

**DISCLOSURE SUMMARY PAGE**

<b>DR-2</b> (Rev. 12/2005)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1600
Logged In	
Scanned	
Computer	WRS
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Elesha Gayman for Iowa

**IA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
JUN 14 2007 12:50

**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 <u>Elesha Gayman</u>	Political Party (if applicable) <u>Democrat</u>
Office Sought <u>Iowa House</u>	District (if Senate or House) <u>89</u>

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**  
*[Signature]*

**TELEPHONE**  
563-650-6140

**DATE SIGNED** 5/30/07

I AM FILING A \_\_\_\_\_ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) \_\_\_\_\_ Indicate by #

CHECK IF AMENDMENT TO REPORT DATED 11/3/07

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.)	\$ <u>9,527.25</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	<u>33,359.02</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>-</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>	
<b>SUB-TOTAL</b>	\$ <u>42,886.27</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>32,522.46</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>-</u>
<b>CASH ON HAND</b> at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ <u>10,363.81</u>
<b>**UNPAID BILLS</b> (From Schedule D - Attach Schedule D)	\$ <u>-</u>
<b>**IN KIND CONTRIBUTIONS</b> (From Schedule E - Attach Schedule E)	\$ <u>575.00</u>
<b>**OUTSTANDING LOANS</b> (From Schedule F - Attach Schedule F)	\$ <u>-</u>
<b>CONSULTANT BREAKDOWN</b> (Schedule G Attached?)	✓ YES ___ NO
<b>CANDIDATE COMMITTEES ONLY:</b>	
<b>VALUE OF CAMPAIGN PROPERTY</b> (From Schedule H - Attach Schedule H)	\$ <u>600.00</u> <i>S/P 500</i>

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

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2007 JUN -4 PM 12:51

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO THE DESIGNATED COLUMN AND THE ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)  
Elesha Gayman for Iowa

DATE EXPENDED (MM/DD/YR)	COMMITTEE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/31/06	ID# CK# 1048	On Media Davenport, IA	Ads	\$ 19,998.95
10/31/06	ID# CK# 1019	Scott County Democrats Davenport, IA	GOTV Donation	875.00
11/3/06	ID# CK#	PAY PAL Po Box 45950 Omaha, NE 68145-0950	PAY PAL FEES FOR NOVEMBER DEPOSIT	\$ 57.44
	ID# CK#			
SUB-TOTAL				\$ 20,907.82
TOTAL (if last page of this schedule)				\$ 32,522.46

THIS BOX APPLIES TO CANDIDATE/ COMMITTEE 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, meeting, organizing services must also be itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity.

(for Schedule B)

Reset Form

SCHEDULE <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Elesha Gayman for Iowa

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant OnMedia		
Mailing Address 4950 38th Avenue		
City Moline, IL	State IL	Zip Code 61265

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 10/30/06 To 11/8/06	\$ 19,998.95

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
	See attached		\$

2007 JUN -4 PM 12:51  
IA ETHICS AND  
CAMPAIGN DISCLOSURE

ESTIMATES OF PERFORMANCE

Purchase of AIRTIME

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SUB-TOTAL	\$
TOTAL (if last page of this schedule)	\$

ONMEDIA  
 A MEDIACOM COMMUNICATIONS CO.  
 4950 38TH AVENUE  
 MOLINE, ILLINOIS 61265  
 309-797-2907

IA ETHICS AND  
 CAMPAIGN DISCLOSURE BD

2007 JUN -4 PM 12: 51

**Client Billing Summary**

ELESHA GAYMAN  
 PO BOX 2567  
 DAVENPORT, IA 52809

ELESHA GAYMAN

Acct. Exec: TAYLOR/REGIONAL, PATRICK

Bill Month: 11/06

**Monthly Activity**

Date	Contract ID	Invoice ID	Transaction Description	Amount
10/30/06		0	Prepayment Entry, Check # 1048	\$19,998.95
11/07/06	35529	66132	Applied Prepayment	\$13,654.40
11/07/06	35531	66133	Applied Prepayment	\$382.50
11/07/06	35546	66134	Applied Prepayment	\$5,587.05
11/07/06		0	Prepayment Entry, Check # Poolpay transfer to Con#	(\$13,654.40)
11/07/06		0	Prepayment Entry, Check # Poolpay transfer to Con#	(\$382.50)
11/07/06		0	Prepayment Entry, Check # Poolpay transfer to Con#	(\$5,587.05)
11/08/06	35529	66132	Invoice, 11/06	\$13,654.40
11/08/06	35531	66133	Invoice, 11/06	\$382.50
11/08/06	35546	66134	Invoice, 11/06	\$5,587.05

