

**DISCLOSURE SUMMARY PAGE**

Reset Form

FORM DR-2

DISCLOSURE REPORT

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

Gaskill for State Representative

IA ETHICS & CAMPAIGN DISCLOSURE BOARD  
OCT 19 2006  
FILED pm 10:18

For Office Use Only

Comm. # 1376  
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IMPORTANT: Indicate by # type of committee you are reporting for:  1  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC  
( 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 <u>Mary Gaskill</u>	Political Party (if applicable) <u>Democrat</u>
Office Sought <u>State Representative</u>	District (if Senate or House) <u>93</u>

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-3701

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.

Carolee Kern  
SIGNATURE OF PERSON FILING REPORT

641-684-8235  
TELEPHONE

10-17-06  
DATE SIGNED

I AM FILING A 10/19/2006 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) 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**

<b>CASH ON HAND</b> at the beginning of the reporting period. (Total of all funds held by the committee. This amount <b>MUST</b> 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.)	\$ 6,511.21
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	5,685.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<b>(Schedule H applies to Candidates' Committees Only)</b>	
<b>SUB-TOTAL</b>	\$ 12,196.21
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	6,699.67
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ 5,496.54
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ 0.00
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ 272.78
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ 4,000.00
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ 0.00
<b>STATE COMMITTEES:</b> 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
07/15/2006	ID# CK#	John Hartung 1011 Scott Felton Rd Indianola, IA 50125	none	\$75.00	<input type="checkbox"/>
07/20/2006	ID# CK#	David L. Brown 218 Sixth Ave 803 Fleming Bldg Des Moines, IA 50309	none	100.00	<input type="checkbox"/>
07/20/2006	ID# 6430 CK# 1409	Iowa Rural Water State PAC 4221 S 22nd Ave E Newton, IA 50208	none	50.00	<input type="checkbox"/>
08/07/2006	ID# 6116 CK# 1633	Political Action- Iowa Dealers 1311 50th St West Des Moines, IA 50265	none	100.00	<input type="checkbox"/>
08/23/2006	ID# CK#	Chad A. Vanness 45 Birchwood Dr Ottumwa, IA 52501	none	50.00	<input type="checkbox"/>
08/23/2006	ID# 6059 CK# 2859	Iowa Committee of Automotive Retailers 1111 Office Park Rd West Des Moines, IA 50265	none	100.00	<input type="checkbox"/>
08/25/2006	ID# CK#	Unitemized Contributions	none	85.00	<input checked="" type="checkbox"/>
08/25/2006	ID# CK#	Steven Ackerson 1634 NW 131st Clive, IA 50325	none	100.00	<input checked="" type="checkbox"/>
08/25/2006	ID# CK#	Michael E. Theobald 317 High Ave E Oskaloosa, IA 52577	none	50.00	<input checked="" type="checkbox"/>
08/25/2006	ID# CK#	Ron Stursma 402 Grandview Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 810.00	
<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

Reset Form

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<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

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08/25/2006	ID# CK#	Julie Meldren 11801 Rutledge Rd Ottumwa, IA 52501	none	\$100.00	<input checked="" type="checkbox"/>
08/25/2006	ID# 6067 CK# 3523	Iowa Health PAC 6850 Westown Parkway #100 West Des Moines, IA 50266	none	100.00	<input checked="" type="checkbox"/>
08/25/2006	ID# CK#	Jim Lindenmayer 809 E Alta Vista Ottumwa, IA 52501	none	150.00	<input checked="" type="checkbox"/>
08/25/2006	ID# CK#	Bob Morrissey 10766 Bladensburg Rd Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
08/27/2006	ID# CK#	Beth Austin 2728 N Court St Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
08/27/2006	ID# CK#	Judith K. Beisch 131 Bryan Rd Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
08/27/2006	ID# CK#	William R. Woerner 2646 Kenwood Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
08/27/2006	ID# CK#	Ellen M. Moreland 1550 N Elm St Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
08/27/2006	ID# CK#	Margaret Haupt 13460 Angle Rd Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
08/27/2006	ID# CK#	James H. Schwartz 107 E 2nd St Ottumwa, IA 52501	none	50.00	<input checked="" type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 900.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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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

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08/23/2006	ID# 6004 CK# 4412	Associated General Contractors of Iowa 701 E Court Ave Des Moines, IA 50309	none	\$500.00	<input type="checkbox"/>
08/27/2006	ID# CK#	Jane Garr 741 S Ransom Ottumwa, IA 52501	none	100.00	<input checked="" type="checkbox"/>
08/27/2006	ID# CK#	John J. Whitaker 32500 145th Street Hillsboro, IA 52630	none	50.00	<input checked="" type="checkbox"/>
08/27/2006	ID# CK#	Yvonne Welshhons 141 Drake Street Swan, IA 50252	none	100.00	<input checked="" type="checkbox"/>
08/27/2006	ID# CK#	Naomi L. Poncy 653 N Court Street Ottumwa, IA 52501	none	25.00	<input checked="" type="checkbox"/>
08/21 to 08/31 2006	ID# CK#	Unitemized Contributions	none	490.00	<input checked="" type="checkbox"/>
08/27/2006	ID# CK#	Karen S. Duskin 6134 Pinewood Court Johnston, IA 50131	Sister	25.00	<input checked="" type="checkbox"/>
09/01/2006	ID# CK#	Donald R. Bramschreiber 13052 25th Street Bloomfield, IA 52537	none	100.00	<input checked="" type="checkbox"/>
09/01/2006	ID# 6073 CK# 973	Iowa Medical Political Action Committee 1001 Grand Avenue Wes Des Moines, IA 50265	none	100.00	<input type="checkbox"/>
09/19/2006	ID# 6291 CK# 2472	Iowa Hospital Association Political Action Committee, 100 E Grand - Suite 100 Des Moines, IA 50309	none	500.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1990.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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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

