

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1229
Logged In	SW
Scanned	
Computer	
Audited	

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

WINKLER FOR STATE HOUSE

IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: CINDY WINKLER Political Party (if applicable): DEMOCRAT

Office Sought: STATE REPRESENTATIVE District (if Senate or House): _____

Late reports are subject to possible civil and criminal penalties

Thomas O'Connell 663-386-2672 1/17/04

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 12/31/05 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date) Indicate by # 2

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 DR-3 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. (Total of all funds 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>5,147.72</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1,911.10</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>7,058.82</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>2,595.51</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>4,463.31</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>409.39</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>-0-</u>
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.		

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
12/16/04	ID# CK#	MARTI ANDERSON 1717 MAR EUGEN TRAIL DES MOINES, IA 50310		\$ 35.00	<input type="checkbox"/>
	ID# CK#	TOM JOHNSON 1137 36TH DES MOINES, IA 50311		100.00	<input type="checkbox"/>
	ID# CK#	JUDITH A HOFFMAN 3820 QUEBEC ST AMES, IA 50014		25.00	<input type="checkbox"/>
	ID# CK#	ROBERT D HAUG 2527 KELLOGG AVE AMES, IA 50010		30.00	<input type="checkbox"/>
	ID# CK#	ANDREW BAUMERT 5068 CORNHILL PT W DES MOINES, IA 50265-6978		25.00	<input type="checkbox"/>
	ID# CK#	JOSE SMITH 3917 HILLCREST DR DES MOINES, IA 50310		50.00	<input type="checkbox"/>
	ID# CK#	JEAN BASINGER 1335 48TH ST DES MOINES, IA 50311		10.00	<input type="checkbox"/>
	ID# CK#	BETTY CHRISTENSEN 4516 70TH ST DES MOINES, IA 50322		10.00	<input type="checkbox"/>
	ID# CK#	VICENTE PARSKE 1793 RICE VALLEY DR DES MOINES, IA 50325		5.00	<input type="checkbox"/>
	ID# CK#	ELEN FALCONE 207 S 6TH ST MATSPELL TOWN, IA 50158		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 300.00	
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.

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SCHEDULE A (Rev. 07/03)	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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12/16/04	ID# CK#	CARLOS JAYNE 3523 SW 37TH ST DES MOINES, IA 50321		\$ 15.00	<input type="checkbox"/>
	ID# CK#	SUSAN J OVEE 2254 WASHINGTON AVE CEDAR RAPIDS, IA 52403		25.00	<input type="checkbox"/>
	ID# CK#	MICHAEL STARBUCK 6409 MEADOW LARK DR CEDAR RAPIDS, IA 52404		25.00	<input type="checkbox"/>
	ID# CK#	HOFFBAUER & CO CPA'S - NOT A GROUP 6909 VISTA DR W DES MOINES, IA 50326		25.00	<input type="checkbox"/>
	ID# CK#	ROBERT JOSTER 801 GRAND STE 3900 DES MOINES, IA 50309		100.00	<input type="checkbox"/>
	ID# 6046 CK# 4027	JUSTICE FOR ALL PAC 218 6TH AVE ST 504 DES MOINES, IA 50309		100.00	<input type="checkbox"/>
	ID# 6077 CK# 1801	IOWA PHARMACY PAC 5515 DOUGLAS STE 16 DES MOINES, IA 50322		100.00	<input type="checkbox"/>
	ID# 6058 CK# 2691	IOWA CHIROPRACTIC SOC PAC 1605 N ANKENY BLVD STE 100 ANKENY, IA 50021		100.00	<input type="checkbox"/>
	ID# 6071 CK# 1916	CREDIT UNION PAC P.O. Box 10409 DES MOINES, IA 50304		150.00	<input type="checkbox"/>
	ID# CK#	CELIA TOMLOWSE 1245 40TH ST DES MOINES, IA 50311		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 660.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	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.

