

DISCLOSURE SUMMARY PAGE

STATE DISCLOSURE BOARD
MAY 20 2002
FILED PM 5:16

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

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 O. Winkler
SIGNATURE OF TREASURER (or person filing this report) (563) 386-2672 TELEPHONE 5/14/02 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 5/14/02 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
 (report date) Indicate one 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 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.)\$ 3,960.59

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 2,464.00

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.....\$ 6,424.59

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 860.48

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)\$ 5,564.11

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

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

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

CANDIDATE COMMITTEES ONLY:

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

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 366.68

For Instructions, See Back of Form

SCHEDULE A (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)

WINDICLER 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
1/10/02	ID# 1229 CK# 1954	HEAVY HIGHWAY PAC 2415. JAGGERSOLL AVE PES MOINES, IA 50312-5233		\$ 250.00	
1/10/02	ID# CK#	LORRAINE McBRATH 4411 TRIPLE PAV IA 52804		50.00	
2/16/02	ID# CK#	PATRICIA CORNISH 10209 LLOYD RD POTOMAC MD 20854		100.00	
	ID# CK#	CAROLYN GRADY N 339 RIDGEWOOD C APPLETON, WI 54915		100.00	
	ID# CK#	KAREN GESSERT-EVELIUS 20 THORNHILL RD LUTHERVILLE, MD 21093		50.00	
	ID# CK#	JOYCE HART 359 RIDGE RD MINERVA, NY 12851		50.00	
	ID# CK#	KATHLEEN DELOWAIS-ADAMS 18 OVERLOOK RD DELLWOOD, MN 55110		100.00	
	ID# CK#	SHARON WEBER 8707 GALLERY LENEXA, KS 66215		25.00	
	ID# CK#	SYLVIA ATGEL 4806 E ALTA MESA AVE PHOENIX, AZ 85044		50.00	
	ID# CK#	GRETA DAVIS 5300 FARRER C CAMP SPRINGS, MD 20748		50.00	
SUB-TOTAL				\$ 825.00	
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

SCHEDULE A (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)

WINDMILLER FOR STATE HOUSE

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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
2/6/02	ID# CK#	A. CHRISTINE SHAFER 923 MASSEFIELD RD BALTIMORE, MD 21207		\$ 400.00	
4/21/02	ID# CK#	WALTER KRISWANGER 222 W 30TH ST DAVENPORT, IA 52803		200.00	
	ID# CK#	MARGARET HATHAWAY 2503 GAINES DAV IA 52804		25.00	
	ID# CK#	SUL PAMPETON 2718 COLLEGE DAV IA 52803		75.00	
	ID# CK#	MARIC HENDERSON 4 MANOR DR C-6 ELDRIDGE, IA 52748		20.00	
	ID# CK#	KAREN HEAN 1130 KILMERWOOD DAV IA 52803		25.00	
	ID# CK#	ELIZABETH BROOKE 5405 WISCONSIN DAV IA 52804		25.00	
	ID# CK#	LEN KRAYENHAGEN 2822 ARLINGTON AVE DAV IA 52803		10.00	
	ID# CK#	TOM WOLFE 1905 KILMERWOOD DR DAV IA 52804		25.00	
	ID# CK#	LOUISE WARKENTER 2127 MARQUETTE DAV IA 52804		25.00	
SUB-TOTAL				\$ 530.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

SCHEDULE A (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)

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
4/21/02	ID# CK#	DAVE SWIM 3852 MARQUEE DAV IA 52804		\$ 50.00	
	ID# CK#	TOM ENGELMANN 4552 MAIN DAV IA 52804		50.00	
	ID# CK#	CHRISTINE MISHALEK 6875 ANGLE BLUFF CTR DALLAS TX 75248		25.00	
	ID# CK#	JOHN R. BLUNK 1114 W 15TH ST DAV IA 52804		4.00	
	ID# CK#	KERMA WISZMANO 2650 HATERSON ST #4 DAVENPORT, IA 52803		50.00	
	ID# CK#	M. RUTH HUNTER 4600 CONNECTICUT #528 WASHINGTON, DC 20008		25.00	
	ID# CK#	RETA VARGAS 2724 LECLAIR DAV IA 52803		20.00	
	ID# CK#	PAT ZAMORA 4835 W LOCUST DAV IA 52804		50.00	
	ID# CK#	DENNY ANDERTSON 517 W LECLAIR RD LEUDRACH, IA 52748		25.00	
	ID# CK#	WILMA HAUSER 2403 GLEN PL DAV IA 52804		15.00	

SUB-TOTAL

\$ 314.00

TOTAL (if last page of this schedule) \$

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For Instructions, See Back of Form

SCHEDULE A (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)

WALKER 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
4/21/02	ID# CK#	KARL R. HOMBURG 3330 TREMONT DAV IA 52803		\$ 20.00	
	ID# CK#	MISCELLANEOUS UNIDENTIFIED CASH		75.00	
4/25/02	ID# 6060 CK# 2054	IOWA COMMITTEE ON POL EDUC. AAL-PIO 2000 WALKER ST A DES MOINES, IA 50317		200.00	
5/14/02	ID# 9665 CK# 1018	NEW AMERICAN OPTIMISTS P.O. Box 2068 RALEIGH, N.C. 27602		500.00	
	ID# CK#				

SUB-TOTAL

\$ 795.00

TOTAL (if last page of this schedule)

\$ 2,464.00

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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 (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

WINCKLER 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
1/17/02	ID# CK# 1151	IOWA DEMOCRATIC PARTY HOUSE TRUMAN FUND 5661 FLEUR D DES MARRES, IA 50321	DONATION	\$ 100.00
2/22/02	ID# CK# 1152	REVIEW PRINTING 311 21ST ST ROCK ISLAND, IL 61201	INVITE PRINTING	55.00
4/12/02	ID# CK# 1153	U.S. POSTAL SERVICE 4018 MARQUETTE DAV IA 52804	POSTAGE	136.00
4/12/02	ID# CK# 1154	OFFICE MAX 320 W KIMBERLY DAV IA 52804	COPIES - PAPER	33.72
4/20/02	ID# CK# 1155	FAREWAY 1635 W 53RD DAV IA 52804	FOOD - FUND RAISER	44.89
4/20/02	ID# CK# 1156	THOMAS PROBSTLER - CASH/CARTY 2100 E 53RD DAV IA 52807	" "	16.84
5/7/02	ID# CK# 1157	INTERNET REVEALED 301 E 2ND DAV IA 52801	WEB SITE	267.00
5/7/02	ID# CK# 1158	OFFICE MAX 320 W KIMBERLY DAV IA 52804	COPIES / PAPER	96.27
SUB-TOTAL				\$ 749.72
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 56.6(3)(i).)

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 (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Winniller 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
<i>1/31/02 to 4/30/02</i>	ID# CK#	<i>WELLS FARGO BANK 4616 WALNUT ST DES MOINES, IA 50309</i>	<i>BANK SC's</i>	<i>\$ 17.12</i>
<i>5/8/02</i>	ID# CK# <i>1159</i>	<i>POSTMASTER 911 W 2ND ST DAV IA 52802</i>	<i>POSTAGE</i>	<i>93.64</i>
	ID# CK#			

SUB-TOTAL \$ *110.76*

TOTAL (if last page of this schedule) \$ *860.48*

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

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	

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
<i>11/24/00</i>	<i>FAX MACHINE</i>	<i>504.71</i>	<i>366.68</i>

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) \$ *366.68*

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

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)