

**DISCLOSURE SUMMARY PAGE**

NOV - 1 2002  
pm 11:45

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

**COMMITTEE NAME** (Must be same as on Statement of Organization) **DR-2**  
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

Charles J. Gaskill 4-8235  
**SIGNATURE OF TREASURER** (or person filing this report) **TELEPHONE** **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 10/15/02 To 10/29/02 REPORT FOR AN/A (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.) ..... \$ 3,201.74

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ..... 1,000.00  
 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 ..... \$ 4,201.74

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ..... 575.00  
 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) ..... \$ 3,626.74

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**UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ 0.00  
**IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$ 0.00  
**OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... \$ 2,000.00

**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

Reset Form

SCHEDULE <b>A</b> (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)  
*Haskell 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
10/19/02	ID# CK#	<i>Unitemized Contributions</i>	<i>none</i>	<i>\$ 50<sup>00</sup></i>	<input type="checkbox"/>
10/19/02	ID# CK#	<i>Barbara Lee Boatwright 2331 East 34th Court Des Moines, Ia. 50317</i>	<i>none</i>	<i>50<sup>00</sup></i>	<input type="checkbox"/>
✓ 10/19/02	ID# 8125 CK# 1111	<i>Effective Government Committee 607 - 14th St. NW. Ste. 800 Washington, DC 20005</i>	<i>none</i>	<i>500<sup>00</sup></i>	<input type="checkbox"/>
✓ 10/29/02	ID# 6058 CK# 2161	<i>Iowa Chiropractic Society 1605 N. Lokeny Blvd. Ste. 100 Dubuque, Ia. 50021-4159</i>	<i>none</i>	<i>150<sup>00</sup></i>	<input type="checkbox"/>
10/29/02	ID# 6118 CK# 1970	<i>Iowa Optometric Association 1454 - 30th St. Ste. 204 West Des Moines, Ia. 50266</i>	<i>none</i>	<i>150<sup>00</sup></i>	<input type="checkbox"/>
10/29/02	ID# CK#	<i>Dr Brent &amp; Catherine Alfjellish 40 Woodshire Dr. Ottumwa, Ia 52501</i>	<i>none</i>	<i>100<sup>00</sup></i>	<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  
**\$ 1000.00**  
TOTAL (If last page of this schedule)  
**\$ 1000.00**

\* 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**

**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)  
*Yaskill 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
<i>10/23/02</i>	ID# <i>9098</i> CK# <i>1053</i>	<i>Iowa Democratic Party Truman Fund # 9098 5661 Fleur Dr. Des Moines, Ia 50321</i>	<i>Contribution</i>	<i>\$ 500<sup>00</sup></i>
<i>10/23/02</i>	ID# CK# <i>1055</i>	<i>Ottumwa Sun 402 Church St. Ottumwa, Ia 52501</i>	<i>newspaper Advertising</i>	<i>75<sup>00</sup></i>
	ID# CK#			

SUB-TOTAL \$ *575<sup>00</sup>*

TOTAL (if last page of this schedule) \$ *575.00*

**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>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) \$ \_\_\_\_\_

**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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