File with:
Iowa Ethics and Campaign Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

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By PM

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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

WINCKLER 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 WINCKLER

Political Party (if applicable): DEMOCRAT

Office Sought: STATE REPRESENTATIVE

District (if Senate or House): 86

FORM **DR-2** (Rev. 07/2007) DISCLOSURE REPORT

For Office Use Only
Comm. # 1229
Logged In
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Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Thomas [illegible] — **SIGNATURE OF PERSON FILING REPORT**

(563) 386-2672 — **TELEPHONE**

1/9/08 — **DATE SIGNED**

I AM FILING A 12-31-07 (report date) REPORT FOR **(1) ELECTION /(2)NON-ELECTION** YEAR. 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.) $	3,182.63
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	955.00
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 $	4,137.63
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1134.70
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) 3002.93 $	3002.93
****UNPAID BILLS** (From Schedule D - Attach Schedule D) $	
***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) $	25.00
****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

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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)*

WINCHLER 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
8/14/07	ID# CK#	ERIKA H. ANDERSON P.O. BOX 1172 WAUKEE IA 50263		$ 100.00	☐
	ID# CK#	LINDA GOELDNER 4038 KINGMAN BLVD DES MOINES, IA 50311		30.00	☐
	ID# CK#	ANDREW BAUMAERT 5068 COACHLIGHT DR W DES MOINES, IA 50265		25.00	☐
	ID# CK#	ROBERT JOSTEN 801 GRAND STE 3900 DES MOINES, IA 50309		50.00	☐
	ID# CK#	PAULEE LEPSMAN 2850 GRAND #106 DES MOINES, IA 50312		25.00	☐
	ID# CK#	BARB BOATWRIGHT 2331 E 39TH CT DES MOINES, IA 50317		50.00	☐
	ID# CK#	JODEE WINTERHOF 110 10TH ST # 307 DES MOINES, IA 50309		25.00	☐
	ID# CK#	BEN BANOWETZ 2826 SW TRADITION CIR ANKENY, IA 50023		50.00	☐
	ID# CK#	AMY CAMPBELL-FLEMING 6504 JAMES FRANCIS PL JOHNSTON, IA 50131		100.00	☐
	ID# 6356 CK# 1432	FREEDOM FUND PAC 1171 7TH ST DES MOINES, IA 50314		100.00	☐
			SUB-TOTAL	$555.00	
			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

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
☐ 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

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
8/14/07	ID# 6070 CK# 3501	IOWA LAWPAC 521 E LOCUST ST 3RD FL DES MOINES, IA 50309		$ 100.00	☐
|	ID# 6046 CK# 4309	JUSTICE FOR ALL PAC 218 6TH AVE STE 526 DES MOINES, IA 50309		100.00	☐
|	ID# CK# 1633	IOWA NURSES ASSOC PAC 1501 42ND ST STE 471 W DES MOINES, IA 50266		50.00	☐
10/3/07	ID# CK#	DAVID L PALMER 213 SW FLYNN DR ANKENY, IA 50023		50.00	☐
|	ID# 6058 CK#	IOWA CHIROPRACTIC SOC PAC 1605 N ANKENY BLVD STE 100 ANKENY, IA 50023		100.00	☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐
	ID# CK#				☐

SUB-TOTAL $400.00

TOTAL ***(if last page of this schedule)*** $955.00

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES

☐ CHECK THIS BOX IF AMENDING 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.

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
1/30/07	ID# CK# 1281	SCOTT COUNTY DEMOCRATS P.O. BOX 2009 DAV IA 52809	DINNER TICKETS	$ 400.00
5/24/07	ID# CK# 1282	INTERNET REVEALED PO BOX 1023 MOLINE, IL 61265	WEB HOSTING 1 YEAR	150.50
9/17/07	ID# CK# 1284	SCOTT COUNTY DEMOCRATS PO BOX 2009 DAV IA 52809	DINNER TICKETS	70.00
9/17/07	ID# CK# 1285	IOWA DEMOCRATIC PARTY 5441 FLEUR DR DES MOINES, IA 50319	JJ DINNER	400.00
9/20/07	ID# CK# 1286	CINDY WINCKLER 6 THODE CT DAVENPORT, IA 52802	FUNDRAISER EXPENSES	50.00
1/31/07 To 12/31/07	ID# CK#	WELLS FARGO BANK 666 WALNUT DES MOINES, IA 50309	BANK SERVICE CHARGES	64.20
	ID# CK#			
	ID# CK#			

SUB-TOTAL $ 1134.70

TOTAL ***(if last page of this schedule)*** $ 1134.70

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 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME *(Must be same as on Statement of Organization)*
WINKLER FOR STATE HOUSE

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
6/5/07	IOWA DEMOCRATIC PARTY 5661 FLEUR DR DES MOINES, IA 50319		INVITATIONS & STAMPS	$ 25.00	☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
			SUB-TOTAL	$ 25.00	
			TOTAL (if last page of this schedule)	$ 25.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.