

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1376
Indexed	SW e
Audited	
Computer	

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

CANDIDATE COMMITTEES ONLY:

Candidate Name: Mary Gaskill Political Party: Democrat
 Office Sought: State Representative District (if Senate or House): 93

OCT 21 2002
PM 10-12

Charles Kern SIGNATURE OF TREASURER (or person filing this report) 641-684-8235 TELEPHONE 10-19-02 DATE SIGNED

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 7/15/02 to 10/14/02 REPORT FOR ANA (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate one 1

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.)	\$	<u>1985.35</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>2390.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>0.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0.00</u>
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL.....\$	<u>4,375.35</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1,173.61</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0.00</u>
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>3,201.74</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0.00</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>278.52</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>2,000.00</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0.00</u>

For Instructions, See Back of Form



SCHEDULE A (Rev. 06/97)	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)
Laskill 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
07/19/02 through 10/07/02	ID# CK#	unitemized Contributions	none	\$ 205.00	<input type="checkbox"/>
07/21/02	ID# CK#	Andrew P. Davis 1010 Glenwood Ave Ottumwa, Ia 52501	none	50.00	<input type="checkbox"/>
07/23/02	ID# CK#	Russell T. Aporer 4671 109th Ave Ottumwa, Ia 52501	none	50.00	<input type="checkbox"/>
07/24/02	ID# CK#	Donald R. Bramschreiber 13052 25th St. Bloomfield, Ia 52534	none	50.00	<input type="checkbox"/>
07/26/02	ID# CK#	Dick Carothers 231 E. Maple Ottumwa, Ia 52501	none	30.00	<input type="checkbox"/>
07/29/02	ID# CK#	Mary + Jerry Krafka 431 W. Mary St. Ottumwa, Ia 52501	none	30.00	<input type="checkbox"/>
✓ 07/30/02	ID# 6046 CK# 3461	Justice for All 218 6th Ave - Ste. 526 Des Moines, Ia 50309-4091	none	100.00	<input type="checkbox"/>
✓ 08/02/02	ID# 6429 CK# 1646	Heavy Highway PAC/MCPC 2415 Ingersoll Ave Des Moines, Ia 50312-5233	none	100.00	<input type="checkbox"/>
✓ 08/02/02	ID# 6113 CK# 2689	AFSCME/IOWA COUNCIL people PAC 4320 N.W. 2nd Ave Des Moines, Ia 50313	none	100.00	<input type="checkbox"/>
08/06/02	ID# CK#	Robert J. McCall, Jr. 549 Selma Ottumwa, Ia 52501	none	30.00	<input type="checkbox"/>
SUB-TOTAL				\$ 745.00	
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) (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



SCHEDULE A (Rev. 06/97)	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)
Haskill 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.

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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
08/17/02	ID# CK#	Linda M. Schneider 15 Schwartz Dr. P.O. Box 1564 Ottumwa, Ia 52501	none	\$ 50.00	<input type="checkbox"/>
08/21/02	ID# 6060 CK# 2126	Iowa Federation of Labor, AFL-CIO 2000 Walker, Suite A Des Moines, Ia. 50317	none	200.00	<input type="checkbox"/>
08/23/02	ID# CK#	Curtis Christal 240 W. Manning Ave. Ottumwa, Ia 52501-1352	none	250.00	<input type="checkbox"/>
08/24/02	ID# 6116 CK# 1149	Political Action - Iowa Dealers 1311 50th St. P.O. Box 65840 West Des Moines, Ia. 50265	none	75.00	<input type="checkbox"/>
09/05/02	ID# 6021 CK# 1524	Credit Union Political Action PAC 3737 Westtown Parkway West Des Moines, Ia. 50265	none	150.00	<input type="checkbox"/>
09/17/02	ID# 6068 CK# 12803	Iowa Education Education Association Political Action Committee ISEA-PAC 777 Third St. Des Moines, Ia. 50306-1301	none	250.00	<input type="checkbox"/>
09/18/02	ID# 6070 CK# 2690	Iowa Lawpac 521 East Locust St. FL 3rd Des Moines, Ia. 50309-1939	none	100.00	<input type="checkbox"/>
09/24/02	ID# 6291 CK# 2136	IHA PAC 100 E. Grand, Suite 100 Des Moines, Ia. 50309	none	150.00	<input type="checkbox"/>
09/26/02	ID# 6237 CK# 1498	ABATE PAC 3118 Eastern Ave, NE Cedar Rapids, Ia. 52402	none	250.00	<input type="checkbox"/>
10/13/02	ID# CK#	Naomis Poney 653 N Court St. Ottumwa, Ia 52501	none	15.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$1490.00

