

DISCLOSURE SUMMARY PAGE MAY 20 2002

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1229
Indexed	
Audited	61803 e
Computer	WRS

COMMITTEE NAME (Must be same as on Statement of Organization) _____
WINKLER FOR STATE HOUSE

IMPORTANT: Indicate type of committee you are reporting for: 1
 (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

Thomas Fogelman (903) 386-2672 5/8/02
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 12/31/2001 1-19-02 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 2

CHECK IF AMENDMENT TO REPORT DATED 1/8/02

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution 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. (This is the total of all monies 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.)\$ 1371.35

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 2080.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 3451.35

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) <509.24>

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$ 3960.59

UNPAID BILLS (From Schedule D - Attach Schedule D)\$ -0-

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ -0-

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$ -0-

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) _____ YES _____ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 400.00

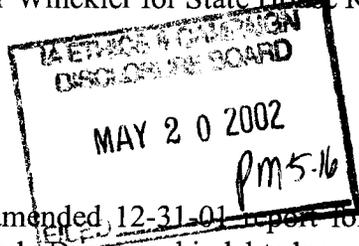
THOMAS C. ENGELMANN
4552 Main Street Davenport, Iowa 52806
563-386-2672

Iowa Campaign Finance Disclosure Board
Des Moines, Iowa

Re: Amended 12-31-01 Winckler for State House Report

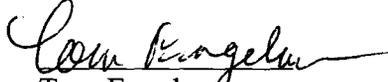
May 13, 2002

Gentlemen:



The enclosed amended 12-31-01 report for Winckler for State House reflects a correction in the Schedule D incurred indebtedness. Note these items originated in 2000, prior to my service as treasurer, and when I took over as treasurer, I assumed these bills were still unpaid. Upon further investigation this year, I discovered these bills are neither unpaid nor still due.

Sincerely yours,


Tom Engelmann

DISCLOSURE SUMMARY PAGE

JAN 14 2002

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	5W 1229
Indexed	
Audited	
Computer	W + WRS

COMMITTEE NAME (Must be same as on Statement of Organization)
WINICKLER FOR STATE HOUSE

IMPORTANT: Indicate type of committee you are reporting for: 1
 (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

Thomas Engelmann (563) 384-2672
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE DATE SIGNED 1/8/02

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 12/31/2001 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 2

- CHECK IF AMENDMENT TO REPORT DATED See amended report
- Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution 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. (This is the total of all monies 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>1371.35</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>2080.00</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
	SUB-TOTAL.....\$	<u>3451.35</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>(509.29)</u>
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	\$	<u>3,960.59</u>
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>437.21</u>
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>-0-</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>-0-</u>
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		___ YES ___ NO <input checked="" type="checkbox"/>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>400.00</u>

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
WINGLER FOR STATE HOUSE

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
12/13/01	ID# CK#	LOUISE POOLEY 2603 COLLEGE DAV IA 52803		\$ 10.00	
	ID# CK#	CHERYL HOOPER PO BOX 3341 DAV IA 52808		10.00	
	ID# CK#	ELTA EWOLDY 613 N 6TH ST ELDRIDGE IA 52748		10.00	
	ID# CK#	BRIAN NAGLE 2504 N CLARK ST DAV IA 52804		20.00	
	ID# CK#	JEAN POWERS 1955 E 47TH PLACE DAV IA 52807		20.00	
	ID# CK#	MATY PHILLIPS 901 16TH ST DAV IA 52804		20.00	
	ID# CK#	PAT REYNOLDS 1034 W 14TH ST DAV IA 52804		20.00	
	ID# CK#	JOE SENG 4804 NW BLVD DAV IA 52804		20.00	
	ID# CK#	KATHY LEARN 4533 N MAIN DAV IA 52804		20.00	
	ID# CK#	SARA J. GRADY 2427 E 5157 ST DAV IA 52807		25.00	
SUB-TOTAL				\$175.00	
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) (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.