**Current Accounts Receivable**

Bill Cycle	Contract ID	Invoice ID	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
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Previous Prepayment Balance:	\$0.00
Current Prepayment Entries:	\$19,623.95
Current Prepayment Posting:	\$19,623.95
Current Prepayment Balance:	\$375.00

Previous Balance Due:	\$0.00
Current Invoice(s):	\$19,623.95
Current Payment(s):	(\$19,623.95)
Current Adjustments:	(\$0.00)

Current Balance Due: \$0.00

Thank You

*Product  
 107  
 Change*

Reset Form

SCHEDULE <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
Elesha Gayman for Iowa

**PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT** (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

**PART I - NAME AND ADDRESS OF CONSULTANT**

Name of Consultant Quad City Radio Group		
Mailing Address 5682 Collections Center Drive		
City Chicago	State IL	Zip Code 60693

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
	See attached		\$

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From 10/26/06 To 11/26/06	\$ 9,275.00

ESTIMATES OF PERFORMANCE

Purchase of air-time

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SUB-TOTAL \$

TOTAL (If last page of this schedule) \$



Date: 12/01/2006

Time: 9:26 AM

Excludes Trade

**Clear Channel - Davenport**

Quad City Radio Group  
5682 Collections Center Drive  
Chicago, IL 60693

Phone (563)344-7000 Fax (563)359-8524

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.

2007 JUN -4 PM 12: 51

Account Number 3051

Elesha Gayman  
PO Box 2567  
Davenport, IA 52809

Trans. Date	Trans. Type	Inv# or Ref #	Station	Total	Current	31-60 days	61-90 days	91-120 days	120 days+
<b>3051</b>	<b>Elesha Gayman</b>								
10/26/2006	Prepayment Ck#104		WOC-AM	(2,100.00)			(2,100.00)		
10/26/2006	Prepayment Ck#104		WLLR-FM	(1,650.00)			(1,650.00)		
10/26/2006	Prepayment Ck#104		KCQQ-FM	(2,887.50)			(2,887.50)		
10/26/2006	Prepayment Ck#104		KUUL-FM	(1,200.00)			(1,200.00)		
10/26/2006	Prepayment Ck#104		KMXG-FM	(1,387.50)			(1,387.50)		
11/26/2006	Invoice	46444-1	KMXG-FM	1,387.50	1,387.50				
11/26/2006	Invoice	46445-1	WOC-AM	2,100.00	2,100.00				
11/26/2006	Invoice	46446-1	WLLR-FM	1,650.00	1,650.00				
11/26/2006	Invoice	46447-1	KCQQ-FM	2,887.50	2,887.50				
11/26/2006	Invoice	46448-1	KUUL-FM	1,200.00	1,200.00				
<b>Total:</b>				<b>0.00</b>	<b>9,225.00</b>	<b>(9,225.00)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Account Total: Elesha Gayman</b>				<b>0.00</b>	<b>9,225.00</b>	<b>(9,225.00)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 DISCLOSURE REPORT (Rev. 12/2005) For Office Use Only Comm. # 1600 Logged In 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) Elesia Gayman for Iowa IMPORTANT: Indicate by # type of committee you are reporting for: 1 (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) School Board or Other Political Subdivision PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY Candidate Name Elesia Gayman Political Party (if applicable) Democrat Office Sought Iowa House District (if Senate or House) 84

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD NOV 13 2006 PM 11-2 FILED

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 TELEPHONE DATE SIGNED

I AM FILING A 11/3/06 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

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$7,712.98), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 33,359.02, Schedule F: 0.00, Schedule H: 0.00), SUB-TOTAL (\$41,072.00), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 32,465.02, Schedule F: 0.00), CASH ON HAND at the end of this reporting period (\$8,606.98), \*\*UNPAID BILLS (\$0.00), \*\*IN KIND CONTRIBUTIONS (\$575.00), \*\*OUTSTANDING LOANS (\$0.00), CONSULTANT BREAKDOWN (YES/NO), CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (\$600.00), 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)  
Elesha Gayman for Iowa

**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
10/16/06	ID# CK# 1084	EMILY's List - 1120 Conneticut Avenue NW Washington, DC 20036		\$1,000.00	<input type="checkbox"/>
10/18/06	ID# CK#	Pass the Hat		367.00	<input checked="" type="checkbox"/>
10/18/06	ID# 8020 CK# 2368	Quad City Federation of Labor - 311 1/2 - 21st ST Rock Island, IL 61201		1,000.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Paul Macek - 700 A Union Arcade Bldg. Davenport, IA 52801		100.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Undisclosed		10.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Cathy Bolcom - 26634 2225th ST LeClaire, IA 52753		100.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Undisclosed		20.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Brian Wood - 405 W. LeClaire RD Eldridge, IA 52748		30.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Teresa Higareda - 900 W. Davenport ST Eldridge, IA 52748		30.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Jamie Lange - 217 Douglas CT LeClaire, IA 52753		25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 2682.00	
<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)  
Elesha Gayman for Iowa

