

DISCLOSURE SUMMARY PAGE

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

W. Aske Kern 641-684-8335 1-8-04
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:

JAN 12 2004
 PM 1-9

I AM FILING A 1/1/03 to 12/31/03 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 2

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.)\$ 1,814.61

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 2,768.00

Schedule F: Loans Received total (Attach Schedule F)..... 2,000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 6,582.61

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 3,451.85

Schedule F: Loan Repayments total (Attach Schedule F)..... _____

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 3,130.76

UNPAID BILLS (From Schedule D - Attach Schedule D)\$ -0-

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ -0-

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-

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
1/8/2003	ID# 6078 CK# 1495	Iowa Physical Therapy 1228 8 th St, suite 106 West Des Moines, IA 50265-2624	none	\$ 50.00	<input type="checkbox"/>
1/9/2003	ID# 6059 CK# 2336	Iowa Committee of Automotive Retailers 1111 OFFICE PARK RD. West Des Moines, IA 50265	none	\$ 150.00	<input type="checkbox"/>
7/26/2003	ID# CK#	Shirley Harrington 16 Weaver Dr. OTTUMWA, IA. 52501	none	\$ 50.00	<input checked="" type="checkbox"/>
7/26/2003	ID# CK#	Margaret Hauptert 13400 Angle Rd. OTTUMWA, IA. 52501	none	\$ 100.00	<input checked="" type="checkbox"/>
7/27/2003	ID# CK#	Unitemized Contributions	none	\$ 243.00	<input checked="" type="checkbox"/>
8/1/2003	ID# CK#	Russell T. Sporer 9671 104th Ave OTTUMWA, IA. 52501	none	\$ 50.00	<input type="checkbox"/>
8/1/2003	ID# CK#	MARY B. Krafka 931 W Mary St OTTUMWA, Ia. 52501	none	\$ 50.00	<input type="checkbox"/>
8/1/2003	ID# 6046 CK# 3664	JUSTICE FOR ALL PAC 218 6 th Ave. STE. 526 Des Moines, IA. 50309-4091	none	\$ 100.00	<input type="checkbox"/>
8/8/2003	ID# CK#	Linda Ameln 24 Birchwood Dr. OTTUMWA, Ia. 52501	none	\$ 100.00	<input type="checkbox"/>
8/8/2003	ID# CK#	Linda M. Schneider P.O. Box 1564 - 15 Schwartz Dr. OTTUMWA, Ia. 52501	none	\$ 50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 943.00	
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

Reset 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.

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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
8/26/2003	ID# 6107 CK# 3353	QWEST IPAC 925 High St. 959 Des Moines, IA. 50309	none	\$ 50.00	<input type="checkbox"/>
8/28/2003	ID# 6058 CK# 2284	Iowa Chiropractic Society 1605 N Ankeny Blvd. Suite 100 Ankeny, IA. 50021-4159	none	\$ 100.00	<input type="checkbox"/>
9/22/2003	ID# CK#	John & Joan Hennen 171 Northview Ottumwa, Ia. 52501	none	\$ 50.00	<input type="checkbox"/>
10/18/2003	ID# 6070 CK# 2943	Iowa Lawpac 521 East Locust St. FL 3rd Des Moines, Ia. 50309-1939	none	\$ 100.00	<input checked="" type="checkbox"/>
10/18/2003	ID# CK#	Dr. S.H. Hammer, D.D.S. 1302 N Elm St. Ottumwa, Ia. 52501	none	\$ 100.00	<input checked="" type="checkbox"/>
10/20/2003	ID# CK#	Leann J. Brunnette 12348 sunset ter Clive, Ia. 50325-8118	none	\$ 50.00	<input checked="" type="checkbox"/>
10/20/2003	ID# CK#	David L. Palmer 2006 S Ankeny Rd Ankeny, Ia 50021	none	\$ 50.00	<input checked="" type="checkbox"/>
10/20/2003	ID# CK#	unitemized Contributions	none	\$ 95.00	<input checked="" type="checkbox"/>
10/22/2003	ID# 6237 CK# 1566	ABATE PAC 3118 Eastern Ave, NE Cedar Rapids, IA. 52402	none	\$ 100.00	<input checked="" type="checkbox"/>
10/22/2003	ID# CK#	R. Gene Gardner 430-46th Place West Des Moines, IA. 50265	none	\$ 50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 745.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset 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)
BASKILL 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
10/22/2003	ID# 6063 CK# 1649	Iowa Dental Association 505- 5 th Ave. Ste. 333 Des Moines, Ia. 50309-2379	none	\$ 100.00	<input checked="" type="checkbox"/>
10/28/2003	ID# 6125 CK# 2254	Iowa REALTORS PAC 1370 NW 114 th St. Suite 100 Clive, Ia. 50325	none	\$ 100.00	<input checked="" type="checkbox"/>
10/30/2003	ID# 6096 CK# 1751	Manufactured Housing PAC 1400 Dean Ave Des Moines, IA. 50316-3938	none	\$ 100.00	<input checked="" type="checkbox"/>
8/8/2003	ID# CK#	Unitemized Contributions	none	\$ 45.00	<input type="checkbox"/>
10/29/03	ID# 6310 CK# 301	UFCW LOCAL 230 1010 E WILLIAMS ST OTTUMWA, IA 52501	none	\$ 300.00	<input type="checkbox"/>
10/30/03	ID# CK#	MARILYN F. STEMPL 15938 Blackhawk RD. OTTUMWA, IA 52501	none	\$ 35.00	<input type="checkbox"/>
11/10/03	ID# CK#	Donna J. Crookham 202 Filemore St. OTTUMWA, IA. 52501	none	\$ 50.00	<input type="checkbox"/>
11/14/03	ID# 6021 CK# 1557	Credit Union PAC 3737 Westown Parkway West Des Moines, IA. 50266	none	\$ 100.00	<input type="checkbox"/>
11/15/03	ID# CK#	Elaine Hughes 701 E Lowe Ave #203 Fairfield, IA. 52556	none	\$ 50.00	<input type="checkbox"/>
11/19/03	ID# 6113 CK# 2898	AFSCME/Iowa Council 61 4320 NW. 2nd Ave Des Moines, IA. 50313	none	\$ 100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 790.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset 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
<i>12/4/03</i> <i>to</i> <i>12/12/03</i>	ID# CK#	<i>unitemized Contributions</i>	<i>none</i>	<i>\$ 50.00</i>	<input type="checkbox"/>
<i>12/24/03</i>	ID# <i>6078</i> CK# <i>1536</i>	<i>Iowa Physical Therapy 1228 8th St. Suite 106 West Des Moines, IA. 50265-2624</i>	<i>none</i>	<i>\$ 50.00</i>	<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

