

DISCLOSURE SUMMARY PAGE

FILED
OCT 21 2004
PM 10-19

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

COMMITTEE NAME (Must be same as on Statement of Organization) **FILED**
CASHILL 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

Carolyn Kern 641-684-8235 10-19-04
 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:

I AM FILING A 07/15/04 to 10/14/04 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate one 1

CHECK IF AMENDMENT TO REPORT DATED _____

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.)

Local Committees, enter Date of Election
County & Local Committees, enter County in which Election is held

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.)\$ 3,244.66

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 3,459.00

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.....\$ 6,703.66

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 4,742.22

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)\$ 1961.44

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



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(5), 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/YY)	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
07/29/04	ID# CK#	Unitemized Contributions	none	\$ 25.00	<input type="checkbox"/>
07/29/04	ID# 6116 CK# 1299	Political Action Iowa Dealers 1311 50th P.O. Box 6584 West Des Moines, IA. 50265	none	\$ 150.00	<input type="checkbox"/>
08/07/04 08/10/04	ID# CK#	Unitemized Contributions	none	\$ 379.00	<input checked="" type="checkbox"/>
08/13/04	ID# CK#	Carol Haupert 812 E. Woodland Ottumwa, Ia 52501	none	\$ 50.00	<input checked="" type="checkbox"/>
08/13/04	ID# CK#	Pete Rich 1327 Greenwood Ave Ottumwa, Ia 52501	none	\$ 50.00	<input checked="" type="checkbox"/>
08/11/04	ID# CK#	Linda Schneider 15 Schwartz Dr. Ottumwa, Ia 52501	none	\$ 50.00	<input checked="" type="checkbox"/>
08/12/04	ID# CK#	Thomas A. Rubel 255 E. Manning Ottumwa, Ia 52501	none	\$ 50.00	<input checked="" type="checkbox"/>
08/09/04	ID# CK#	Russ Sporer 9671 109th Ave Ottumwa, Ia 52501	none	\$ 50.00	<input checked="" type="checkbox"/>
08/10/04	ID# CK#	Walter Tetmeyer 207 Carter Ave Ottumwa, Ia 52501	none	\$ 50.00	<input checked="" type="checkbox"/>
08/13/04	ID# 6021 CK# 1796	Credit Union Political Action Committee, 3737 Westown Pkwy, West Des Moines, Ia. 50266	none	\$ 150.00	<input checked="" type="checkbox"/>
				SUB-TOTAL	
					\$ 1004.00
				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)
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/YY)	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
08/15/04	ID# CK#	Rosalie McFarland 9 Schwartz Dr. OTTUMWA, Ia 52501	none	\$ 25.00	<input checked="" type="checkbox"/>
08/16/04	ID# CK#	Rosalie McFarland 9 Schwartz Dr. OTTUMWA, Ia 52501	none	25.00	<input checked="" type="checkbox"/>
08/15/04	ID# CK#	Beth Austin 2728 N COURT ST. OTTUMWA, Ia 52501	none	50.00	<input checked="" type="checkbox"/>
08/15/04	ID# CK#	Mary Louise Carl 16580 HWY 34 # 14 Bear Creek Estates, OTTUMWA, Ia 52501	none	50.00	<input checked="" type="checkbox"/>
08/15/04	ID# CK#	Nancy O'Brien 404 W 63rd OTTUMWA, Ia 52501	none	50.00	<input checked="" type="checkbox"/>
08/15/04	ID# CK#	John J. Hennen 171 Northview OTTUMWA, Ia 52501	none	100.00	<input checked="" type="checkbox"/>
08/15/04	ID# CK#	William R. Woerner 2646 Kenwood OTTUMWA, Ia 52501	none	100.00	<input checked="" type="checkbox"/>
08/18/04	ID# CK#	James H. Schwartz 107 E 2nd St. OTTUMWA, Ia 52501	none	50.00	<input type="checkbox"/>
08/18/04	ID# 6004 CK# 4169	Associated General Contractors of Iowa, 701 E COURT Des Moines, Ia. 50309	none	500.00	<input type="checkbox"/>
08/26/04	ID# CK#	Judith K. Beisch 131 Bryan Rd. OTTUMWA, Ia 52501	none	100.00	<input type="checkbox"/>
SUB-TOTAL				\$1050.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(including candidate's personal funds)

Residential

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)

