

DISCLOSURE SUMMARY PAGE JUL 22 2002 PM 7-19

FORM DR-2 (Rev. 01/98) DISCLOSURE REPORT For Office Use Only Comm. # 1376 Indexed Audited Computer

COMMITTEE NAME (Must be same as on Statement of Organization) CASH KILL FOR State 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 (8) Support State of Candidates

SIGNATURE OF TREASURER (or person filing this report) Telephone DATE SIGNED 7-18-02

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 15 - July 14 (report date) REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR. 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.) \$ 2740.42 ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) 1260.00 Schedule F: Loans Received total (Attach Schedule F) 0.00 Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0.00 (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.....\$ 4000.42 SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) 2015.07 Schedule F: Loan Repayments total (Attach Schedule F) 0.00 CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3) \$ 1985.35

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 303.16 IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 305.21 OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 2000.00

CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0.00

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
GASKILL FOR State 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
05/18/02 to 05/22/02	ID# CK#	unitemized Contributions	none	\$ 70.00	
05/18/02	ID# CK#	Dean GILTNER 2747 Bladensburg Rd. BATAVIA, IA. 52533	none	\$ 50.00	
05/22/02	ID# CK#	Rick & Linda Amein 24 Birchwood DR. OTTUMWA IA 52501	none	\$100.00	
05/22/02	ID# 6369 CK# 1040	DAWNIS LIST 937 37th St. Des Moines IA. 50312	none	\$500.00	
05/25/02	ID# CK#	Joseph A. Meyer 1209 Shannon Oaks Trl Austin, TX 78746	Brother	\$100.00	
06/01/02 to 07/14/02	ID# CK#	unitemized Contributions	none	\$ 90.00	
06/30/02	ID# CK#	Katherine L. Meyer 3310 Woodbine Rd. St. Joseph, Mo. 64505	mother	\$200.00	
07/08/02	ID# CK#	Virginia Jones 17566 Blackhawk Rd. OTTUMWA, IA. 52501	none	\$ 50.00	
07/13/02	ID# CK#	Margaret Hauptert 13460 Angle Rd OTTUMWA, IA. 52501		\$100.00	
	ID# CK#				
SUB-TOTAL				\$1760.00	
TOTAL (if last page of this schedule)				\$1260.00	

\* 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.

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	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)  
*GASKILL for state 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
05/01/02	ID# CK#	OTTUMWA COURIER 213 East 2nd St. OTTUMWA, IA. 52501	Check #1029 on last report listed as \$248.22 instead of \$248.82	\$ 0.60
05/21/02	ID# CK#	Wapello County Auditor 101 West 4th St. OTTUMWA, Ia. 52501	Absentee List	\$11.00
05/24/02	ID# CK#	OTTUMWA COURIER 213 East 2nd St. OTTUMWA, IA. 52501	Newspaper Advertising	\$145.92
05/24/02	ID# CK#	OTTUMWA Printing, Inc 105 South Birch St. OTTUMWA, IA. 52501	Printing + mailing of postcard Advertising	\$760.62
05/27/02	ID# CK#	OTTUMWA SUN 402 Church St. OTTUMWA, IA. 52501	Newspaper Advertising	\$50.00
05/30/02	ID# CK#	KLEE/KOTM 601 West 2nd St. OTTUMWA, IA. 52501	Radio Advertising	\$168.00
05/30/02	ID# CK#	KBIZ/KWTA 209 South Market St. OTTUMWA, IA. 52501	Radio Advertising	\$272.00
05/31/02	ID# CK#	OTTUMWA COURIER 213 East 2nd St. OTTUMWA, IA. 52501	newspaper Advertising	\$419.84
SUB-TOTAL				\$ 1827.98
<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 58.6(3)(f).)

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. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Gaskill for State 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
05/31/02	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA. 52501	Bank Service Charges plus tax	\$ 8.72
06/03/02	ID# CK#	KISS/KRKN <del>416</del> 416 E main st. Ottumwa, IA. 52501	Radio Advertising	\$177.60
06/06/02	ID# CK#	Ottumwa Sun 402 Church St. Ottumwa, IA. 52501	News Paper Advertising	\$ 30.00
06/20/02	ID# CK#	Ottumwa Courier 213 East 2nd St. Ottumwa, IA. 52501	Re-imbursment newspaper 06/10/02 Advertising not run	\$72.96
07/09/02	ID# CK#	United States Post Office 616 West 2nd St. Ottumwa, IA 52501	Postage	\$37.00
06/30/02	ID# CK#	South Ottumwa Savings Bank 320 Church St. Ottumwa, IA. 52501	Bank service Charges plus tax	\$ 6.73
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 187.09
TOTAL (if last page of this schedule)				\$ 2015.07

**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 56.6(3)(f).)

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
GASKILL FOR State Representative

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
07/05/02	OTTUMWA PRINTING, Inc. 105 South Birch St. OTTUMWA, IA. 22501	PRINTING OF ENVELOPES, LETTER HEADS, CARDS & LETTERS	\$ 303.16
SUB-TOTAL			\$ 303.16
<b>TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD</b>			\$ 303.16

\*If actual figure is unknown, show "estimated" beside the figure.

**CANDIDATE COMMITTEES NOTE:**  
 \*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

SCHEDULE <b>E</b> (Rev. 08/97)	IN KIND CONTRIBUTIONS
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COMMITTEE NAME (Must be same as on Statement of Organization)  
**GASKILL For State Representative**

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
05/20/02	MARY GASKILL 509 E 4th ST. OTTUMWA, IA 52501	self	MAILING LABELS	\$ 29.64	
05/25/02	Elaine ORR 951 W COURT ST. OTTUMWA, IA 52501	none	use & yard signs & materials	29.00	
06/13/02	MARY GASKILL 509 E 4th ST. OTTUMWA, IA 52501	self	Iowa Democratic PARTY AWARDS Reception	50.00	
06/13/02 to 06/14/02	MARY GASKILL 509 E 4th ST. OTTUMWA, IA 52501	self	mileage to & from Des Moines/Ottumwa	54.00	
06/14/02	MARY GASKILL 509 E 4th ST. OTTUMWA, IA 52501	self	2 nights hotel costs for TRAINING	100.80	
06/26/02	MARY GASKILL 509 E 4th ST. OTTUMWA, IA 52501	self	printer RIBBON	31.77	

SUB-TOTAL	\$ 305.21
TOTAL (if last page of this schedule)	\$ 305.21

\*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's, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE <b>F</b> (Rev. 08/96)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 2,000.00

**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) \$ - 0 -

**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) \$ - 0 -  
From Schedule E - TOTAL LOANS FORGIVEN \$ - 0 -  
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2,000.00

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