\$ 100.00

TOTAL (if last page of this schedule)

\$ 2768.00

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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 (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
1/30/2003	ID# CK#	Treasurer State of Iowa state house Des Moines, IA. 50319	note pads	\$ 12.50
1/31/2003	ID# CK#	south OTTUMWA SAVINGS 320 Church St. BANK OTTUMWA, IA 52501	service charge	\$ 6.08
2/12/2003	ID# CK#	Carter Printing Co. 1734 E Grand Des Moines, IA 50319	stationary	\$ 82.68
2/20/2003	ID# 9098 CK# 1060	Iowa Democratic House Truman Fund 5661 Fleur DR. Des Moines, IA. 50321	donation	\$ 200.00
2/28/2003	ID# CK#	south OTTUMWA SAVINGS 320 Church St. BANK OTTUMWA, IA 52501	service charge	\$ 6.38
3/31/2003	ID# CK#	south OTTUMWA SAVINGS 320 Church St BANK OTTUMWA, Ia 52501	service charge	\$ 6.03
4/30/2003	ID# CK#	south OTTUMWA SAVINGS 320 Church St BANK OTTUMWA, IA 52501	service charge	\$ 6.24
5/31/2003	ID# CK#	south OTTUMWA SAVINGS 320 Church St BANK OTTUMWA, IA 52501	service charge	\$ 6.25
SUB-TOTAL				\$ 326.16
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

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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
6/30/2003	ID# CK#	South Ottumwa Savings 320 Church St. BANK Ottumwa, Ia 52501	Service Charge	\$ 6.20
7/8/2003	ID# CK#	Ottumwa Printing, Inc 105 S Birch St Ottumwa, IA 52501	Campaign Posters	\$ 104.44
7/22/2003	ID# 9098 CK# 1062	Iowa Democratic House Truman Fund 5661 Fleck Dr. Des Moines, Ia. 50321	Donation	\$ 250.00
7/31/2003	ID# CK#	OFFICE MAX 850 W Quincey Ave Ottumwa, IA 52501	Mailing Labels	\$ 55.10
7/31/2003	ID# CK#	South Ottumwa Savings 320 Church St. Bank Ottumwa, IA 52501	Service Charge	\$ 7.66
8/2/2003	ID# CK#	OFFICE MAX 850 W Quincey Ave Ottumwa, Ia 52501	Mailing Labels	\$ 42.31
8/2/2003	ID# CK#	Ottumwa Printing, Inc 105 S Birch St Ottumwa, Ia 52501	Newsletters & yard signs	\$ 1,083.06
8/31/2003	ID# CK#	South Ottumwa Savings 320 Church St BANK Ottumwa, Ia 52501	Service Charge	\$ 8.16
SUB-TOTAL				\$ 1,557.43
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)(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 (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
9/17/2003	ID# CK#	OTTUMWA Printing, Inc 105 S Birch St OTTUMWA, IA 52501	Newsletter Postage & Mailing Costs	\$ 936.97
9/30/2003	ID# CK#	South OTTUMWA Savings 320 Church St Bank OTTUMWA, IA 52501	Service Charge	\$ 6.66
10/9/2003	ID# CK#	U.S. Post Office 616 W 2nd St OTTUMWA, Ia 52501	Postage	\$ 111.00
10/26/2003	ID# CK#	OTTUMWA Printing, Inc 105 S Birch St OTTUMWA, Ia 52501	Letterheads & Envelopes	\$ 174.22
10/26/2003	ID# CK#	Best Western Starlite 929 3rd St. Village Des Moines, Ia. 50309	Food & Drink & Service Charge for Fund Raiser	\$ 319.59
10/31/2003	ID# CK#	South OTTUMWA Savings 320 Church St Bank OTTUMWA, Ia 52501	Service Charge	\$ 7.22
11/30/2003	ID# CK#	South OTTUMWA Savings 320 Church St Bank OTTUMWA, Ia 52501	Service Charge	\$ 6.93
12/31/2003	ID# CK#	South OTTUMWA Savings 320 Church St Bank OTTUMWA, Ia 52501	Service Charge	\$ 5.67
SUB-TOTAL				\$ 1,568.26
TOTAL (If last page of this schedule)				\$ 3,451.85

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)(i).)

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAYED
<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 \$ - 0 -

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
9/11/2003	MARY GASKILL 509 E 4 th St. OTTUMWA, Ia. 52501	SELF	\$ 2000.00

TOTAL (PART I) \$ 2,000.00

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 REPAYED
			\$

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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