

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE



<b>FORM DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1229
Logged In	SW
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

WINCILLER FOR STATE HOUSE

IMPORTANT: Indicate by # type of committee you are reporting for:  1

( 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 WINCILLER Political Party (if applicable): DEMOCRAT

Office Sought: STATE REPRESENTATIVE District (if Senate or House): 86.

DISCLOSURE CAMPAIGN  
 JUL 21 2006  
 FILED PM 7-19

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for timely and accurate reports.

*Thomas O'Connell*  
 SIGNATURE OF PERSON FILING REPORT

563-386-2672  
 TELEPHONE

7/19/04  
 DATE SIGNED

I AM FILING A 7/19/04 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate by #  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 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 <b>MUST</b> 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.) .....	\$	4,091.91
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below).....		2,215.00
Schedule F: Loans Received total (Attach Schedule F) .....		
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....		
<b>(Schedule H applies to Candidates' Committees Only)</b>		
SUB-TOTAL .....	\$	6,306.91
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).....		181.15
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).....	\$	6,125.76

\*\*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) ..... \$ \_\_\_\_\_

CONSULTANT BREAKDOWN (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

**CANDIDATE COMMITTEES ONLY:**

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

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



SCHEDULE <b>A</b> (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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), 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
7/14/06	ID# CK#	BRAD OATES 1602 MCCORMICK PL DAVENPORT IA 52807		\$ 25.00	<input type="checkbox"/>
	ID# CK#	LISA BROTHARTS ARBISSEZ 2122 WINDING HILL RD DAV IA 52807		100.00	<input type="checkbox"/>
	ID# CK#	KATEW FITZSIMMONS 3510 ROCKINGHAM RD DAV IA 52802		100.00	<input type="checkbox"/>
	ID# CK#	ROSANNE KRUBSAAK 3715 FOREST RD DAVENPORT IA 52807		25.00	<input type="checkbox"/>
	ID# CK#	ELIZABETH BROOKE 5605 WISCONSIN DAV IA 52806		50.00	<input type="checkbox"/>
	ID# CK#	MISCELLANEOUS UNIDENTIFIED CASH		55.00	<input type="checkbox"/>
	ID# CK#	MARJORIE MYERS 4308 WITMAN DR DAV IA 52806		25.00	<input type="checkbox"/>
	ID# CK#	ERNA WISZMANN 2650 HARRISON APT 4 DAV IA 52803		75.00	<input type="checkbox"/>
	ID# CK#	LEN ADAMS 2194 HOGAN CY BETT IA 52702		25.00	<input type="checkbox"/>
	ID# CK#	TOM ENGELMANN 4552 MAZIN DAV IA 52804		150.00	<input type="checkbox"/>

SUB-TOTAL \$630.00  
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 <b>A</b> (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**

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7/14/06	ID# CK#	CHRIS GALLIN 2217 E 45TH ST DAV IA 52807		\$ 50.00	<input type="checkbox"/>
	ID# CK#	KEVIN PAMPETON 2718 COLLEGE DAV IA 52803		50.00	<input type="checkbox"/>
	ID# CK#	BRYAN NAGLE 2504 N CLARK DAV IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	TOM WOLFE 1905 EMERALD DR DAV IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	WILMA HAUSER 2403 GLEN PL DAV IA 52804		20.00	<input type="checkbox"/>
	ID# CK#	DENNIS DEDECER 3400 CENTRAL AVE BETT IA 52722		75.00	<input type="checkbox"/>
	ID# CK#	MARIC HENDERSON 4 MANOR DR ELDRIDGE, IA 52748		20.00	<input type="checkbox"/>
	ID# CK#	PAT SHELLER 2514 CYPRESS DR BETT IA 52722		20.00	<input type="checkbox"/>
	ID# CK#	STEPH CARNAHAN 2007 EMERALD DR DAV IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	PAULETTE TAYLOR 628 KIRKWOOD BLVD DAV IA 52803		10.00	<input type="checkbox"/>
SUB-TOTAL				\$ 320.00	
TOTAL (if last page of this schedule)				\$	

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	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

**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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE 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#	LYNETTE CLARYS 933 W 16TH DAU IA 52804		\$ 50.00	<input type="checkbox"/>
	ID# CK#	SUSAN FREMBGEN 1033 KIRKWOOD BLVD DAU IA 52803		50.00	<input type="checkbox"/>
	ID# CK#	ROBERTA ROSHEIM BOX 1076 MAQUOKETA, IA 52060		10.00	<input type="checkbox"/>
	ID# CK#	PATRICIA REYNOLDS 1034 W 14TH ST DAU IA 52804		25.00	<input type="checkbox"/>
	ID# CK#	NATHAN VANDER PLAATS 3301 JERSEY RIDGE RD #105 DAU IA 52807		10.00	<input type="checkbox"/>
	ID# CK#	REG KAUFFMAN 1607 230TH ST CALANNUS, IA 52129		25.00	<input type="checkbox"/>
	ID# CK#	CATHY HART 2131 HARTSON DAU IA 52803		50.00	<input type="checkbox"/>
	ID# CK#	ROXANNA MORITZ 220 N ELMWOOD AVE DAU IA 52802		50.00	<input type="checkbox"/>
	ID# CK#	TOM PETATOS 17958 HWY 64 MAQUOKETA, IA 52060		20.00	<input type="checkbox"/>
	ID# CK#	RALPH JOHANSON 1310 100TH AVE DAU IA 52804		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 315.00	
TOTAL (if last page of this schedule)				\$	

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

SCHEDULE <b>A</b> (Rev. 07/03)	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**

**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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), 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#	LINDA SCHNEIDER 3418 43RD AVE W BETH IA 52722		\$ 100.00	<input type="checkbox"/>
	ID# 6145 CK# 345	GREAT RIVER UNIVERS UNIV PAC 2028 E 38TH ST STE 2 DAVENPORT IA 52807		300.00	<input type="checkbox"/>
	ID# CK#	MIKE LEBBE 2704 JERSEY RIDGE DAV IA 52803		250.00	<input type="checkbox"/>
	ID# 6084 CK# 13473	ISEA-PAC 777 3RD ST DES MOINES, IA 50304		100.00	<input type="checkbox"/>
	ID# 6099 CK# 1063	METRO-1TH CORP EMPLOYEES FUND 1716 LOWRY ST DES MOINES IA 50309		100.00	<input type="checkbox"/>
	ID# CK#	R.G.S. ELECTRIC LLC / ROBERT SCHLICHTING 5113 B TREMONT DAV IA 52807		100.00	<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 \$ 950.00  
TOTAL (if last page of this schedule) \$ 2,215.00

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**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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)  
*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
5/31/06	ID# CK#	WELLS FARGO BANK 666 WALNUT DES MOINES, IA 50309	BANK SERVICE CHGS	\$ 5.35
6/30/06	ID# CK#	" " "	" " "	5.35
7/14/06	ID# CK# 1233	INTERNET REVEALED P.O. BOX 1023 MOLINE, IL 61265	DOMAIN REGISTR./WEB SITE.	170.45
	ID# CK#			
SUB-TOTAL				\$ 181.15
TOTAL (if last page of this schedule)				\$ 181.15

**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).)