

Ralph

Kunkel

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J. B. M.

OR

(state)
day of May (month)
Year 2012

SCHEDULES - SCHEDULES

FORM G/O

COVER SHEET PG 2

19.			
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL	AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00		
2. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS			
3. <input type="checkbox"/> SCHEDULE C: LOANS			\$ 0.00
4. <input type="checkbox"/> SCHEDULE D: UNPAID POLITICAL OBLIGATIONS			
5. <input checked="" type="checkbox"/> SCHEDULE E: EXPENDITURES MADE FROM POLITICAL CO	\$ 267.00		
6. <input type="checkbox"/> SCHEDULE F2: UNPAID POLITICAL OBLIGATIONS			
7. <input type="checkbox"/> SCHEDULE F3: EXPENDITURES MADE FROM POLITICAL CO			
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00		
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FIN			
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CO	\$ 0.00		
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO			
12. <input type="checkbox"/> SCHEDULE J: POLITICAL EXPENDITURES MADE FROM PERSONAL FINANCIAL REBUND, AND CONTRIBUTIONS RETUR			

MORE THAN ONE CONTRIBUTION

If the requested information is not applicable, DO NOT include this page in the report.

The Instructions

1 Total pages Schedule A total paid

2 FILER NAME

Ralph Kunkel

3 Filer ID (Ethics Commission)

4 Date

5 Full name of contributor out-of-state PAC (ID# _____) 7 Amount of contribution (\$)

Dennis F. S. II

6 Contributor address; City; State; Zip Code

5835 T. historic, 11 NLR 7181

8 Principal occupation / Job title (See Instructions)

Retired

Date	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)

Date	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)

Date	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)

Date	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)

ATTACH ADDITIONAL COPY

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

DO NOT FILE THIS FORM WITH THE STATE

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Refund/Bursement	Solicitation/Fundraising Expense
Accounting/Banking Fees	Office Overhead/Rental Expense		Transportation Equipment & Related Expense
Consulting Expense	Polling Expense		Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Printing Expense		Travel Out Of District
Credit Card Payment	Salaries/Wages/Contract Labor		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address;	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	---	---

Complete ONLY if direct expenditure to benefit C/OH		
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Date	Payee name
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Amount (\$)	Payee address;	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
--	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE/OFFICEHOLDER REPORT

DESIGNATION OF FINAL REPORT

FORM

FORM C-01

The Instruction Guide explains how to complete this report.

** Complete only if "Report as Final"

C/O NAME/NAME

Ralph K. Kintzel

File ID/Ethics Commission Filer ID

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions after filing this report as a final report. Further, I understand that I may not retain unexpended contributions, interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I may not retain assets purchased with political contributions or interest or other income from political contributions in accordance with the requirements of Election Code, § 254.204.

Ralph K. Kintzel
Signature

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned from political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions, interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I may not retain assets purchased with political contributions, interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions, interest or other income from political contributions.
- I do retain assets purchased with political contributions, interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must file an annual report of assets purchased with political contributions and that I may not retain assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Ralph K. Kintzel
Signature of Candidate

5. OFFICEHOLDER

** Complete this section only if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer file. I am also an officeholder. As an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Ralph K. Kintzel
Signature of Officeholder