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12/31/05	ID# CK#	KARL RHOENBERG 3330 TILMONT DAV IA 52803		\$ 100.00	<input type="checkbox"/>
	ID# CK#	PENNIS DEPECKER 3400 CENTRAL BETT IA 52722		150.00	<input type="checkbox"/>
	ID# CK#	TOM ENGELMANN 4552 MAIN DAV IA 52804		150.00	<input type="checkbox"/>
	ID# CK#	KAREN METCALF 1679 DEER SPRINGS CIR BETT IA 52722		100.00	<input type="checkbox"/>
	ID# CK#	BROCK BRADLEY P.O. BOX 810 WATERLOO, IA 50704		100.00	<input type="checkbox"/>
	ID# CK#	PAUL ECGANIAN 4315 JERSEY RIDGE DAV IA 52807		50.00	<input type="checkbox"/>
	ID# CK#	ROBERT OSTROMANS 216 AUSTIN AVE MAQUOKETA, IA 52060		50.00	<input type="checkbox"/>
	ID# CK# 1193	ERIC PETERSON FOR CONGRESS P.O. BOX 566 PUBUQUE, IA 52004		10.00	<input type="checkbox"/>
	ID# CK#	LARRY ROBERTSON 5450 MARQUETTE DAV IA 52806		25.00	<input type="checkbox"/>
	ID# CK#	RETA VARGAS 2724 LE CLAUDE ST DAV IA 52803		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 760.00	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE
A
(Rev. 07/03) MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

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

WINDKLER 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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12/31/05	ID# CK#	CLIFF PAY 3422 ADAMS ST PAV IA 52807		\$ 50.00	<input type="checkbox"/>
1	ID# CK#	MISCELLANEOUS UNITEMIZED CASH		191.10	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$191.10

TOTAL (if last page of this schedule) \$191.10

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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.

COMMITTEE NAME (Must be same as on Statement of Organization)
WINGELER 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
1/24/05	ID# CK# 1221	IOWA BYSTANDER 2202 E 48TH ST DAVENPORT, IA 52507	ADVERT.	\$ 200.00
	ID# CK# 1222	CITY WINGELER 6 THORN CT DAVENPORT, IA 52502	POSTAGE	257.24
	ID# CK# 1223	RON REYNOLDS 4506 SHERIDAN DAVENPORT, IA 52506	POSTAGE 332.78 ENVELOPES & SUPPLIES 239.09	571.87
	ID# CK# 1224	PENNIN REGISTRY CI AMERICA 2316 DELAWARE AVE # 204 BUFFALO, NY 14214-2857	NAME REGIST - 5475	55.00
1/31/05	ID# CK# -	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK SC'S	5.35
2/28/05	ID# CK# -	" "	" "	5.35
3/31/05	ID# CK# -	" "	" "	5.35
4/9/05	ID# CK# 1225	CARTER PRESIDENTIAL 1739 E GRAND AVE DES MOINES, IA 50316	PRESIDENTIAL	48.51
SUB-TOTAL				\$ 1178.97
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 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
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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.

COMMITTEE NAME (Must be same as on Statement of Organization)
Winkler 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
4/9/04	ID# CK# 1274	POSTMASTER 902 W 2ND PAV IA 57802	POSTAGE	\$ 236.44
4/30/04	ID# CK# -	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK SE'S	5.35
5/31/04	ID# CK# -	" "	" "	5.35
6/30/04	ID# CK# -	" "	" "	5.35
6/25/04	ID# CK# 1227	INTERNET REVENUE P.O. Box 1023 MOBILE IL 61204	WEB PAGE 7/5/13/04	151.95
7/31/04	ID# CK# -	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK SE'S	5.35
8/30/04	ID# CK# -	" "	" "	5.35
9/30/04	ID# CK# -	" "	" "	5.35
SUB-TOTAL				\$ 450.49
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 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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.

COMMITTEE NAME (Must be same as on Statement of Organization)
WINCILLER 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
5/31/05	ID# CK# 1278	NAAEP BRANCH 4019 P.O. Box 3661 DAVIA IA 52509	ADVERTISING - BOALLEN	\$ 50.00
9/9/05	ID# CK# 1279	IOWA DEMOCRATIC PARTY	DONATION	500.00
11/4/05	ID# CK# 1230	" " "	DONATION	400.00
10/30/05	ID# CK# -	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	BANK SC'S	5.35
11/30/05	ID# CK# -	" " "	" "	5.35
12/31/05	ID# CK# -	" " "	" "	5.35
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 966.05
TOTAL (if last page of this schedule)				\$ 2595.51

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 68A.402(3)(f).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

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

WINKLER FOR STATE HOUSE

Reset Form

SCHEDULE H (Rev. 07/03)	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	-0-

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) \$ 0

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

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

(Attach Additional Schedules if Needed)