

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

Elesha Gayman For Iowa

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: Elesha Gayman; Political Party: Democrat; Office Sought: Iowa House; District: 84

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.

DATE SIGNED 5/30/07

Signature of person filing report

(Rev. 12/2005) REPORT

For Office Use Only

Comm. # 1600; Logged In; Scanned; Computer WRS; Audited 6-5-07

File with: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th, Ste. 1A, Des Moines, Iowa 50319, Fax: 515-281-4073

SIGNATURE OF PERSON FILING REPORT

TELEPHONE 563-650-6140

I AM FILING A REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by #

CHECK IF AMENDMENT TO REPORT DATED 6/2/06

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 (\$4,976.65); ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 785.00); SUB-TOTAL (\$5,761.65); SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 2,724.61); CASH ON HAND at the end of this reporting period (\$3,037.04); UNPAID BILLS (\$0); IN KIND CONTRIBUTIONS (\$895.00); OUTSTANDING LOANS (\$0); CONSULTANT BREAKDOWN (NO); CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (\$1,400)

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

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Elesha 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) City PAC (10) School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Elesha Gayman Political Party (if applicable): Democrat
 Office Sought: Iowa House District (if Senate or House): 84

FORM DR-2
 (Rev. 12/2005) DISCLOSURE REPORT

For Office Use Only
 Comm # 1600
 Logged in [Signature]
 Scanned _____
 Computer _____
 Audited _____

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, 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

[Signature] 563-650-6140 6/1/06
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 6/2/06 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED JUN 2 2006

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.)	\$	<u>5,079.49</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	\$	<u>785.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>—</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>—</u>
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>5,864.49</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>2,724.61</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>—</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$	<u>3,139.88</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>995.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)		YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>1,400</u>

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. 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
5/19/06	ID# CK#	Jim Wilson 2813 Scenic PL - West Des Moines, IA		\$200.00	<input type="checkbox"/>
5/19/06	ID# CK#	John Crabtree PO Box 224 - Lyons, NE		\$25.00	<input type="checkbox"/>
5/20/06	ID# CK#	Dr. Joe Seng 4804 Northwest Blvd. - Davenport, IA		\$25.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Undisclosed		\$15.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Diane McCarthy 819 17th Street - Rock Island, IL		\$30.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Undisclosed		\$15.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Joyce Singh 23055 260th Avenue - LeClaire, IA		\$50.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Cathy Weideman 6800 Jersey Ridge RD - Davenport, IA		\$30.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Sheri & Tom Carnahan 2007 Emerald Drive - Davenport, IA		\$25.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Lou & Joe Wachter 2127 Marquette ST - Davenport, IA		\$40.00	<input checked="" type="checkbox"/>

SUB-TOTAL \$ 455.00

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). 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. 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)
Flesha 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/YYR)	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
5/20/06	ID# CK#	Carol & Dave Brown 1775 Plymouth DR - Bettendorf, IA		\$50.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Anne Corbi 629 Brown Street - Davenport, IA		\$25.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Monica Kurth 1933 N. Marquette ST - Davenport, IA		\$50.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Undisclosed		\$20.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Undisclosed		\$20.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Undisclosed		\$10.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Undisclosed		\$20.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	Undisclosed		\$10.00	<input checked="" type="checkbox"/>
5/20/06	ID# CK#	David Schultz 1509 Judson ST - Davenport, IA		\$30.00	<input checked="" type="checkbox"/>
5/22/06	ID# CK#	Rita Vargas 2724 LeClaire ST - Davenport, IA		\$25.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 260.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE A (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
5/23/06	ID# CK#	Helen Miller 1936 15th Avenue N - Fort Dodge, IA		\$25.00	<input type="checkbox"/>
5/30/06	ID# CK#	Sue Fremngen 1033 Kirkwood Blvd. - Davenport, IA		\$25.00	<input type="checkbox"/>
5/30/06	ID# CK#	Undisclosed		\$20.00	<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"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 70.00

TOTAL (if last page of this schedule) \$ 785.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be known 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

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. 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
5/16/06	ID# CK# Electronic	Carter Printing Des Moines, IA	Yard Signs	\$ 894.38
5/16/06	ID# CK# Electronic	Carter Printing Des Moines, IA	T-shirts	\$508.72
5/17/06	ID# CK# Electronic	Lancer's Grill Eldridge, IA	Day of Action Volunteer Luncheon - Training	\$122.81
5/17/06	ID# CK# 1026	Review Printing Rock Island, IL	Campaign Litterature	\$379.00
5/19/06	ID# CK# Electronic	USPS Davenport, IA	Postage	\$14.40
5/24/06	ID# CK# Electronic	Go Daddy Scottsdale, AZ	Online Service Fee	\$11.96
5/30/06	ID# CK# Electronic	Menards Davenport, IA	Yard Sign Supplies	\$29.84
5/31/06	ID# CK# 1003	USPS Rock Island, IL	Postage for Mailing	\$576.00
SUB-TOTAL				\$ 2,537.11
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 68A 402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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)
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
5/31/06	ID# CK# 1002	Review Printing Rock Island, IL	Post Cards for Primary Mailing	\$ 157.50
5/31/06	ID# CK# 1004	Papa John's Davenport, IA	Volunteer Food	\$30.00
	ID# CK#			
SUB-TOTAL				\$ 187.50
TOTAL (if last page of this schedule)				\$ 2,729.61

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)
 Elesha Gayman for Iowa

Reset Form

SCHEDULE E (Rev. 08/97)	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
5/20/06	Alta Price 4888 Schoolhouse RD - Bettendorf, IA		Fundraising, food location, entertain.	\$ 845.00	<input checked="" type="checkbox"/>
5/21/06	Scott County Democrats 1416 W. 16th ST - Davenport, IA		Office Space	50.00	<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"/>
SUB-TOTAL				\$ 895.00	
TOTAL (if last page of this schedule)				\$ 895.00	

*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

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

Elesha Gayman for Iowa

Reset Form

SCHEDULE H (Rev. 07/03)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING 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/YYR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
1/1/06	Computer and Software	1,500.00	1,200.00
1/1/06	Printer	\$225.00	\$200.00

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

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

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

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)

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