

DISCLOSURE SUMMARY PAGE

NOV - 4 2002
 FILED pm 10-31

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1229
Indexed	9 2
Audited	
Computer	

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

Signature: Thomas Engelmann Telephone: (563) 384-2672 Date Signed: 10/30/02
 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 10/29/02 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.)	\$	<u>14,384.08</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>3,850.00</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>18,234.08</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>9,283.04</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>8,951.04</u>
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)	\$	<u>328.10</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)
WONKLER 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
✓ 10/21/02	ID# CK# 1103	EFFECTIVE GOVERNMENT COMMITTEE 607 14TH ST NW STE 800 WASHINGTON, DC 20005		\$ 1000.00	
✓	ID# 6411 CK# 1254	MCI IOWA PAC 707 17TH ST STE 3600 DENVER, CO 80202		200.00	
✓	ID# 6160 CK# 2070	IOWA INDEPENDENT BANKERS PAC 1603 22ND ST STE 202 W DES MOINES, IA 50264		150.00	
✓ 10/28/02	ID# CK# 1125	EFFECTIVE GOVERNMENT COMMITTEE 607 14TH ST NW STE 800 WASHINGTON DC 20005		2000.00	
	ID# CK#	J. DOUG MILLER 2030 JERSEY RIDGE RD PAV IA 52803		250.00	
✓	ID# 8262 CK# 1825	IRONWORKERS LOCAL 111 PAC 8000 29TH ST W ROCK ISLAND, IL 61201		250.00	
	ID# CK#				

SUB-TOTAL **\$3850.00**
 TOTAL (if last page of this schedule) **\$3850.00**

* 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

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.

Form	VERIFIED STATEMENT REGISTRATION (Out-of-State Committees) (Rev. 6/00)
For office use only	
Comm. #	_____
Indexed	_____
Audited	_____
Checked	_____
Computer	_____

COMMITTEE NAME

Official Name of Out-of-State Committee (Do not abbreviate committee name. Written explanation must be provided for Acronym.)
BRIDGE, STRUCTURAL & ORNAMENTAL IRONWORKERS LOCAL 111 PAC #8262
 Mailing Address
8000 29TH STREET WEST
 City, State, Zip Code
ROCK ISLAND, ILLINOIS 61201 Area Code (309) Telephone No. 756-6614

TREASURER

Name of Treasurer
WILLIAM C WEAVER
 Mailing Address
9180 MINERAL ROAD
 City, State, Zip Code
FENTON, ILLINOIS 61251 Telephone
(309) 659-2490

OTHER OFFICERS (Attach second page if needed)

Name of Chairperson
JOHN W WEILAND
 Mailing Address
P.O. BOX 241
 City, State, Zip Code
DAVENPORT, IOWA 52805 Telephone
(319) 322-7120

IOWA RESIDENT AGENT

Signature of Iowa Resident Agent
[Signature]
 Typed Name of Iowa Resident
JOHN W WEILAND
 Mailing Address
P.O. BOX 241
 City, State, Zip Code
DAVENPORT, IOWA 52805 Telephone
(319) 322-7120

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

Name

 Mailing Address

 City, State, Zip Code

PURPOSE OF COMMITTEE: TO ASSIST IN THE ELECTION OF CANDIDATES WHO HAVE THE CONCERNS OF WORKING MEN AND WOMEN FOREMOST IN THEIR AGENDA

STATE OR FEDERAL JURISDICTION WHERE COMMITTEE IS REGISTERED OR OPERATES

Name of Jurisdiction
STATE BOARD OF ELECTIONS
 Mailing Address
1020 SOUTH SPRING STREET
 City, State, Zip Code
SPRINGFIELD, ILLINOIS 62708 Telephone

IOWA COMMITTEE RECEIVING CONTRIBUTION

Name of Committee
Cindy Winckler for State House
 Mailing Address
6 THODE COURT DAV. IA. 52802
 Date
Oct 20, 2002 If in Kind Contribution, Describe

 Amount
\$ 250.00

VERIFIED STATEMENT OF COMMITTEE:

I, WILLIAM C WEAVER, 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.

William C Weaver (Only Signature of Treasurer or Chairperson) Treasurer (Title) Oct 21, 2002 (Date)

Subscribed and sworn before me this 21st day of October, 2002 at Rock Island, IA

My notary commission expires 3-19-2003
 "OFFICIAL SEAL"
RICK V. WELSH
 Notary Public, State of Illinois
 My Commission Expires 3-19-2003 Notary Public

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)

WINICKLER 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
10/17/02	ID# CK# 1178	POSTMASTER 922 W 2ND DAV IA 52802	POSTAGE	\$ 533.95
10/19/02	ID# CK# 1179	LULAE COUNCIL 10 4224 RIGLER HWY RD DAV IA 52802	AD	50.00
10/25/02	ID# CK# 1181	CUMMULUS BROAD CASTING 1229 BRADY DAV IA 52803	ADS	1260.66
10/23/02	ID# CK# 1182	QUAD CITY DIRECT MAIL 6333 23RD AVE MOLENE, IL 61765	MAILINGS	1151.31
10/25/02	ID# CK# 1183	OFFICE MAX 320 W KIMBERLY DAV IA 52806	COPIES	127.89
10/25/02	ID# CK# 1184	QUAD CITY RADIO GROUP 3535 E KIMBERLY RD DAV IA 52807	ADS	2736.00
10/25/02	ID# CK# 1185	THE LAMAR COMPANY 3610 BLACKHAWK ROAD ROCK ISLAND, IL 61701	ADS	1325.00
10/29/02	ID# CK# 1184	THE LEADER 3719 BRIDGE AVE DAV IA 52807	AD	651.13
SUB-TOTAL				\$ 7835.94
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)

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
10/19/02	ID# CK# 1180	RENEW PRINTING 311 2157 ST ROCK ISLAND, IL 61201	PRINTING	\$ 1447.10
	ID# CK#			

SUB-TOTAL \$ 1447.10

TOTAL (if last page of this schedule) \$ 9283.04

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)

WINGILLER 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	504.71	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)