

DISCLOSURE SUMMARY PAGE

OCT 21 2002

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1229
Indexed	51
Audited	
Computer	

COMMITTEE NAME (Must be same as on Statement of Organization)
WINCKLER FOR STATE HOUSE *pm 10-18*

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) **TELEPHONE** (963) 386-2672 **DATE SIGNED** 10/15/02

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 10/14/02 REPORT FOR ANA (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 **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.) \$ 6391.78

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 10,865.00

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.....\$ 17,254.78

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 2,872.70

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) \$ 14,384.08

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

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 133.67

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) \$ 328.10

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

WINKLER FOR STATE HOUSE

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

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
7/25/02	ID# CK#	ALEEN DYER 3827 HOBSON DAVENPORT, IA 52802		\$ 10.00	
	ID# CK#	SUSAN JUDKINS 1705 COUNTRY CLUB RD INDIANOLA, IA 50125		15.00	
	ID# CK#	ROBERTA COCHRAN-ZAVITZ 2918 E 18TH DAV IA 52803		20.00	
	ID# CK#	NANBY GESH 323 MAPLELAN DAV IA 52803		25.00	
	ID# CK#	VIRGINIA GRAY 19033 SEDLEY TERR GAITHERSBURG, MD 20879		25.00	
	ID# CK#	MARY PIERWS 3021 KATNAM DAV IA 52803		25.00	
	ID# CK#	CATHERINE WEBER 2500 9 1/2 ST E. MOLENE, IL 61244		25.00	
	ID# CK#	LISA B. AFBASSER 2122 WINDING HILLS RD DAV IA 52807		50.00	
	ID# CK#	JENNIFER GOODENOW 160 MARSHALL PI WAUKEE, IA 50263		50.00	
	ID# CK#	PLANE J KESLER 3200 WESTCHESTER COLLEGE STATION, TX 77845		50.00	
SUB-TOTAL				\$295.00	
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 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)

WINCHELLER 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
7/25/02	ID# CK#	BONNY MANNING PO Box 4969 LOUISVILLE, KY 40204		\$ 100.00	
	ID# CK#	SHAWVER & SHAWVER 2805 EASTERN DAV IA 52803		25.00	
8/5/02	ID# CK#	PAULLETTE TAYLOR 678 KERRWOOD DAV IA 52803		10.00	
	ID# CK#	WILMA HAUSER 2403 GLEN PL DAV IA 52804		10.00	
	ID# CK#	MARY JANE ORTON 2103 N OHIO DAV IA 52804		10.00	
	ID# CK#	BETTIE FOKER 4208 N DIMENSION DAV IA 52804		20.00	
	ID# CK#	SUZANNE SWISHER 3324 FOREST RD DAV IA 52807		50.00	
	ID# CK#	MARY R. HUNTER 4600 CONNECTICUT AVE NW WASHINGTON DC 20008		100.00	
	ID# CK#	PAT SEARS 15 HILLCREST DAV IA 52803		100.00	
	ID# 9657 CK# 1008	DASH-PAC 424 C ST NE WASHINGTON, DC 20002		500.00	
SUB-TOTAL				\$ 925.00	
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)

WINEKLER 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.

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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
8/6/02	ID# CK#	DIANE POLANGIN 3006 SAVOY LN BOWSE, MD 20715		\$ 25.00	
8/19/02	ID# CK# 1043	HEAVY HIGHWAY PAC 2415 JINGERSOLL DES MOINES, IA 50316		200.00	
	ID# CK# 2634	AFSCME IOWA COUNCIL 61 4320 NW 2ND AVE DES MOINES, IA 50313		250.00	
	ID# 8077 CK# 514	HEARTLAND REGIONAL COUNCIL CARPENTERS PAC 218 1ST AVE STERLING, IL 61081		500.00	
	ID# CK#	CARLA KELLY 2001 28TH ST ROCK ISLAND, IL 61201		15.00	
	ID# CK#	PAT BAXTER 1110 IOWA DR LE CLARE, IA 52753		5.00	
	ID# CK#	PAT REYNOLDS 1034 W 14TH ST DAV IA 52804		25.00	
9/10/02	ID# 8026 CK# 5208	IBEW COPE 1125 15TH ST NW WASHINGTON, DC 20005		100.00	
	ID# 8262 CK# 1789	IRONWORKERS LOCAL 111 PAC 8000 29TH ST W ROCK ISLAND, IL 61201		250.00	
	ID# 6046 CK# 3504	JUSTICE FOR ALL PAC 218 6TH AVE ST 524 DES MOINES, IA 50309		100.00	
SUB-TOTAL				\$ 1470.00	
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)

WINBILLER 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.

