

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #	2 Total pages filed: 7
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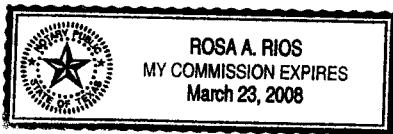
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST LAST MI	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged
	NICKNAME LAST SUFFIX	

4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	

5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year
	05 / 03 / 2007 THROUGH 06 / 30 / 2007

6 EXPLANATION OF CORRECTION	CORRECTION OF NAME ON CONTRIBUTION LIST CORRECTION OF DATE ON FORM
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7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Ron Natinsky

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Ron Natinsky this the 16th day of July, 2007.

to certify which, witness my hand and seal of office.

Rosa A. Rios

Signature of officer administering oath

Rosa A. Rios

Printed name of officer administering oath

Notary Public

Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission files)

2 Total pages filed:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

RON

NICKNAME

LAST

SUFFIX

NATINSKY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5501 PRESTWICK LANE
DALLAS TX 75252

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 732-4000

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

THROUGH

Month Day Year

05 / 03 / 2007

06 / 30 / 2007

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

DALLAS CITY COUNCIL

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME _____ 16 ACCOUNT # (Ethics Commission Filers) _____

17 NOTICE FROM POLITICAL COMMITTEE(S)

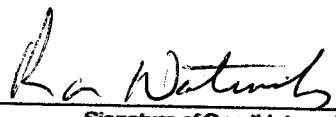
-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 7125 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13425 ⁵⁵
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 47,203 ⁸¹
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 35,000 ⁰⁰



19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rosa A. Rios, this the 16th day of July, 2007, to certify which, witness my hand and seal of office.

 Signature of officer administering oath
Rosa A. Rios Printed name of officer administering oath
 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission Use)

4 Date

5 Full name of contributor out-of-state PAC (OR: _____)

SEE ATTACHED

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation / Job title (See instructions)

10 Employer (See instructions)

Date

Full name of contributor out-of-state PAC (OR: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (OR: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (OR: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor out-of-state PAC (OR: _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Date	Name	Address	City	ST	ZIP	Contribution
5/9/07	Errol & Sandra	11844 Preston Brook PI	Dallas	TX	75230	250
5/9/07	Don	3232 McKinney Ave #890	Dallas	TX	75204	100
5/9/07	Dan & Joann	6234 La Cosa Drive	Dallas	TX	75248	250
5/9/07	Pete	1820 Regal Row Ste 200	Dallas	TX	75235	250
5/9/07	Phil U Stephanie	10824 Aladdin Drive	Dallas	TX	75229	100
5/9/07	Neal	3324 Blackburn St	Dallas	TX	75204	100
5/9/07	Steve	2017 Vista Trail	Roanoke	TX	76262	250
5/9/07	Sally & Larry	6411 Riverview Lane	Dallas	TX	75248	400
5/9/07	Chian Patel & Yerby Inc PAC	1820 Regal Row	Dallas	TX	75235	250
5/9/07	Chris	P O Box 131523	Dallas	TX	75313	100
5/9/07	John	1845 Woodall Rodgers Frwy #1200	Dallas	TX	75201	500
5/9/07	Wayne	6242 Emeraldwood PI	Dallas	TX	75254	500
5/9/07	Metrotex Assoc of Realtors PAC	8201 N Stemmons Frwy	Dallas	TX	75247	2500
5/9/07	Dallas HOME PAC	5816 W. Plano Pkwy	Plano	TX	75093	250
5/9/07	Len	16806 Club Hill Dr	Dallas	TX	75248	25
5/16/07	Jim	3208 Trevolle Place	Dallas	TX	75204	500
5/16/07	Carter & Burgess Inc PAC	7950 Elmbrook Dr	Dallas	TX	75247	200
5/16/07	JPI Good Govt Fund -State	600 E Las Colinas blvd #1900	Irving	TX	75039	250
5/16/07	Michale	17221 Earthwind Dr	Dallas	TX	75248	100
6/7/07	Harmon	5815 Portsmouth Lane	Dallas	TX	75252	250

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

(512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/3/07

5 Payee name

RON NATINSKY

7 Amount (\$)

63.49

6 Payee address; City, State; Zip Code

5501 PRESTWICK LN
DALLAS TX 75252

Expenditure from corporate funds

8 Purpose of payment (See instructions regarding type of information required.)

REIMBURSEMENT POSTAGE

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

5/3/07

Payee name

CULTOPIA

Amount (\$)

125.00

Payee address; City, State; Zip Code

4917 JUSTIN DR
PLANO TX 75024

Expenditure from corporate funds

Purpose of payment (See instructions regarding type of information required.)

WEBSITE CONSULTING

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

5/3/07

Payee name

MURPHY TURNER + ASSOC

Amount (\$)

5196.31

Payee address; City, State; Zip Code

816 CONGRESS AVE # 1160
AUSTIN TX 78701

Expenditure from corporate funds

Purpose of payment (See instructions regarding type of information required.)

MAILER, PRINTING + POSTAGE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

5/22/07

Payee name

MURPHY TURNER + ASSOC

Amount (\$)

272.08

Payee address; City, State; Zip Code

816 CONGRESS AVE # 1160
AUSTIN TX 78701

Expenditure from corporate funds

Purpose of payment (See instructions regarding type of information required.)

PRINTING

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/22/07

5 Payee name

RON NATINSKY

7 Amount (\$)

753²⁴

6 Payee address; City; State; Zip Code

*5501 PRESTWICK LANE
DALLAS TX 75252*

Expenditure from corporate funds

8 Purpose of payment (See instructions regarding type of information required.)

*ELECTION FUNCTION,
INVITATIONS, POSTAGE, ETC.*

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

6-18/07

Payee name

NORTH DALLAS CHAMBER OF COMMERCE

Amount (\$)

368⁰⁰

Payee address; City; State; Zip Code

*P.O. BOX 671168
DALLAS TX 75267*

Expenditure from corporate funds

Purpose of payment (See instructions regarding type of information required.)

MEMBERSHIP

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

6-30-07

Payee name

RON NATINSKY

Amount (\$)

1324⁶⁶

Payee address; City; State; Zip Code

*5501 PRESTWICK LANE
DALLAS TX 75252*

Expenditure from corporate funds

Purpose of payment (See instructions regarding type of information required.)

*ELECTION FUNCTION - CAMPAIGN
INVITES, POSTAGE, ETC.*

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

5/12/07

Payee name

MURPHY TURNER + ASSOC

Amount (\$)

5322⁷⁷

Payee address; City; State; Zip Code

*816 CONGRESS AVE # 1160
AUSTIN TX 78701*

Expenditure from corporate funds

Purpose of payment (See instructions regarding type of information required.)

MAILER, PRINTING + POSTAGE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED