/04	ID# CK# 3433	Stoeven C. Schoenbaum 666 Grand Ave suite 2000 Des Moines, Ia 50309		\$200.00	<input type="checkbox"/>
5/20/04	ID# CK# 4118	Associated General Contractors of Iowa 701 E. Court Avenue Des Moines, Ia 50309		1,000.00	<input type="checkbox"/>
5/20/04	ID# CK# 2627	Steven Ackerson 1634 NW 131 St Clive, Ia 50325		100.00	<input type="checkbox"/>
5/20/04	ID# 6067 CK# 3083	Iowa Health PAC 6750 Westown Parkway #100 West Des Moines, IA 50266		100.00	<input type="checkbox"/>
5/20/04	ID# CK# 5132	Judy K. Pletcher 218 Rimrock Drive West Des Moines Ia 50265		100.00	<input type="checkbox"/>
5/20/04	ID# CK# 5404	Michael E. Gabor 104 E. Oak St. Algona, Iowa 50511		25.00	<input type="checkbox"/>
5/20/04	ID# CK# 4287	Bruce H. Sundet P>O> Bbox 103 Algona, Iowa 50511		25.00	<input type="checkbox"/>
5/20/04	ID# CK# 6053	Gordon Kirchhoff 2459 Pine Ave. Humboldt, Iowa 50548		20.00	<input type="checkbox"/>
5/21/04	ID# CK# 4387	Peter C. Reding 110 Parkside Dr. Algona, Iowa 50511		50.00	<input type="checkbox"/>
5/21/04	ID# CK# 8546	<del>Lynn E. McMahon</del> <i>next page</i> 208 E. Grove St. Algona, Iowa 50511	<i>dup.</i>	<del>25.00</del>	<input type="checkbox"/>
SUB-TOTAL				\$ 1645.00	1620.00
TOTAL (if last page of this schedule)				\$	

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**Rec'd Form**

SCHEDULE <b>A</b> (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

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5/18/04	ID# CK# cash	Harold Trask 1725 York Avenue Renwick, Iowa 50577		\$100.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# cash	Sam Carney 1343 330th Street Adair, Iowa 50002		50.00	<input checked="" type="checkbox"/>
5/18/04	ID# CK# cash	unitemized contribution		58.00	<input checked="" type="checkbox"/>
5/19/04	ID# CK# 1961	Harrah's Entertainment, Inc. Las Vegas, NV 89119		500.00	<input type="checkbox"/>
5/21/04	ID# 6082 CK# 953	Midamerican Energy Co 666 Grand Ave. P>O> Box 657 Des Moines, Iowa 50303		500.00	<input type="checkbox"/>
5/22/04	ID# CK# 8546	James R. McMahon 208 E. Grove St. Algona, Iowa 50511		25.00	<input type="checkbox"/>
5/21/04	ID# CK# 5484	Kathy A. Nelson 221 S. Main St. Algona, Iowa 50511		15.00	<input type="checkbox"/>
5/21/04	ID# CK# 693	Wayne & Joanne Hansen 13 Country Estates Algona, Iowa 50511		310.00	<input type="checkbox"/>
5/26/04	ID# CK# 3989	Maurice R Abens P>O> Box 431 Humboldt, Iowa 50548		25.00	<input type="checkbox"/>
5/22/04	ID# CK# 4387	Peter C. Reding 110 Parkside dr. Algona, Iowa 50511		50.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1633.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

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

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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5/22/04	ID# 6155 CK# 4137	Tax Payers United P.O. Box 209 Muscatine, Ia 52761		\$2,000.00	<input type="checkbox"/>
5/22/04	ID# 6073 CK# 637	Iowa Medical Political Action Comm. 1001 Grand Avenue West Des Moines, Iowa 50265		250.00	<input type="checkbox"/>
5/24/04	ID# CK# 4038	Edward J. Kenyon 503 Paul Alto St. Whittemore, Iowa 50598		10.00	<input type="checkbox"/>
5/26/04	ID# CK# 6680	Jeanette Peter 2208 Plum Creek Re. Algona, Iowa 50511		5.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 2560	Phyllis Fandel 613 2nd St./ Whittemore, Iowa 50598		25.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 5595	Jackie Muller 415 Clay St. Whittemore, Iowa 50598		25.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 3186	Kathy McGregor 4307 40th Ave Swea City, Iowa 50590		50.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 1230	Iris E. Hinton Box 102 Bancroft, Iowa 50517		10.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 4309	Joe Loebach 1308 300th st. Burt, Iowa 50522		20.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 6098	Jack Krieps 112 Sexton Rd Algona, Iowa 50511		40.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 2435.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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)

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

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**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
5/26/04	ID# CK# 6942	Marc & Mary Peterson 211 N. Lowe Algona, Iowa 50511		\$50.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 562	Elizabeth Deeg P>O> Box 184 Lakota, Iowa 50451		10.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 6190	Don & Carole Welp P.O.Box 158 Bancroft, Iowa 50517		20.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 7877	Michael F. Schaaf 1702 E. Lucas Algona, Iowa 50511		25.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 1918	Betty Harmon 407 N. Harlan Algona, Iowa 50511		25.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 9605	Kathy McGuire 210 E. Elm St. Algona, Iowa 50511		50.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 5797	Thomas J. Drake 318 N. Heckart Algona, Iowa 50511		25.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 5489	Margie Kramer 408 S. Hall St. Algona, Iowa 50511		25.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 1702	Peggy Skilling 804 S. Jones St. Algona, Iowa 50511		25.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 7044	Berl E. Priebe 2106 100th Ave Algona, Iowa 50511		25.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 280.00	
<b>TOTAL (If last page of this schedule)</b>				\$	

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For Instructions, See Back of Form



<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<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

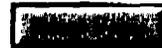
**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**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	✓ IF FOR FUND-RAISER INCOME
5/26/04	ID# CK# 2743	Darlene Farrell 408 S. Hall St. Algona, Iowa 50511		\$25.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 8934	Carl Westling 606 s. Harlan Algona, Iowa 50511		10.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 4130	Dorothy Fitzpatrick 900 N. Park Ave Algona, Iowa 50511		5.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 7749	Paul H. Johnson 110 S. Mc Coy St. Algona, Iowa 50511		50.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 2203	Robert & Bev Cink 501 E. Elm Algona, Iowa 50511		20.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 3311	Elmer J. Steier 104 200th St Whittemore, Iowa 50598		50.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 7269	Michael P. Schmit 1604 240th St Algona, Iowa 50511		25.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 9749	Joan Bernardo 521 W. Overmeyer Dr. Algona, Iowa 50511		25.00	<input checked="" type="checkbox"/>
5/26/04	ID# CK# 16595	Mary Illa Kisch 30 Oakridge Dr. Algona, Iowa 50511		25.00	<input checked="" type="checkbox"/>
5/27/04	ID# CK# 2725	Casey's Pac P>O> Box 3001 Ankeny, Iowa 50021		100.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 335.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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For Instructions, See Back of Form



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

SCHEDULE <b>A</b> (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 688.32A(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
5/27/04	ID# CK# 3798	Stephen D. Richards 2621 Francis Sites Spirit Lake, Ia 51360		\$250.00	<input type="checkbox"/>
5/27/04	ID# CK# 1910	John Mertz West Bend, Iowa 50597	Cousin	200.00	<input type="checkbox"/>
5/27/04	ID# CK# 6304	Linda D. Holmes 309 E. North Algona, Iowa 50511		50.00	<input type="checkbox"/>
5/27/04	ID# CK# 3199	Bankers Unite In Legislative Decisions 8800 NW 62nd Avenue Johnston, Ia 50131		500.00	<input type="checkbox"/>
5/27/04	ID# 6146 CK# 1551	Homebuilders Assoc. Des Moines, Iowa		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1200.	
<b>TOTAL (If last page of this schedule)</b>				\$	

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For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

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

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

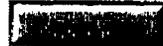
**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**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
5/31/04	ID# CK# 591	Chuck & Marilyn Bjstrom 1703 E. Nebraska St. Algona, Iowa 50511		\$50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 50.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 13443	

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FOR INSTRUCTIONS, SEE BACK OF FORM



**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/18/04	ID# CK#689	Winstons Des Moines, Iowa 50319	Food for Fund Raiser	\$ 300.00
5/21/04	ID# CK#690	Christian Coalition of Iowa P.O. Box 65066 West Des Moines, Ia 50265	contribution for constituents	300.00
5/21.04	ID# CK#691	KLGA Radio Station Algona, Iowa 50511	Adds	190.00
5/24/04	ID# CK#692	KLGA Radio Station Algona, Iowa 50511	Adds	195.00
5/24/04	ID# CK#693	KAYL /radio Station Storm Lake, Iowa	Adds	210.00
5/24/04	ID# CK#694	KHB Radio Station Humboldt, Iowa 50536	Adds	224.00
5/25/04	ID# CK#695	Carter Printing 1739 East Grand Avenue Des Moines, Iowa 50316	Printing & Envelopes	233.20
5/25/04	ID# CK#696	Delores Thilges 2801 130th Ave Burt, Iowa 50522	Micals for door knocker (reimbursement)	35.00
SUB-TOTAL				\$ 1687.20
<b>TOTAL (if last page of this schedule)</b>				\$

**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)(h).)

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>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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
5/26/04	ID# CK#697	Direct Marketing Associates Des Moines, Iowa 50519	Postage for Mailing	\$ 600.00
5/26/04	ID# CK#698	Sarahs Hwy 18 E Algona, Iowa 50511	food for reception & fund raiser	150.00
5/27/04	ID# CK#699	The Messenger 713 Central Ave Fort Dodge, Iowa 50501	Adds	245.46
5/27/04	ID# CK#700	Algona Publishing Co 14 E. Nebr. Algona, Iowa 50511	Adds 7 Flyers	326.48
5/29/04	ID# CK#701	Dolores M. Mertz 607 110th St. Ottosen, Iowa 50570	Loan repayment dated 9/02/99	400.00
6/01/04	ID# CK#702	The Laurens Sun P.O. Box 125 Laurens, Iowa 50554	Adds	547.20
6/01/04	ID# CK#703	Pocahontas Record Democrat P.O. Box 128 Pocahontas Ia 50574	Adds	437.90
6/01/04	ID# CK#704	Humboldt Independent PO Box 157 Humboldt, Iowa 50548	Adds & Printed Material	1506.36
SUB-TOTAL				\$ 4213.40
TOTAL (if last page of this schedule)				\$5500.60

**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 88A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

<b>SCHEDULE E</b> (Rev. 06/97)	<b>IN KIND CONTRIBUTIONS</b>
<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
5/18/04	Debbie Floyd 4541 Woodland Ave. Unit 6 West Des Moines, Iowa 50266		Stationery, envelopes & postage	\$ 111.08	<input checked="" 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"/>
					<input type="checkbox"/>

SUB-TOTAL	\$ 111.08
TOTAL (if last page of this schedule)	\$ 111.08

\*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

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

**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.)

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
5/29/04	Dolores M. Mertz 607 110th St Ottosen, Iowa 50570	self	\$ 400.00

TOTAL CASH REPAYMENTS (PART II) \$ 400.00

From Schedule E - TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ zero

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LD THILGES

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