

**DISCLOSURE SUMMARY PAGE**

<b>FORM DR-2</b> (Rev. 01/98)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1229
Indexed	
Audited	
Computer	

JUL 22 2002  
pm 7-19

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

**IMPORTANT:** Indicate type of committee you are reporting for:

( 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 Orzech  
 SIGNATURE OF TREASURER (or person filing this report)

(563) 386-2672  
 TELEPHONE

7/17/02  
 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 7/14/02 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate one

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 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 <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>6676.39</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>1835.00</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
	SUB-TOTAL.....\$	<u>8511.39</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B)		<u>2119.41</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>6391.78</u>
UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>114.83</u>
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
<b>CANDIDATE COMMITTEES ONLY:</b>		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>353.33</u>

For Instructions, See Back of Form

SCHEDULE <b>A</b> (Rev. 06/97)	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)

WINCKLER 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
7/5/02	ID# CK#	SAMUEL KRASSE 2605 CEDAR DAV IA 52804		\$ 20.00	
	ID# CK#	LINDA STOLMEIER 2211 SCOTT DAV IA 52803		10.00	
	ID# CK#	CONNIE CECOVANTES 2430 EAGLE CIRCLE BETT IA 52722		25.00	
	ID# CK#	DAVID L PALMER 213 SW FLYNN TR ARKENY, IA 50021		50.00	
	ID# CK#	DAN FLAHERTY 2137 WATSON DAV IA 52804		50.00	
	ID# 6432 CK#	LOCAL UNION 25 PAC FUND PLUMBERS & PIPEFITTERS 1228 3RD AVE ROBEI ISLAND, IL 61701		250.00	
	ID# CK#	ANNE STRADAR 2220 NEWBERRY ST DAV IA 52804		20.00	
	ID# CK#	ALICIA NEWMAN 6303 CHESWOLD PL LANHAM-SEABROOK, MD 20706		50.00	
	ID# CK#	CATHY BERTY 2831 TAYLOR DAV IA 52804		25.00	
	ID# CK#	LISA PLOKAN 1001 COFFELT BETT, IA 52722		200.00	
SUB-TOTAL				\$700.00	
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 Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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

WINCELLER 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
7/14/02	ID# CK#	IRVINE WILKINS 1132 W 53RD #A-2 PAV IA 52804		\$ 10.00	
	ID# CK#	MARCO MARCO 5000 JERSEY RIDGE RD #E-1 PAV IA 52807		10.00	
	ID# CK#	PONNA OTTH 2027 VINE ST PAV IA 52804		20.00	
	ID# CK#	ALLISON HATM 1734 JERSEY RIDGE PAV IA 52803		20.00	
	ID# CK#	KEA KRAYENHAGEN 2822 ATLEINGTON PAV IA 52803		20.00	
	ID# CK#	MARJORIE MYERS 4308 WHITMAN DR PAV IA 52804		25.00	
	ID# CK#	GLENNDA CURRENCE 4038 W HAYES ST PAV IA 52804		25.00	
	ID# CK#	ELIZABETH BRIDGEMAN 5105 WISCONSIN PAV IA 52804		25.00	
	ID# CK#	MARCY ELLEN CHAMBERLAIN 709 GRAND PAV IA 52803		25.00	
	ID# CK#	JUDITH HOFFMANN 3820 QUEBEC ST AMES, IA 50014		25.00	
SUB-TOTAL				\$ 205.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

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
7/14/02	ID# CK#	KATEL THOMPSON 3330 TREMONT DAV IA 52803		\$ 40.00	
	ID# CK#	BRANDA PREW-PRUPUS 1024 KIRKWOOD BLVD DAV IA 52803		40.00	
	ID# CK#	RETA VARENS 2724 LK CLOSURE ST DAV IA 52803 1835		50.00	
	ID# CK#	PAUL GLUTBA 2421 GRINES DAV IA 52804		50.00	
	ID# CK#	ANN HUTCHINSON 3035 QUAIL RIDGE RD BETT IA 52722		50.00	
	ID# CK#	ALTA PETER MP 4888 SCHOOL HOUSE RD BETT IA 52722		50.00	
	ID# CK#	MATILDA KASTER WILKS 2630 LOWE ST DAV IA 52803		50.00	
	ID# CK#	PAULEE LIPSMAN 2880 GRAND #104 DES MOINES, IA 50312		75.00	
	ID# CK#	ROBERT MULLENB 1415 197A AVE MOORE IL 61264		100.00	
	ID# CK#	MARY P BUTILA 604 S SWP ST CLINTON, IA 52732		100.00	
SUB-TOTAL				\$ 605.00	
TOTAL (if last page of this schedule)				\$	

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FOR INSTRUCTIONS, SEE BACK OF 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. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

WINCELLER 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
6/2/02	ID# CK# 1162	DON STEPHENS 1611 W 17TH ST DAV IA 52804	T-SHIRTS	\$ 80.00
6/7/02	ID# CK# 1163	RENSELS PRINTING 311 21ST ST ROCK ISLAND IL 61201	PRINTING	448.70
6/15/02	ID# CK# 1164	IOWA DEMOCRATIC PARTY HOUSE TRUMAN FUND 5101 FLEUR DR DES MOINES, IA 50321	CONTRIBUTION	1500.00
7/1/02	ID# CK# 1165	ETHEL CURTIS 6508 JEBENS DAVENPORT, IA 52804	POSTAGE	74.00
5/31/02	ID# CK# -	WELLS FARGO BANK 614 WALNUT DES MOINES, IA 50309	BANK SER'S	11.54
6/30/02	ID# CK# -	" " "	BANK SER'S	5.35
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 2119.41

TOTAL (if last page of this schedule) \$ 2119.41

**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).)



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

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

SCHEDULE <b>H</b> (Rev. 02/96)	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/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
11/21/00	FAX MACHINE	504.71	353.33

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) \$ 353.33

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

\* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)