

FOR INSTRUCTIONS, SEE BACK OF FORM

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DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 1376, Logged in SW, Scanned, Computer, Audited. File with: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th, 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. (1) Statewide/Legislative/Judge Standing for Retention Candidate... CANDIDATE COMMITTEES ONLY: Candidate Name Mary Gaskill, Office Sought State Representative. IA ETHICS & CAMPAIGN DISCLOSURE BOARD MAY 18 2006 FILED pm 5-17 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.

SIGNATURE OF PERSON FILING REPORT: Carol Ann Keen. TELEPHONE: 641-684-8235. DATE SIGNED: 5-17-06

I AM FILING A 05/19/2006 REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR. Indicate by # 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 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

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$6,431.63), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 0.00, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (\$6,431.63), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 275.42, Schedule F: 0.00), CASH ON HAND at the end of this reporting period (\$6,156.21), **UNPAID BILLS (\$0.00), **IN KIND CONTRIBUTIONS (\$27.73), **OUTSTANDING LOANS (\$4,000.00), CONSULTANT BREAKDOWN (YES/NO), CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (\$0.00)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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
01/16/2006	ID# CK# 1093	Orchid Suites 2001 S Street NW, Suite 550 Washington, DC 20009	Internet Web Page	\$ 45.00
01/17/2006	ID# CK# 1094	United States Postmaster State Capitol Building Des Moines, IA 50319	Postage for constiuent mailings	64.50
01/25/2006	ID# CK# 1095	United States Postmaster State Capitol Building Des Moines, IA 50319	Postage for constiuent mailings	23.92
01/28/2006	ID# CK# 1096	Orchid Suites 2001 S Street NW, Suite 550 Washington, DC 20009	Internet Web Page	45.00
03/20/2006	ID# CK# 1097	United States Postmaster State Capitol Building Des Moines, IA 50319	Postage for constiuent mailings	52.00
04/30/2006	ID# CK# 1098	Orchid Suites 2001 S Street NW, Suite 550 Washington, DC 20009	Internet Web Page	45.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 275.42
TOTAL (if last page of this schedule)				\$ 275.42

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).)

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

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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
01/01/2006 <i>25/04/2006</i>	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	self	1/4 of computer on line services	\$ 27.73	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 27.73	
TOTAL (if last page of this schedule)				\$ 27.73	

*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.

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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 \$ 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.)

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) \$ 0.00
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 4,000.00

*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). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.