**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.

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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
10/18/06	ID# CK#	Elda Ewoldt - 613 N. 6th Street Eldridge, IA 52748		\$25.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Mike Kane - PO Box 31 Long Grove, IA 52756		25.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Dennis DeDecker - 3400 Central Avenue Bettendorf, IA 52722		25.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Tim Kane - PO Box 26 Long Grove, IA 52756		25.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Gerry & Kathy Leete - 720 W. Davenport ST Eldridge, IA 52748		25.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Cliff Day - 3422 Adams Street Davenport, IA 52807		25.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Breanne & Brian Schadt - 1830 Valley Drive Davenport, IA 52806		25.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Marty & Trish O'Boyle - 505 N. 6th Street Eldridge, IA 52748		50.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Jason Jackson - 609 N. 8th ST Eldridge, IA 52748		50.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Karen Fitzsimmons - 3510 Rockingham RD Davenport, IA 52802		50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 325.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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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)

Elesha Gayman for Iowa

**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
10/18/06	ID# CK#	Sue Frembgen - 1033 Kirkwood Blvd. Davenport, IA 52803		\$50.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Florence Whisler - 517 West Prairie Vista DR Eldridge, IA 52748		100.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Don & Genny Gayman - #3 Archer CT Davenport, IA 52804	Grandparents	100.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Denny Wubker - 627 5th Avenue DR Andalusia, IL 61232		100.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Dennis & Cathy Albertson - 733 S. 10th Street Eldridge, IA 52748		100.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	John & Lois Honeycutt - 3687 2nd ST CT East Moline, IL 61244		100.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Undisclosed		20.00	<input checked="" type="checkbox"/>
10/18/06	ID# CK#	Roger Fuerstenberg - 3119 Eastern Avenue Davenport, IA 52807		50.00	<input type="checkbox"/>
10/19/06	ID# CK#	Scott County Democrats - PO Box 2009 Davenport, IA 52809		1,000.00	<input type="checkbox"/>
10/19/06	ID# CK# 003219	AFSCME/Iowa Council 61 - 4320 NW 2nd AVE Des Moines, IA 50313		1,000.00	<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$ 2620.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Elesha Gayman for Iowa

**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
10/22/06	ID# CK#	Pete De Kock - 3759 West 9th ST - Apt. 11 Waterloo, IA 50702		\$200.00	<input type="checkbox"/>
10/22/06	ID# CK#	Pat Scarcelli - 240 E. 10th Street North Wildwood, NJ 08260		100.00	<input type="checkbox"/>
10/23/06	ID# CK# 1036	Heartland PAC Iowa - 2813 Virginia Place Des Moines, IA 50321		15,500.00	<input type="checkbox"/>
10/23/06	ID# CK#	Robert Tully - 4315 Greenwood DR Des Moines, IA 50312		200.00	<input type="checkbox"/>
10/24/06	ID# CK#	United Food & Commercial Workers International 1775 L Street NW - Washington, DC 20006		1,000.00	<input type="checkbox"/>
10/25/06	ID# CK#	Mike Jacobs - 409 25th Avenue CT East Moline, IL 61244		500.00	<input type="checkbox"/>
10/25/06	ID# CK#	Merle Gayman - Telegraph RD Davenport, IA 52804	Uncle	100.00	<input type="checkbox"/>
10/26/06	ID# CK# 8177 3343	Laborer Local Union 309 PAC 2835 7th Avenue - Rock Island, IL 61201		100.00	<input type="checkbox"/>
10/26/06	ID# CK# 6046 4204	Justic for All PAC - 218 6th Avenue - Ste. 526 Des Moines, IA 50309		1,000.00	<input type="checkbox"/>
10/26/06	ID# CK# 003584	DRIVE Committee - 25 Louisiana Avenue NW Washington, DC 20001		1,500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 20,200.00	
<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

<b>SCHEDULE</b> <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)