TOTAL (if last page of this schedule)

\$

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For Instructions, See Back of Form



SCHEDULE A (Rev. 06/97)	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)
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
10/13/02	ID# CK#	John & Joan Hennen 171 Northview Ottumwa, Ia 52501	none	\$ 25.00	<input checked="" type="checkbox"/>
10/13/02	ID# CK#	Darlene & Pete 321 Lynwood Ottumwa, Ia 52501	none	20.00	<input checked="" type="checkbox"/>
10/13/02	ID# CK#	Keith & Rose Kreiman 406 Parkview Dr Bloomfield, Ia 52537	none	25.00	<input checked="" type="checkbox"/>
10/13/02	ID# CK#	Unitemized Contributions	none	85.00	<input checked="" 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"/>

SUB-TOTAL

\$ 155.00

TOTAL (if last page of this schedule)

\$ 2390.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME (Must be same as on Statement of Organization)
Askell 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
07/19/02	ID# CK# 1044	U.S. Post Office 616 W 2nd St. Ottumwa, Ia 52501	postage	\$ 37.23
07/31/02	ID# CK# —	South Ottumwa Savings Bank, 320 Church St. Ottumwa, Ia 52501	Service charge and sales tax for July	6.78
08/23/02	ID# CK# 1045	Ottumwa Printing Inc. 105 S. Birch St. Ottumwa, Ia 52501	Printing Brochures, letter & envelopes	679.46
08/31/02	ID# CK# —	South Ottumwa Savings Bank, 320 Church St. Ottumwa, Ia 52501	Service charge and sales tax for August	6.46
09/20/02	ID# CK# 1046	U.S. Post Office 616 West 2nd St. Ottumwa, Ia 52501	Postage	37.00
09/25/02	ID# CK# 1047	Bailey Office Equipment Inc., 128 E 2nd St. Ottumwa, Ia 52501	Copier Cartridge	31.79
10/04/02	ID# CK# 1049	U.S. Post Office 616 West 2nd St. Ottumwa, Ia 52501	Postage	109.25
10/06/02	ID# CK# 1050	Hallory of Art & Custom Framing, 201 N Ward St. Ottumwa, Ia 52501	rent of facility for 10/13/02	200.00
SUB-TOTAL				\$ 1107.97
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 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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.

COMMITTEE NAME (Must be same as on Statement of Organization)
Haskill 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
10/07/02	ID# CK# 1051	<i>Ottumwa Jun 402 Church St. Ottumwa, Ia 52501</i>	<i>newspaper advertising</i>	<i>\$ 40.00</i>
10/14/02	ID# CK# 1052	<i>Jim Haskill 509 E 4th St. Ottumwa, Ia 52501</i>	<i>use of truck for yard sign placements</i>	<i>20.00</i>
09/30/02	ID# CK# —	<i>South Ottumwa Savings Bank, 320 Church St. Ottumwa, Ia 52501</i>	<i>service charge and sales tax for September</i>	<i>5.64</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 65.64</i>
TOTAL (if last page of this schedule)				<i>\$ 1173.61</i>

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)(i).)

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Reset Form

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7/15/02	Roger Williams 42 Schwarz Blvd. Ottumwa, Ia 52501	none	wiring for computer and telephone	\$ 90.00	<input type="checkbox"/>
7/27/02	Mary Gasbell 509 E. 4th St. Ottumwa, Ia 52501	self	Motel Room for overnight stay for training	35.76	<input type="checkbox"/>
8/8/02	ISEA, PAC #6086 777 Third St. Des Moines, Ia 50309	none	membership list	100.00	<input type="checkbox"/>
10/13/02	Tom & Joanne Higgins 1014 N. Jefferson St. Ottumwa, Ia 52501	none	Food & supplies	52.76	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 278.52
 TOTAL (if last page of this schedule) \$ 278.52

*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

Reset Form

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Taskill 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 \$ 2000⁰⁰

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 REPAY
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2,000⁰⁰

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