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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
9/10/02	ID# CK#	KAREN M.A.G. EVELIUS 20 THORN HILL RD LUTHERVILLE, MD 21093		\$ 50.00	
	ID# CK#	MAE LATSCH P.O. BOX 85 LAKE MILLS, WI 53551		50.00	
	ID# CK#	JOHN POOLEY 404 E LOMBARD DAV IA 52503		100.00	
	ID# 6110 CK# 1145	IOWA DEALERS PAC PO BOX 65840 W DES MOINES, IA 50205		100.00	
9/23/02	ID# CK#	JANET GOEDEN 2730 34TH ST ROCK ISLAND, IL 61201		15.00	
	ID# CK# 279	UFCW LOCAL 230 1010 E WILLIAMS OTTUMWA, IA 52501		750.00	
	ID# CK#	ERICH NIEBISCH 2014 WATEREN S DAV IA 52504		50.00	
	ID# CK# 525	DISTRICT UNION 431 UFCW-PAC 1401 W 3RD DAV IA 52502		500.00	
	ID# 30174 CK# 3377	UFCW REGION COUNCIL 6 AFL-CIO 1699 EAST WOODFIELD STE 300 SCHAMBURG, IL 60173		1000.00	
	ID# 8020 CK# 2138	QUAD CITY FEDER. OF LABOR - COPE 311 1/2 21ST ST ROCK ISLAND, IL 61201		1000.00	
SUB-TOTAL				\$ 3615.00	
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 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)

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.

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9/23/02	ID# 8098 CK# 600	TRU CITY BUILDING TRADES PAC 4602 46TH AVE ROCK ISLAND, IL 61201		\$ 100.00	
	ID# 6084 CK# 404	IOWA STATE UAW PAC 3330 E 33RD ST STE 10 DES MOINES, IA 50317		300.00	
	ID# CK# 12790	ISEA PAC 777 3RD ST DES MOINES, IA 50309		1000.00	
10/1/02	ID# CK#	MARY WILLIAMS 2928 MIDDLE RD PAV IA 52803		100.00	
	ID# CK#	LORI MARINER 975 22ND ST ROCK ISLAND, IL 61201		25.00	
	ID# CK#	ELIZABETH BROOKE 5605 WISCONSIN PAV IA 52804		40.00	
	ID# CK#	MARILYN COHEN 2043 FILLMORE PAV IA 52804		50.00	
	ID# CK#	ROXANNA MORITZ 270 N CLAWOOD PAV IA 52802		100.00	
	ID# CK#	WILMA HAUSER 2403 GLEN PL PAV IA 52804		10.00	
	ID# CK#	KATEL RICHBERG 3330 TREMONT PAV IA 52803		100.00	
SUB-TOTAL				\$ 1825.00	
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

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10/1/02	ID# CK#	ALISON HART 1734 JERSEY RIDGE PAV IA 52803		\$ 50.00	
	ID# CK#	ANNE CORBI 679 BROWN PAV IA 52802		10.00	
	ID# CK#	TOM WOLFE 1909 EMERALD DR PAV IA 52804		25.00	
	ID# CK#	DAVE SWIN 3852 MARQUETTE PAV IA 52804		60.00	
	ID# 6175 CK# 1988	IOWA REACTORS PAC 1370 NW 114TH ST #100 OLIVE, IA 50325		500.00	
	ID# CK#	LINDA LEVEN 545 MADISON AVE STE 1200 NEW YORK, NY 10022		50.00	
	ID# CK# 04070	ITBEW COPP 1125 15TH ST NW WASHINGTON DC 20005		250.00	
	ID# 6070 CK# 2786	IOWA LAW PAC 521 E LOCUST 3RD FLOOR DES MOINES, IA 50309		200.00	
	ID# CK#	MISCELLANEOUS UNITEMIZED CASH		90.00	
10/14/02	ID# CK#	RON LOETZ PO BOX 254 PLEASANT VALLEY, IA 52767		25.00	
SUB-TOTAL				\$1250.00	
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 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)

