

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1374
Logged to	SW
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Computer	
Audited	

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

Gaskill for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY

Candidate Name: Mary Gaskill

Office Sought: State Representative

Political Party (if applicable): Democrat

District (if Senate or House): 93

ETHICS & CAMPAIGN DISCLOSURE BOARD

JAN 10 2006

FILED pm illey

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Carol Lee Kern
SIGNATURE OF PERSON FILING REPORT

641-604-8235
TELEPHONE

1-6-06
DATE SIGNED

I AM FILING A 1/1/05 to 12/31/05 *on 1/19/06* REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 2

- 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 DR-3 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. (Total of all funds 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.)	\$ 1,436.29
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....	3,835.00 ✓
Schedule F: Loans Received total (Attach Schedule F)	2,000.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H).....	0.00
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ 7,271.29
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	839.66 ✓
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).....	\$ 6,431.63
**UNPAID BILLS (From Schedule D - Attach Schedule D).....	\$ 0.00
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 320.10 ✓
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 4,000.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ 0.00
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

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
1/7/2005	ID# #6107 CK# #3457	QWEST IPAC 925 High St., 9S9 Des Moines, IA 50309	none	\$ 100.00	<input type="checkbox"/>
5/3/2005	ID# CK#	R. T. Sporer 9671 109th Ave Ottumwa, IA 52501	none	\$ 50.00	<input type="checkbox"/>
5/4/2005	ID# CK#	Linda Ameln 24 Birchwood Dr Ottumwa, IA 52501	none	\$ 100.00	<input type="checkbox"/>
5/4/2005	ID# CK#	James H. Schwartz 107 E 2nd St. Ottumwa, IA 52501	none	\$ 50.00	<input type="checkbox"/>
5/27/2005	ID# CK#	John J Hennen 171 Northview Ave Ottumwa, IA 52501	none	\$ 25.00	<input type="checkbox"/>
5/12/05 to 5/19/2005	ID# CK#	Unitemized contributions	none	\$ 50.00	<input type="checkbox"/>
6/20/2005	ID# # 6046 CK# #3959	Justice For All PAC 218 6th Ave Ste 526 Des Moines, IA 50309-4091	none	\$ 100.00	<input checked="" type="checkbox"/>
6/20/2005	ID# # 6058 CK# #2614	Iowa Chiropractic Society PAC 1605 N Ankeny Blvd Ste 100 Ankeny, IA 50021-4159	none	\$ 100.00	<input checked="" type="checkbox"/>
6/20/2005	ID# # 6096 CK# #1874	Manufactured Housing PAC 1400 Dean Ave Des Moines, IA 50316-3938	none	\$ 250.00	<input checked="" type="checkbox"/>
6/20/2005	ID# # 6116 CK# #2177	IOA-PAC (IA Optmtc Assoc) 1454-30th St Ste 204 West Des Moines, IA 50266	none	\$ 200.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1,025.00	<input checked="" type="checkbox"/>
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.

CAUTION: Section 688.32A(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
6/20/2005	ID# CK#	R Gene Gardner 430 46th Street Pl West Des Moines, IA 50265-2967	none	\$ 50.00	<input checked="" type="checkbox"/>
6/20/2005	ID# CK#	Robert E Josten 801 Grand Ste 3900 Des Moines, IA 50309	none	\$100.00	<input checked="" type="checkbox"/>
6/20/2005	ID# CK#	Julie A Smith 3917 Hillcrest Dr Des Moines, IA 50310-4334	none	\$50.00	<input checked="" type="checkbox"/>
6/20/2005	ID# CK#	Unitemized contributions	none	\$95.00	<input checked="" type="checkbox"/>
6/21/2005	ID# #6449 CK# #1124	Iowa Laborers PAC 5806 Meredith Dr Suite B Des Moines, IA 50322	none	\$250.00	<input checked="" type="checkbox"/>
7/18/2005	ID# #6067 CK# #3277	Iowa Health PAC 6750 Westown Parkway #100 West Des Moines, IA 50266	none	\$150.00	<input checked="" type="checkbox"/>
7/18/2005	ID# CK#	Steve Ackerson 1634 NW 131st St. Clive, IA 50325	none	\$100.00	<input checked="" type="checkbox"/>
7/18/2005	ID# CK#	Gene Carlson #36 Woodshire Dr Ottumwa, IA 52501	none	\$50.00	<input checked="" type="checkbox"/>
7/18/2005	ID# CK#	Dana S Holland 61 Schwartz Dr Ottumwa, IA 52501	none	\$50.00	<input checked="" type="checkbox"/>
7/18/2005	ID# CK#	Jim Lindenmayer 819 E Alta Vista Ottumwa, IA 52501	none	\$100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 995.00	
TOTAL (if last page of this schedule)				\$	

