

DISCLOSURE SUMMARY PAGE

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Gasbell 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 Kern 641-184-8235
SIGNATURE OF TREASURER (or person filing this report) **TELEPHONE**

1-11-03
DATE SIGNED

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

JAN 13 2003
 pm 1-11

I AM FILING A 10/30/02 to 12/31/02 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committee, 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.)\$ 3626.74

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 10.00
 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.....\$ 3636.74

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 22.13
 Schedule F: Loan Repayments total (Attach Schedule F)..... 1800.00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 1814.61

UNPAID BILLS (From Schedule D - Attach Schedule D)\$ 0.00

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 230.80

OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ 0.00

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

COMMITTEE NAME (Must be same as on Statement of Organization)
Gasbill 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
11/2/02	ID# CK#	Unitemized Contributions	none	\$10.00	<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"/>

SUB-TOTAL
\$10.00
TOTAL (if last page of this schedule)
\$10.00

* 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

Reset 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)
Haakill 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
10/31/02	ID# CK#	<i>South Ottumwa Savings Bank, 320 Church St. Ottumwa, Ia 52501</i>	<i>service charge plus tax</i>	<i>\$ 6.31</i>
11/25/02	ID# CK#	<i>South Ottumwa Savings Bank, 320 Church St. Ottumwa, Ia 52501</i>	<i>check printing</i>	<i>5.83</i>
11/30/02	ID# CK#	<i>South Ottumwa Savings Bank, 320 Church St. Ottumwa, Ia 52501</i>	<i>service charge plus tax</i>	<i>4.57</i>
12/31/02	ID# CK#	<i>South Ottumwa Savings Bank, 320 Church St. Ottumwa, Ia 52501</i>	<i>service charge plus tax</i>	<i>5.42</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 22.13</i>
TOTAL (if last page of this schedule)				<i>\$ 22.13</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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE
E
(Rev. 08/97) IN KIND
CONTRIBUTIONS

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
11/07/02	<i>Jim Gaskill 509 E 4th St. Ottumwa, Ia 52501</i>	<i>spouse</i>	<i>Use of Truck for Ford High pickup</i>	\$ 20.00	
11/19/02	<i>Mary Gaskill 509 E 4th St. Ottumwa, Ia 52501</i>	<i>self</i>	<i>Forgive loan</i>	200.00	
11/20/02	<i>Mary Gaskill 509 E 4th St. Ottumwa, Ia 52501</i>	<i>self</i>	<i>Melrage to & from Fairfield for meeting of bankers</i>	10.80	

SUB-TOTAL \$ 230.80
TOTAL (if last page of this schedule) \$ 230.80

*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.

Reset Form

SCHEDULE F (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)
Haskell 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
<i>11/19/02</i>	<i>Mary Haskell 509 E H St. Ottumwa, Ia 52501</i>	<i>self</i>	<i>\$ 1800.00</i>

TOTAL CASH REPAYMENTS (PART II) \$ 1800.00
From Schedule E - TOTAL LOANS FORGIVEN \$ 200.00
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ - 0 -

*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 when it applies.