For Instructions, See Back of For

CONTRIBUTIONS – MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
WINGFIELD FOR STATE HOUSE

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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/YY)	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
12/13/01	ID# CK#	CAROL EHLERS 4409 LORTON PAV IA 52807		\$ 25.00	
	ID# CK#	RETA VARGAS 2724 LE COUZIE PAV IA 52803		25.00	
	ID# CK#	JIAN HANCOCK 2163 W 30TH PAV IA 52804		25.00	
	ID# CK#	PAV VANCE 2449 W 13TH PAV IA 52804		25.00	
	ID# CK#	TOM WOLFE 1905 EMERALD DR PAV IA 52804		25.00	
	ID# CK#	JOHN GRANULIS P.O. BOX 3128 COOK ISLAND, IC 60704		25.00	
	ID# CK#	AL TANK 24124 80TH AVE WALBOTT, IA 52773		50.00	
	ID# CK#	PAVE SWIN 3852 MARQUETTE PAV IA 52804		50.00	
	ID# CK#	SUE PAMPERA 2718 COLLEGE PAV IA 52803		50.00	
	ID# CK#	PAULEE LIPSMAN 2880 GRAND AVE #106 PES MOINES, IA 50312		50.00	
SUB-TOTAL				\$ 350.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Fo

SCHEDULE A (Rev. 08/97)	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)
 WINKLER FOR STATE HOUSE

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
12/13/01	ID# CK#	ALISON HART 1742 JERSEY RIDGE PAU IA 52803		\$ 50.00	
	ID# CK#	BOB OSTERHAUS 216 AUSTIN MARQUETA, IA 52060		50.00	
	ID# CK#	MARY WILLIAMS 2928 MIDDLE ROAD PAU IA 52803		60.00	
	ID# CK#	MARY BUTKA 604 S 32ND ST CLINTON, IA 52732		100.00	
	ID# CK#	TOM ENGELMANN 4452 MAIN PAU IA 52806		100.00	
	ID# 8036 CK# 2720	ELECTRICAL WORKERS LOCAL PAC 1700 52ND AVE EA MOLINE IL 61205		100.00	
	ID# 6067 CK# 2761	IOWA HEALTH PAC 6750 WESTOWN PARKWAY #100 W. DES MOINES, IA 50264		100.00	
	ID# CK#	SHAWVER & SHAWVER, ATTORNEYS 2805 EASTERN AVE PAU IA 52803		25.00	
	ID# CK#	MISCELLANEOUS UNITED CASH		270.00	
12/31/01	ID# CK#	ROGER FURSTENBERG 3119 EASTERN PAU IA 52807		25.00	
SUB-TOTAL				\$ 880.00	
TOTAL (if last page of this schedule)				\$	

VSR
OK

* 2001 cross-check completed earlier

* 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) (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.

For instructions, See Back of For

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

W. S. BICKLER FOR STATE HOUSE

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
12/31/01	ID# CK#	NANCY GESY 323 McIELLAN BLVD DAV IA 52803		\$ 25.00	
	ID# CK#	JAKE KATZ 1116 E HIGH DAV IA 52803		50.00	
	ID# CK#	MARK NEWSOM 3024 GREENVIEW DR BETT IA 52722		500.00	
	ID# 6139 CK# 2080	LOCAL 310 UNITED STEEL WORKERS 175 NW BROADWAY DES MOINES, IA 50313		100.00	
	ID# CK#				
SUB-TOTAL				\$ 675.00	
TOTAL (if last page of this schedule)				\$ 2,080.00	

* 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) (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.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 514 EAST LOCUST, SUITE 104
 DES MOINES, IA 50309-1912

Form
**VERIFIED STATEMENT
 REGISTRATION**
 (Out-of-State Committees)
 (Rev. 11/00)

For office use only

Comm. # _____
 Indexed _____
 Audited _____
 Checked _____
 Computer _____

VERIFIED STATEMENT REGISTRATION
 (Out-of-State Committee)

COMMITTEES NOT ORGANIZED IN IOWA TO COMPLETE IN DUPLICATE.
 SEND ORIGINAL COPY TO THE BOARD AND
 ONE COPY WITH EACH CONTRIBUTION TO THE IOWA COMMITTEE.
 PLEASE REFER TO DETAILED INSTRUCTIONS ON BACK OF FORM.

COMMITTEE NAME

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym.)
Electrical Workers Local Union #145 Political Action Committee 8036

Mailing Address
1700 52nd Ave Suite A

City, State, Zip Code
Moline IL 61265

Area Code
(309)

Telephone No.
736-4239

TREASURER

Name of Treasurer
Paul Lartz

Mailing Address
1700 52nd Ave Suite A

City, State, Zip Code
Moline IL 61265

Telephone
(309) 762-3270

OTHER OFFICERS (Attach second page if needed)

Name of Chairperson
Scott Verschoore

Mailing Address
1700 52nd Ave Suite A

City, State, Zip Code
Moline IL 61265

Telephone
(309) 736-4239

IOWA RESIDENT AGENT

Signature of Iowa Resident Agent
Paul Lartz

Typed Name of Iowa Resident
Paul Lartz

Mailing Address
3451 Devils Glen Ct

City, State, Zip Code
Bettendorf IA 52722

Telephone
(319) 332-5441

PARENT ENTITY, AFFILIATE, SPONSOR OF COMMITTEE
 (Use separate page if needed to list more than one entity)

Name
Local Union #145 Int'l Brotherhood of

Mailing Address
Electrical Workers
 1700 52nd Ave Suite A

City, State, Zip Code
Moline IL 61265

PURPOSE OF COMMITTEE: Inform membership of candidates' voting record and other pertinent facts.