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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

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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
7/18/2005	ID# CK#	Julie A Meldren 11801 Rutledge Rd Ottumwa, IA 52501	none	\$ 100.00	<input checked="" type="checkbox"/>
7/18/05 to 7/20/2005	ID# CK#	Unitemized contributions	none	\$ 70.00	<input checked="" type="checkbox"/>
7/18/2005	ID# CK#	Bob Morrissey 10768 Bladensburg Rd Ottumwa, IA 52501	none	\$ 100.00	<input checked="" type="checkbox"/>
7/18/2005	ID# CK#	Ron Stursma 402 Grandview Ottumwa, IA 52501	none	\$ 100.00	<input checked="" type="checkbox"/>
8/30/2005	ID# #6107 CK# #3476	Qwest IPAC 925 High St 9S9 Des Moines, IA 50309	none	\$ 250.00	<input type="checkbox"/>
9/4/2005	ID# CK#	Michael Blouin 300 Walnut St., #12 Des Moines, IA 50309	none	\$ 55.00	<input checked="" type="checkbox"/>
9/4/2005	ID# CK#	Brenda S Curran 1417 N Van Buren Ottumwa, IA 52501	Daughter	\$ 35.00	<input checked="" type="checkbox"/>
9/4/2005	ID# CK#	Rex A Gaskill 1009 S 6th Ave Marshalltown, IA 50158	Son	\$ 100.00	<input checked="" type="checkbox"/>
9/4/2005	ID# CK#	John J Hennen 171 Northview Ottumwa, IA 52501	none	\$ 25.00	<input checked="" type="checkbox"/>
9/4/2005	ID# CK#	Carol J Kelly 314 E Farrington Agency, IA 52530	none	\$ 30.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 865.00	<input checked="" type="checkbox"/>
TOTAL (if last page of this schedule)				\$	

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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
9/4/2005	ID# CK#	Keith A Kreiman 406 Parkview Dr Bloomfield, IA 52537	none	\$ 65.00	<input checked="" type="checkbox"/>
9/4/2005	ID# CK#	William R Woerner 2646 Kenwood Ottumwa, IA 52501	none	\$ 120.00	<input checked="" type="checkbox"/>
9/4/2005	ID# CK#	Jim A Gaskill 509 E 4th St Ottumwa, IA 52501	Husband	\$ 100.00	<input checked="" type="checkbox"/>
9/04/05 to 10/4/2005	ID# CK#	Unitemized contributions	none	\$ 325.00	<input checked="" type="checkbox"/>
9/4/2005	ID# CK#	Naomi L Poncy 653 N Court St Ottumwa, IA 52501	none	\$ 25.00	<input checked="" type="checkbox"/>
9/4/2005	ID# CK#	Darlene J Peta 321 Lynwood Ottumwa, IA 52501	none	\$ 20.00	<input checked="" type="checkbox"/>
9/10/05 to 10/4/2005	ID# CK#	Unitemized Contributions	none	\$ 45.00	<input type="checkbox"/>
10/18/2005	ID# CK#	James C. Conlin 500 Griffin Bldg. 319 - 7th St Des Moines, IA 50309	none	\$ 250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL	\$ 950.00
TOTAL (if last page of this schedule)	\$ 3,835.00

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FOR INSTRUCTIONS, SEE BACK OF FORM

