

Reset Form

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 12/2005)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>B376</u>
Logged In	<u>SW e</u>
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

**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  2  3  4  5  6  7  8  9  10  11

( 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 Ethics & Campaign

**CANDIDATE COMMITTEES DISCLOSURE BOARD**

Candidate Name Mary Gaskill	<b>JUL 19 2006</b>	Political Party (if applicable) Democrat
Office Sought State Representative	<b>FILED pm 7-18</b>	District (if Senate or House) 93

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 Ann Kern  
SIGNATURE OF PERSON FILING REPORT

641-684-8235  
TELEPHONE

7-17-06  
DATE SIGNED

I AM FILING A 07/19/2007 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by #  1  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.) .....\$ 6,156.21

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)..... 1,395.00

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**.....\$ 7,551.21

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)..... 1,040.00

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).....\$ 6,511.21

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

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....\$ 182.94

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....\$ 4,000.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?) \_\_\_\_\_ YES  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 <b>A</b> (Rev. 07/03)	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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), 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
05/15/2006	ID# 6060 CK# 2389	Iowa Committee on Political Education AFL/CIO 2000 Walker, Suite A Des Moines, IA 50317	none	\$150.00	<input type="checkbox"/>
06/29/2006	ID# 6086 CK# 13477	Iowa State Education Association-PAC 777 Third Street Des Moines, IA 50309-1301	none	\$100.00	<input type="checkbox"/>
07/10/2006	ID# CK#	R Gene Gardner 430 46th Street PL West Des Moines, IA 50265	none	\$50.00	<input checked="" type="checkbox"/>
07/10/2006 to	ID# CK#	Unitemized Contributions	none	\$45.00	<input checked="" type="checkbox"/>
07/10/2006	ID# 6118 CK# 2326	Iowa Optometric Association 1454 30th St., Suite 204 West Des Moines, IA 50266	none	\$200.00	<input checked="" type="checkbox"/>
07/10/2006	ID# 6046 CK# 4147	Justice For All PAC 218 6th Ave., Suite 526 Des Moines, IA 50309	none	\$100.00	<input checked="" type="checkbox"/>
07/10/2006	ID# 6096 CK# 1944	Manufactured Housing PAC 1400 Dean Ave Des Moines, IA 50316	none	\$250.00	<input checked="" type="checkbox"/>
07/10/2006	ID# 6058 CK# 2833	Iowa Chiropractic Society 1605 N Ankeny Blvd., Suite 100 Ankeny, IA 50021	none	\$100.00	<input checked="" type="checkbox"/>
07/10/2006	ID# CK#	Susan K Cameron 600 Brentwood Dr Waukee, IA 50263	none	\$100.00	<input checked="" type="checkbox"/>
07/10/2006	ID# 6070 CK# 3328	IOWA LAW PAC 521 Ease Locust St., FL 3rd Des Moines, IA 50309	none	\$100.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1195.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

\* 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). 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

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SCHEDULE <b>A</b> (Rev. 07/03)	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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), 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
07/12/2006	ID# 6059 CK# 2781	Iowa Committee of Automotive Retailers 1111 Office Park Rd West Des Moines, IA 50265	none	\$200.00	<input checked="" 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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 200.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 1,395.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 07/03)	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
06/19/2006	ID# CK#	IDP Truman Fund 5661 Fleur Dr Des Moines, IA 50321	VAN - Voter Registration Data Access	\$ 1,000.00
07/10/2006	ID# CK#	Pal Joey's 6224 Grand Avenue Des Moines, IA 50312	Food and Drinks for Fund Raiser	\$40.00
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$ 1,040.00</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 1,040.00</b>

**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 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
 Gaskill for State Representative

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<b>SCHEDULE E</b> (Rev. 06/97)	<b>IN-KIND CONTRIBUTIONS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

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
05/15/2006	Mary Gaskill 509 E 4th St. Ottumwa, IA 52501	Self	1/4 of Computer on line services cost	\$ 14.32	<input type="checkbox"/>
06/30/2006	Mary Gaskill 509 E 4th St. Ottumwa, IA 52501	Self	Printer Cartridges	104.67	<input type="checkbox"/>
06/30/2006	Mary Gaskill 509 E 4th St. Ottumwa, IA 52501	Self	Copy/Printer Paper	16.95	<input type="checkbox"/>
07/10/2006	IDP House Truman Fund 5661 Fleur Dr Des Moines, IA 50321	None	Postage for Fund Raiser	25.00	<input checked="" type="checkbox"/>
07/10/2006	IDP House Truman Fund 5661 Fleur Dr Des Moines, IA 50321	None	Invitations for Fund Raiser	12.00	<input checked="" type="checkbox"/>
07/11/2006	ISEA-PAC #6086 777 Third Street Des Moines, IA 50309	None	Membership List	10.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
<b>SUB-TOTAL</b>				<b>\$ 182.94</b>	
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 182.94</b>	

\*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, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

SCHEDULE <b>F</b> (Rev. 07/03)	<b>LOANS RECEIVED &amp; REPAID</b>
<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** \$ 4,000.00

**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
			\$

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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