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09/18/2006	ID# 8504 CK# 2566	Forward Together PAC 201 North Union St - Suite 350 Alexandria, VA 22314	none	\$1,000.00	<input type="checkbox"/>
09/22/2006	ID# 6064 CK# 2031	Iowa F.O.R.E. Friends of Rural Electrification 8525 Douglas Ave - Suite 48 Des Moines, IA 50322	none	100.00	<input type="checkbox"/>
09/27/2006	ID# 6237 CK# 1892	ABATEPAC 3118 Eastern Ave., NE Cedar Rapids, IA 52402	none	150.00	<input type="checkbox"/>
09/30/2006	ID# 8084 CK# 8720	BNSF RAILPAC 700 13th Street Northwest, 220 Washington, DC 20005	none	250.00	<input type="checkbox"/>
10/03/2006	ID# CK#	Mary Louise Carl 14 Bear Creek Estates Dr Otumwa, IA 52501	none	35.00	<input type="checkbox"/>
10/09/2006	ID# 8026 CK# 10781	I.B.E.W. Educational Committee 900 7th Street NW Washington, DC 20001	none	200.00	<input type="checkbox"/>
10/12/2006	ID# 6107 CK# 3566	QWEST IPAC 925 High St., 9S9 Des Moines, IA 50309	none	250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 1985.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 5,685.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

<b>SCHEDULE</b> <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
07/26/2006	ID# CK# 1101	U.S.Postmaster 616 W 2nd St Ottumwa, IA 52501	Postage for Campaign and Contituent Mailings	\$ 78.00
08/11/2006	ID# CK# 1102	IDP House Truman Fund 5661 Fleur Dr Des Moines, IA 50321	Donation	2,000.00
08/19/2006	ID# CK# 1103	Adam Phillips 528 E 6th St Des Moines, IA 50309	Re imbursement for Fund Raiser Postage	78.00
08/22/2006	ID# CK# 1104	Ottumwa Printing, Inc. 105 S Birch St Ottumwa, IA 52501	Stationary and envelopes for campaign and constituent mailings	193.67
09/14/2006	ID# CK# 1105	IDP House Truman Fund 5661 Fleur Dr Des Moines, IA 50321	Donation	2,000.00
09/20/2006	ID# CK# 1106	Treasurer State of Iowa Statehouse Des Moines, IA 50319	Cards and envelopes for constituent mailings	50.00
10/05/2006	ID# CK# 1108	IDP House Truman Fund 5661 Fleur Dr Des Moines, IA 50321	Donation	1,500.00
10/14/2006	ID# CK#	IDP House Truman Fund 5661 Fleur Dr Des Moines, IA 50321	Donation	500.00
<b>SUB-TOTAL</b>				<b>\$ 6399.67</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$</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

Reset 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>B</b> (Rev. 07/03)	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
10/14/2006	ID# CK# 1110	Wapello County Democrats 131 Bryan Rd Ottumwa, IA 52501	Donation	\$ 300.00
	ID# CK#			
<b>SUB-TOTAL</b>				<b>\$ 300.00</b>
<b>TOTAL (if last page of this schedule)</b>				<b>\$ 6,699.67</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

Reset Form

SCHEDULE <b>E</b> (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
08/27/06	Brenda Curran 1417 N Van Buren Ave Ottumwa, IA 52501	Daughter	Food for Fund Raiser	\$ 16.00	<input checked="" type="checkbox"/>
08/27/06	Kathy Gaskill 1130 Monroe Ave Ottumwa, IA 52501	Daughter	Food for Fund Raiser	16.00	<input checked="" type="checkbox"/>
08/27/06	Carolee Kern 2704 Kenwood St Ottumwa, IA 52501	none	Food for Fund Raiser	8.00	<input checked="" type="checkbox"/>
08/27/06	Carolyn Pilcher 1201 Hammond Ave Ottumwa, IA 52501	none	Food for Fund Raiser	32.64	<input checked="" type="checkbox"/>
08/27/06	Naomi Poncy 653 N Court Ottumwa, IA 52501	none	Food for Fund Raiser	16.00	<input checked="" type="checkbox"/>
08/27/06	Marian Schultz 76 Schwartz Dr Ottumwa, IA 52501	none	Food for Fund Raiser	8.00	<input checked="" type="checkbox"/>
08/27/06	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	Self	Food for Fund Raiser	32.64	<input checked="" type="checkbox"/>
10/09/06	Mary Gaskill 509 E 4th St Ottumwa, IA 52501	Self	Rent for Fund Raiser Event	143.50	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 272.78	
TOTAL (if last page of this schedule)				\$ 272.78	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE <b>F</b> (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.)

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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