Receipt 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

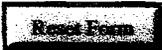
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/31/2005	ID# CK#	South Ottumwa Savings Bank 320 Church St Ottumwa, IA 52501	Bank Service Charge	\$ 6.23
2/28/2005	ID# CK#	South Ottumwa Savings Bank 320 Church St Ottumwa, IA 52501	Bank Service Charge	\$ 6.14
3/31/2005	ID# CK#	South Ottumwa Savings Bank 320 Church St Ottumwa, IA 52501	Bank Service Charge	\$ 5.95
4/13/2005	ID# 1084 CK#	Orchid Suites, Inc. 1309 Emerson St. NW Washington, DC 20011	Internet Web Page Expense	\$ 265.00
4/29/2005	ID# CK#	South Ottumwa Savings Bank 320 Church St Ottumwa, IA 52501	Bank Service Charge	\$ 4.80
5/14/2005	ID# 1085 CK#	Ottumwa Printing, Inc. 105 S Birch Ottumwa, IA 52501	Reply Envelopes for mailings	\$ 57.25
5/31/2005	ID# CK#	South Ottumwa Savings Bank 320 Church St Ottumwa, IA 52501	Bank Service Charge	\$ 3.88
6/20/2005	ID# 1086 CK#	US Post Office 616 W 2nd St Ottumwa, IA 52501	Postage for requests and thank yous	\$ 49.00
SUB-TOTAL				\$ 398.25
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)

Gaskell 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
6/30/2005	ID# CK#	South Ottumwa Savings Bank 320 Church St Ottumwa, IA 52501	Bank Service Charge	\$4.08
7/20/2005	ID# 1087 CK#	Wapello County Auditor 101 W 4th St Ottumwa, IA 52501	Precinct Map and Street Guide	\$8.50
7/20/2005	ID# 1088 CK#	Office Max 850 N Quincy Ave Ottumwa, IA 52501	Supplies for Door Knocking	\$15.88
7/31/2005	ID# CK#	South Ottumwa Savings Bank 320 Church St Ottumwa, IA 52501	Bank Service Charge	\$1.52
8/8/2005	ID# 1089 CK#	Orchid Suites, Inc. 1309 Emerson St. NW Washington, DC 20011	Internet Web Page Expense	\$44.95
8/12/2005	ID# CK# 1090	Ottumwa Printing, Inc. 105 S Birch Ottumwa, IA 52501	Door Knocking Materials	\$288.90
8/24/2005	ID# CK# 1091	Office Max 850 N Quincy Ave Ottumwa, IA 52501	Copies for Fund Raiser Invitations	\$2.69
9/30/2005	ID# CK#	South Ottumwa Savings Bank 320 Church St Ottumwa, IA 52501	Bank Service Charge	\$0.89
SUB-TOTAL				\$367.41
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

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
10/18/2005	ID# CK# 1092	US Post Office 616 W 2nd St Ottumwa, IA 52501	Postage for constituent mailings	\$ 74.00
	ID# CK#			
SUB-TOTAL				\$ 74.00
TOTAL (If last page of this schedule)				\$ 839.66

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

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

Gaskill for State Representative

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> 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
1/1/2005 to 12/31/05	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	self	1/4 of computer on line services cost	\$44.85	
1/1/2005 to 12/31/05	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	self	1/4 of computer security cost	\$31.25	
6/20/2005	Iowa Democratic Party Truman Fund 5661 Fleur Dr Des Moines, IA 50321	none	Room Rent	\$8.00	✓
6/20/2005	Iowa Democratic Party Truman Fund 5661 Fleur Dr Des Moines, IA 50321	none	Postage for event	\$31.00	✓
6/20/2005	Iowa Democratic Party Truman Fund 5661 Fleur Dr Des Moines, IA 50321	none	Invitations for event	\$13.00	✓
6/20/2005	Iowa Democratic Party Truman Fund 5661 Fleur Dr Des Moines, IA 50321	none	Food for event	\$17.00	✓
9/4/2005	Iowa Democratic Party Truman Fund 5661 Fleur Dr Des Moines, IA 50321	none	Printing for event	\$18.00	✓
9/4/2005	Iowa Democratic Party Truman Fund 5661 Fleur Dr Des Moines, IA 50321	none	Postage for event	\$23.00	✓
9/4/2005	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	self	Meat, Bread, Pop and Vegetables for Event	\$37.00	✓
9/4/2005	Carol Kelly 314 Farrington Agency, IA 52530	none	Pie for auction	\$7.00	✓
SUB-TOTAL				\$ 230.10	
TOTAL (if last page of this schedule)				\$	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE F (Rev. 07/03)	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
04/15/05	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	Self	\$ 2,000.00

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 REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.00
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 4,000.00

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