IOWA COMMITTEE RECEIVING CONTRIBUTION

STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES

Name of Jurisdiction
Rock Island County Clerk

Mailing Address
1504 3rd Ave

City, State, Zip Code
Rock Island IL 61201

Telephone
(309) 786-4451

Name of Committee
Wineken for State House

Mailing Address
6 Thode Court Davenport, IA 52802

Date
12/3/01

If In Kind Contribution, Describe
Amount \$ 100.00 ✓

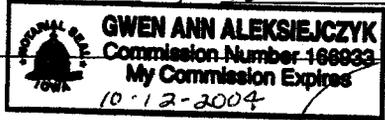
VERIFIED STATEMENT OF COMMITTEE:

1 Scott A. Verschoore swear that the contribution reported above is accurate. I further swear that the information about this out-of-state committee is correct and accurate to the best of my knowledge. I attest that the reports filed in the named jurisdiction comply with requirements which are substantially similar to Iowa Code section 56.6, including the disclosure of all contributions received and all expenditures made. I further attest that the contribution reported above was made from an account, which does not accept contributions from corporations or other prohibited contributors under Iowa Code section 56.15. I understand that Iowa committees are prohibited from accepting contributions from out-of-state committees unless a signed original of this form has been filed with the Iowa Ethics and Campaign Disclosure Board, or the out-of-state committee is registered and filing full disclosure reports in Iowa.

Scott A. Verschoore Chairman 12/3/01
 (Only Signature of Treasurer or Chairperson) (Title) (Date)

Subscribed and sworn before me this 3rd day of December, 2001 at Davenport Iowa

My notary commission expires _____
Gwen Ann Aleksiejczyk
 Commission Number 168033
 My Commission Expires 10-12-2004
 Notary Public



EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 09/97)	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)
WORKER FOR STATE HOUSE

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
11/3/00	ID# CK# 1048	KWARC-TV 805 BROAD DAVENPORT, IA 52803	ADVERTISING ON T.V. (CHECK VOIDED)	\$1,700.00
3/16/01	ID# CK# 1055	MOBILE DISPATCH 1720 5TH AVE MOBILE, IL 61706	MAILING FOR NEWSLETTER	273.00
1/16/01	ID# CK# 1054	IOWA DEMOCRATIC PARTY 5601 FLEUR DR DES MOINES, IA 50321	DONATION	100.00
4/2/01	ID# CK# 1057	REVIEW PRESENTS 311 21ST ST. TROPIC ISLAND, IL 61701	PRESENTS	422.80
9/7/01	ID# CK# 1058	IOWA DEMOCRATIC PARTY 5601 FLEUR DR DES MOINES, IA 50321	DONATION	250.00
3-31-01 to 9-30-01	ID# CK#	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK SERVICE CHARGES	29.96
11/25/01	ID# CK# 1059	CITY OF DAVENPORT 224 W 4TH DAV IA 52801	RENTAL - FUNDRAISER	100.00
10-31-01 to 12-31-01	ID# CK#	WELLS FARGO BANK 666 WALNUT ST DES MOINES IA 50309	BANK SERVICE CHARGES	15.00

SUB-TOTAL \$ 509.24
 TOTAL (if last page of this schedule) \$ 509.24

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 56.6(3)(i).)

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 WINKLER FOR STATE HOUSE

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
11/11/00	BULLSEYE DIRECT MARKETING 589 E 53RD ST #B DAVENPORT, IA 52807	METER POSTCARDS, POSTCARD PREP	\$ 262.05
3-00 THRU 10-00	CINDY WINKLER 6 THODE CT DAVENPORT, IA 52802	OUT OF POCKET - POSTAGE PAPER, ETC NAME BADGE, SHIPPING WALK DECKS	175.16
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 437.21

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:

Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

SCHEDULE H (Rev. 02/96)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (Must be same as on Statement of Organization)
WINICKER FOR STATE HOUSE

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
11/29/00	FAX MACHINE	504.71	400.00

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) \$ 400.00

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

* If estimated, show est. beside figure.

(Attach Additional Schedules If Needed)