Elesha Gayman for Iowa

**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
10/26/06	ID# CK# 1203	Iowa Laborers Political Action Committee 5806 Meredith DR - Suite B, Des Moines, IA		\$500.00	<input type="checkbox"/>
10/27/06	ID# 8077 CK# 1203	Heartland Regional Council of Carpenters 201 E. 3rd ST - Sterling, IL 61081		1,000.00	<input type="checkbox"/>
10/27/06	ID# CK# 3222	AFSCME/Iowa Council 61 (PEOPLE) 4320 NW 2nd Avenue - Des Moines, IA 50313		1,000.00	<input type="checkbox"/>
10/27/06	ID# CK#	Betty & Cal Drumm - 611 N. Brook Drive Davenport, IA 52806		50.00	<input type="checkbox"/>
10/27/06	ID# CK#	Bob & Janice Boyd - 3751 Deer Spring Drive Bettendorf, IA 52722		25.00	<input type="checkbox"/>
10/27/06	ID# CK#	Undisclosed - ACT BLUE		22.34	<input type="checkbox"/>
10/27/06	ID# CK#	Undisclosed - ACT BLUE		22.34	<input type="checkbox"/>
10/27/06	ID# CK#	Undisclosed - ACT BLUE		22.34	<input type="checkbox"/>
10/30/06	ID# CK# 2010	United Steelworkers District 11 2929 University Ave. SE - Minneapolis, MN		250.00	<input type="checkbox"/>
10/28/06	ID# CK#	Betty Ledford - 308 2nd Street Buffalo, IA 52728		40.00	<input type="checkbox"/>

SUB-TOTAL

\$ 2,932.02

**TOTAL (if last page of this schedule)**

\$

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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)  
Elesha Gayman for Iowa

**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
10/30/06	ID# CK# 3231	AFSCME/Iowa Council 61 (PEOPLE) 4320 NW 2nd Avenue - Des Moines, IA 50313		\$500.00	<input type="checkbox"/>
10/27/06	ID# 8177 CK# 3349	Laborers Local Union 309 - 2835 7th Avenue Rock Island, IL 61201		1,500.00	<input type="checkbox"/>
10/30/06	ID# CK# 4237	Democracy for America - PO Box 8313 Burlington, VT 05402		500.00	<input type="checkbox"/>
10/31/06	ID# CK#	Mike Gayman - 4525 Telegraph RD Davenport, IA 52804	Cousin	100.00	<input type="checkbox"/>
10/31/06	ID# 8020 CK# 2374	Quad City Federation of Labor 311 1/2 - 21st ST - Rock Island, IL 61201		2,000.00	<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  
\$ 4,600.00  
**TOTAL (if last page of this schedule)**  
\$ 33,359.02

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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.

<b>SCHEDULE 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)  
Elesha Gayman for Iowa

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
10/19/06	ID# CK# VISA	USPS Davenport, IA	Postage	\$ 14.40
10/20/06	ID# CK# 1015	Review Printing Rock Island, IL	Post Cards	76.00
10/24/06	ID# CK# 1017	North Scott Press Eldridge, IA	Ads	640.00
10/24/06	ID# CK# VISA	Go.Daddy.Com Scottsdale, AZ	Web Hosting	11.96
10/26/06	ID# CK# VISA	Constant Contact Waltham, MA	E-mail Hosting	35.00
10/27/06	ID# CK# 1049	Quad City Radio Group Davenport, IA	Ads	9,225.00
10/27/06	ID# CK# 1046	Review Printing Rock Island, IL	Mail Piece	100.00
10/30/06	ID# CK#	Quad City Direct Mail Moline, IL	Postage	1,488.71
<b>SUB-TOTAL</b>				<b>\$ 11,591.07</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)*  
Elesha Gayman for Iowa

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
10/31/06	ID# CK# 1048	On Media Davenport, IA	Ads	\$ 19,998.95
10/31/06	ID# CK# 1019	Scott County Democrats Davenport, IA	GOTV Donation	875.00
	ID# CK#			

SUB-TOTAL \$ 20,873.95  
**TOTAL (if last page of this schedule)** \$ 32,465.02

**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

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

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
*Elesha Gayman for Iowa*

Reset 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
10/18/06	Frank Wood Davenport, IA		Food Fundraiser	\$ 150.00	<input checked="" type="checkbox"/>
10/31/06	Scott County Democrats Davenport, IA		Office Space	25.00	<input type="checkbox"/>
10/31/06	Quad City Federation of Labor Davenport, IA		Phones	400.00	<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"/>
<b>SUB-TOTAL</b>				\$ 575.00	
<b>TOTAL (if last page of this schedule)</b>				\$ 575.00	

\*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.

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

SCHEDULE <b>H</b> (Rev. 07/03)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)  
Elesha Gayman for Iowa

Reset Form

**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
1/16/06	Computer and Software	1500.00	500.00
1/1/06	Printer	225.00	100.00

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 600.00

\*\* PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ \_\_\_\_\_ TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

\* If estimated, show *est.* beside figure.

(Attach Additional Schedules if Needed)