

DISCLOSURE SUMMARY PAGE

JUL 20 2004

pm 7-19

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

Carole Ann 641-684-8235
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

7-19-04
 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 05/15/04 to 07/14/04 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.)\$ 2004.78

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 1310.00

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.....\$ 3,314.78

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 70.12

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)\$ 3,244.66

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

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 50.00

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 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
06/29/04	ID# 6237 CK# 1612	ABATEPAC 3118 Eastern Ave NE Cedar Rapids, IA 52402	none	\$ 250.00	<input checked="" type="checkbox"/>
06/29/04	ID# CK#	Richard T. Ameln 24 Birchwood Dr OTTUMWA, IA 52501	none	\$ 100.00	<input checked="" type="checkbox"/>
06/29/04	ID# 6429 CK# 1836	Heavy Highway PAC/MCPC 2419 Ingersoll Ave Des Moines, IA 50312-5233	none	\$ 250.00	<input checked="" type="checkbox"/>
06/29/04	ID# CK#	UNITEMIZED CONTRIBUTIONS	none	\$ 60.00	<input checked="" type="checkbox"/>
06/29/04	ID# 6059 CK# 2481	Iowa Committee of Automotive Dealers, 1111 Office Park Rd. West Des Moines, IA 50265	none	\$ 50.00	<input checked="" type="checkbox"/>
06/29/04	ID# 6118 CK# 2061	Iowa Optometric Association 1454 - 30th St. Ste. 204 West Des Moines, IA 50266	none	\$ 150.00	<input checked="" type="checkbox"/>
06/29/04	ID# 6046 CK# 3787	Justice For All 218 6th Ave Ste 526 Des Moines, IA 50306-4091	none	\$ 100.00	<input checked="" type="checkbox"/>
06/29/04	ID# 6356 CK# 1223	Freedom Fund 851 - 19th St. Des Moines, IA 50314	none	\$ 100.00	<input checked="" type="checkbox"/>
06/29/04	ID# 6058 CK# 2405	Iowa Chiropractic Society 1606 W Ankeny Blvd. Ste 100 Ankeny, IA 50021-4169	none	\$ 100.00	<input checked="" type="checkbox"/>
07/13/04	ID# 6439 CK# 2003	CWA Council of State of Iowa COPE, 369 California St. WATERLOO, IA 50703	none	\$ 150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1310.00	
TOTAL (If last page of this schedule)				\$ 1310.00	

* 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)
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
05/28/04	ID# CK#	South Ottumwa Savings Bank, 320 Church St. OTTUMWA, Ia 52501	Service Charge/ State Tax	\$ 6.66
06/30/04	ID# CK#	South Ottumwa Savings Bank, 320 Church St. OTTUMWA, Ia 52501	Service Charge/ State Tax	\$ 7.21
07/14/04	ID# CK# 1072	MARY GASKILL 509 E 4 th ST OTTUMWA, IA 52501	Re-impursement for Fund RAISER Food Expense 06/29/04	\$ 56.25
	ID# CK#			
SUB-TOTAL				\$ 70.12
TOTAL (If last page of this schedule)				\$ 70.12

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

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)
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 \$ 2000.00

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) \$ _____
 From Schedule E -- TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2000.00

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