WINKLER 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
10/14/02	ID# CK#	ANDREW McDOWELL 5071 37074 ST SHELTON, IA 51201		\$ 40.00	
	ID# CK#	CATHERINE HART 2131 N HARRISON DAV IA 52803		100.00	
	ID# 8034 CK# 2319	IBEW LOCAL 145 PAC 1700 52ND AVE SA MOLINE, IL 61205		250.00	
	ID# CK# 329	GREAT RIVER UNISERV PAC 2038 E 38TH ST DAVENPORT, IA 52807		200.00	
	ID# 6064 CK# 1569	IOWA DENTAL ASSOC PAC 505 5TH AVE STE 333 DES MOINES, IA 50309		100.00	
	ID# 6058 CK# 2098	IOWA CHIROPRACTIC SOCIETY PAC 1605 N ANKENY BLVD STE 100 ANKENY, IA 50021		150.00	
10/14/02	ID# CK#	MATY ANN CHOUTEAU NO 4 THORPE CT DAV IA 52802		250.00	
	ID# CK#	ETELIA WISSMANN 2650 HARRISON ST #61 DAVENPORT, IA 52803		20.00	
	ID# 6067 CK# 2868	IOWA HEALTHPAC 6750 WESTOWN PARKWAY W DES MOINES, IA 50264		100.00	
	ID# 6291 CK# 2702	IHA PAC 100 E GRAND STE 100 DES MOINES, IA 50309		250.00	

SUB-TOTAL

\$1,235.00

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 (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
8/4/02	ID# CK# 1116	ETRIE CURTIS 6508 JEBENS DAV IA 52806	PHONE	\$ 75.00
8/16/02	ID# CK# 1167	IOWA DEMOCRATIC PARTY - HOUSE TRUMAN FUND 561 FLEUR DR DES MOINES, IA 50321	DONATION	250.00
7/31/02	ID# CK#	WELLS FARGO BANK 666 WALNUT DES MOINES, IA 50309	BANK SO'S	12.91
9/5/02	ID# CK# 1168	ETRIE CURTIS 6508 JEBENS DAV IA 52806	PRINTER CARTRIDGE	23.16
9/15/02	ID# CK# 1169	" " " " " "	PHONE 29.04 COPIES 3223	56.27
8/31/02	ID# CK#	WELLS FARGO BANK 666 WALNUT DES MOINES, IA 50309	BANK SETU CHGS	5.35
10/5/02	ID# CK# 1171	ETRIE CURTIS 6508 JEBENS DAV IA 52804	COPIES 109.64 FOOD 20.61 PHONE 50.88	181.13
10/6/02	ID# CK# 1172	POSTMASTER 922 W 20TH ST DAV IA 52802	POSTAGE	200.00
SUB-TOTAL				\$ 803.82
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)
WINGELTZ 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
10/1/02	ID# CK# 1173	POSTMASTER 922 W 2ND DAV IA 52802	POSTAGE	\$ 145.36
9/30/02	ID# CK#	WELLS FARGO BANK 606 WALNUT DES MOINES, IA 50309	BANK SETW CHGS	5.35
10/3/02	ID# CK# 1170	POSTMASTER 922 W 2ND DAV IA 52802	POSTAGE	98.43
10/8/02	ID# CK# 1174	SCOTT COUNTY DEMOCRATS PO Box 2009 DAV IA 52809	HEADQUARTERS RENT	200.00
10/14/02	ID# CK# 1175	REVIEW PRINTING 311 21ST ST ROCK ISLAND IL 61201	PRINTING	276.15
10/14/02	ID# CK# 1177	CARTER PRINTING 1739 E GRAND AVE DES MOINES, IA 50319	PRINTING	1323.59
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 2068.88
TOTAL (if last page of this schedule) \$ 2872.70

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)
 WINDICLER FOR STATE HOUSE

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	

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	604.71	328.10

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) \$ 328.10

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

* If estimated, show est. beside figure.

(Attach Additional Schedules if Needed)