Gaskvil 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
08/24/04	ID# CK#	Carol Gullion 619 Chester Ave Ottumwa, Ia 52501	none	\$ 100.00	<input type="checkbox"/>
08/31/04	ID# 6059 CK# 2527	Iowa Committee of Alternative Retailers, III Office Park Rd, Des Moines, Ia. 50265	none	150.00	<input type="checkbox"/>
08/31/04	ID# CK#	Chad A. Vanness 43 Birchwood Dr Ottumwa, Ia 52501	none	50.00	<input type="checkbox"/>
08/31/04	ID# CK#	Bob Cramblit 112 Bryan Rd Ottumwa, Ia 52501	none	50.00	<input type="checkbox"/>
09/09/04	ID# CK#	Bruce H. Fridinger 423 N Market St Ottumwa, Ia 52501	none	50.00	<input type="checkbox"/>
09/14/04	ID# CK#	Darlene Peta 321 Lynwood Ave Ottumwa, Ia 52501	none	20.00	<input type="checkbox"/>
09/22/04	ID# 6067 CK# 3217	Iowa Health PAC 6750 Westown Parkway #100, West Des Moines, Ia 50266	none	200.00	<input type="checkbox"/>
09/28/04	ID# 6064 CK# 1922	Iowa S.O.R.E. 8525 Douglas Ave, Suite 46 Des Moines, Ia. 50322	none	100.00	<input type="checkbox"/>
09/28/04	ID# 8026 CK# 07433	I.B.E.W. Educational Committee 1124 15th St. N.W. Washington DC 20005	none	100.00	<input type="checkbox"/>
09/28/04	ID# CK#	Craig H. Nielsen 8620 Titicst Circle Las Vegas, NV 89117	none	100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 920.00	
TOTAL (if last page of this schedule)				\$	

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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)
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
<i>09/22/04</i>	ID# CK#	<i>Iowa Democratic Party HOUSE TRUMAN FUND 1408 LOCUST ST Des Moines, Ia 50309</i>	<i>Donation</i>	<i>\$ 1,100.00</i>
<i>04/27/04</i>	ID# CK#	<i>CITY OF OTTUMWA 105 E 3rd ST. OTTUMWA, IA 52501</i>	<i>Per User Fee including electrical service</i>	<i>15.00</i>
<i>08/02/04</i>	ID# CK#	<i>U S POST OFFICE 616 W 2nd ST OTTUMWA, IA 52501</i>	<i>POSTAGE</i>	<i>328.24</i>
<i>04/31/04</i>	ID# CK#	<i>SOUTH OTTUMWA SAVINGS BANK, 320 Church St OTTUMWA, Ia 52501</i>	<i>Service Charge July 04</i>	<i>5.75</i>
<i>09/31/04</i>	ID# CK#	<i>OTTUMWA PRINTING, INC. 105 S Birch OTTUMWA, IA 52501</i>	<i>yard sign wires letter heads envelopes</i>	<i>423.05</i>
<i>08/15/04</i>	ID# CK#	<i>Iowa Democratic Party 1408 Locust St. Des Moines, Ia 50309</i>	<i>VAN assessment 04</i>	<i>500.00</i>
<i>08/31/04</i>	ID# CK#	<i>SOUTH OTTUMWA SAVINGS BANK, 320 Church St. OTTUMWA, Ia 52501</i>	<i>Service Charge AUGUST 04</i>	<i>10.15</i>
<i>09/29/04</i>	ID# CK#	<i>Iowa Democratic Party TRUMAN FUND 1408 LOCUST Des Moines, Ia 50309</i>	<i>Donation</i>	<i>2,000.00</i>
SUB-TOTAL				<i>\$ 4382.19</i>
TOTAL (if last page of this schedule)				<i>\$</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



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
09/30/04	ID# CK#	South Ottumwa Savings Bank 323 Church St Ottumwa, Ia 52501	Service Charge September 04	\$ 6.73
10/11/04	ID# CK#	KL22/KOY M 601 W 2nd St Ottumwa, Ia 52501	Radio Ads	120.00
10/11/04	ID# CK#	KB12/KTWA 209 S. Market St Ottumwa, IA 52501	Radio Ads	119.00
10/11/04	ID# CK#	KISS/KRKN 116 E Main St. Ottumwa, Ia 52501	Radio Ads	114.30
	ID# CK#			
SUB-TOTAL				\$ 360.03
TOTAL (if last page of this schedule)				\$ 4742.22

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).)

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.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2000-00

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