

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

JUL 27 2004
PM 7-19

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

COMMITTEE NAME (Must be same as on Statement of Organization)
WINGLER 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 Engelmann 563-384-2672
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

7/17/04
 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 7/14/04 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 **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.)\$ 2674.05

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 3345.00

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.....\$ 6019.05

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 292.65

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)\$ 5726.40

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)\$ 143.00

For Instructions, See Back of Form

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

SCHEDULE A (Rev. 07/03)	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
6/9/04	ID# 6060 CK# 2741	IOWA COMM ON POL EDUC AFFLCSO 2000 WALKER STE A DES MOINES IA 50317		\$ 200.00	<input type="checkbox"/>
	ID# CK#	MARY ANN ROTH 3319 MARQUETTE DAV IA 52804		50.00	<input type="checkbox"/>
6/28/04	ID# CK#	MATY J. OTTON 2103 N OHIO DAVENPORT, IA 52804		10.00	<input type="checkbox"/>
	ID# CK#	MARJORIE MEYERS 4308 WITTMAN DR DAVENPORT, IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	MARGARET HATHAWAY 2503 GAINES DAVENPORT IA 52804		50.00	<input type="checkbox"/>
	ID# CK#	WALTER NEISWANDER 222 W 30TH DAVENPORT, IA 52803		500.00	<input type="checkbox"/>
	ID# CK#	TONYA URBAJSCH 3345 PLEASANT DR BETTENDORF, IA 52722		50.00	<input type="checkbox"/>
7/14/04	ID# CK#	JUDITH HOFFMAN 3820 QUEBEC ST AMES, IA 50014		25.00	<input type="checkbox"/>
	ID# CK#	SUSAN JUDKINS 1705 COUNTRY CLUB RD INDIANOLA, IA 50125		25.00	<input type="checkbox"/>
	ID# CK#	THOMAS WOLFE 1905 EMERALD DR DAVENPORT, IA 52804		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 960.00	
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). 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 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)

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.

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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
7/14/04	ID# CK#	CATHY BERTM 2831 TAYLOR DAVENPORT, IA 52804		\$ 25.00	
	ID# CK#	JOHANNA GRALLER 1019 W 15TH ST DAVENPORT, IA 52804		50.00	
	ID# CK#	RETA VARGAS 2724 LE CLAIRE DAV IA 52803		50.00	
	ID# CK#	PAULIE LIPSMAN 2880 GRAND AVE #106 DES MOINES, IA 50312		50.00	
	ID# CK#	JONA MYERS 4701 CHASTANT MCKAYTSE, LA 70006		25.00	
	ID# CK#	PAUL SALTER 4340 TANGLEWOOD RD BETH IA 52722		50.00	
	ID# CK#	JOAN HELMS 6502 STONEHORN CT DAV IA 52807		50.00	
	ID# CK#	DAVID SWIM 3552 MARQUETTE DAV IA 52806		50.00	
	ID# CK#	TOM ENHLMANN 4552 MAPLE DAV IA 52804		250.00	
	ID# CK#	ELDA EWOLDT 613 N 67TH ST ELDRIDGE, IA 52748		25.00	
SUB-TOTAL				\$625.00	
TOTAL (if last page of this schedule)				\$	

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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)
WINICKLER 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
7/14/04	ID# CK#	KEN KRAYENHAGEN 2822 ARLINGTON DAV IA 52503		\$ 10.00	
	ID# CK#	ERMA WISZMANN 2650 HARRISON #4 DAVENPORT, IA 52503		50.00	
	ID# CK#	DIANE POLANGIN 3006 SAVOY LANE BOWIE, MD 20715		25.00	
	ID# CK#	MAAE LAATSCH PO Box 85 LAKE MILLS, WI 53551		50.00	
	ID# CK#	DIANE J. MEJER 3200 WESTCHESTER COLLEGE STATION, TX 77845		50.00	
	ID# CK#	SUSAN F.F. PAMPETON 2718 COLLEGE DAV IA 52503		50.00	
	ID# CK#	PAT TAYLOR 2739 RANCHO MIRAGE SAN ANTONIO, TX 78259		100.00	
	ID# CK#	MARY ROSS 4001 KATHLEEN WAY DAVENPORT, IA 52507		25.00	
	ID# L356 CK# 1226	FREEDOM FUND PAC 851 197459 DES MOINES, IA 50314		100.00	
	ID# L073 CK# 4604	IOWA MEDICAL PAC 1001 GRAND W. DES MOINES, IA 50265		100.00	
SUB-TOTAL				\$ 540.00	
TOTAL (if last page of this schedule)				\$	

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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)
WINCKLER FOR STATE HOUSE

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DATE RECEIVED (MM/DD/YYR)	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
7/14/04	ID# 6058 CK# 2409	IOWA CHIROPRACTIC SOC. PAC 1605 N. ANKENY BLVD STE 100 ANKENY, IA 50021		\$ 100.00	
	ID# 6046 CK# 3792	JUSTICE FOR ALL PAC 218 6TH AVE STE 526 DES MOINES, IA 50309		100.00	
	ID# 00370007 CK# 1237	DEMOCRACY FOR AMERICA P.O. Box 8313 BURLINGTON, VT 05402		1000.00	
	ID# CK#				

SUB-TOTAL \$1,200.00

TOTAL (if last page of this schedule) \$3345.00

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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)
WJUNKLER 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
6/9/04	ID# CK# 1201	INTERNET REVEALED P.O. Box 1023 MOLINE, IL 61245	ANNUAL WEB PAGE HOST	\$ 181.95
6/25/04	ID# CK# 1202	STATE OF IOWA 514 E LOCUST ST #104 DES MOINES, IA 50309	PENALTY	100.00
5/31/04	ID# CK# -	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK S.C.'s	5.35
6/30/04	ID# CK# -	" " "	" "	5.35
	ID# CK#			

SUB-TOTAL \$ 292.65
 TOTAL (if last page of this schedule) \$ 292.65

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)
WINKLER 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
<i>11/21/00</i>	<i>FAX MACHINE</i>	<i>504.71</i>	<i>143.00</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) \$ 143.00

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

* If estimated, show *est.* beside figure.

(Attach Additional Schedules if Needed)