

# 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 filers)	2 Total pages filed:  <div style="text-align: right; font-size: 2em; font-weight: bold;">6</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em; font-weight: bold;">RON</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em; font-weight: bold;">NATINSKY</div>	<div style="border: 2px solid black; padding: 5px;"> <p style="font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">SECRETARY</p> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">DALLAS, TEXAS</p> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">2007 JUL -9 PM 12:11</p> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">RECEIVED</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="text-align: center; font-size: 1.5em; font-weight: bold;">5501 PRESTWICK LANE DALLAS TX 75252</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.5em; font-weight: bold;">(972)    732-4000</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center; font-size: 1.5em; font-weight: bold;">PETE</div> NICKNAME      LAST      SUFFIX <div style="text-align: center; font-size: 1.5em; font-weight: bold;">SCHENKEL</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2515 MCKINNEY - 12TH FLOOR DALLAS TX 75201</div>	Receipt #      Amount  Date Processed  Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="text-align: center; font-size: 1.5em; font-weight: bold;">(214)    303-3421</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year      THROUGH      Month    Day    Year <div style="text-align: center; font-size: 1.5em; font-weight: bold;">05 / 03 / 2007      06 / 31 / 2007</div>		
11 ELECTION	ELECTION DATE Month    Day    Year /    /    /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <div style="text-align: center; font-size: 1.5em; font-weight: bold;">DALLAS CITY COUNCIL DIST 12</div>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

# 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. \*\*

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

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 7125<sup>00</sup>

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<sup>55</sup>

CONTRIBUTION BALANCE

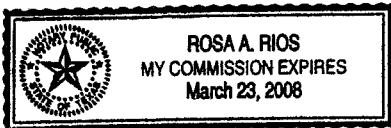
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 47,203<sup>81</sup>

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 35,000<sup>00</sup>

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*Ron Davinsky*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ron Davinsky, this the 9<sup>th</sup> day of July, 2007, to certify which, witness my hand and seal of office.

*Rosa A. Rios*      Rosa A. Rios      Notary Public  
Signature of officer administering oath      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 files)

4 Date

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

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 (ID# \_\_\_\_\_)

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 (ID# \_\_\_\_\_)

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 (ID# \_\_\_\_\_)

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 (ID# \_\_\_\_\_)

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 & Margaret	3208 Trevelle 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

00004

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <span style="font-size: 2em; margin-left: 100px;">2</span>
2 FILER NAME <span style="font-size: 1.2em; margin-left: 20px;">RON NATINSKY</span>		3 ACCOUNT # (Ethics Commission filers)
4 Date <span style="font-size: 1.2em; margin-left: 10px;">5/3/07</span>	5 Payee name <span style="font-size: 1.2em; margin-left: 20px;">RON NATINSKY</span>	7 Amount (\$) <span style="font-size: 1.5em; margin-left: 20px;">63.49</span>
6 Payee address; City; State; Zip Code <span style="margin-left: 20px;">5501 PRESTWICK LN DALLAS TX 75252</span>		<input type="checkbox"/> Expenditure from corporate funds
8 Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 20px;">REIMBURSEMENT POSTAGE</span>		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date <span style="font-size: 1.2em; margin-left: 10px;">5/3/07</span>	Payee name <span style="font-size: 1.2em; margin-left: 20px;">CULTOPIA</span>	Amount (\$) <span style="font-size: 1.5em; margin-left: 20px;">125<sup>00</sup></span>
Payee address; City; State; Zip Code <span style="margin-left: 20px;">4917 JUSTIN DR PLANO TX 75024</span>		<input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 20px;">WEBSITE CONSULTING</span>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date <span style="font-size: 1.2em; margin-left: 10px;">5/3/07</span>	Payee name <span style="font-size: 1.2em; margin-left: 20px;">MURPHY TURNER + ASSOC</span>	Amount (\$) <span style="font-size: 1.5em; margin-left: 20px;">5196<sup>31</sup></span>
Payee address; City; State; Zip Code <span style="margin-left: 20px;">816 CONGRESS AVE # 1160 AUSTIN TX 78701</span>		<input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 20px;">MAILER, PRINTING + POSTAGE</span>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held
Date <span style="font-size: 1.2em; margin-left: 10px;">5/22/07</span>	Payee name <span style="font-size: 1.2em; margin-left: 20px;">MURPHY TURNER + ASSOC</span>	Amount (\$) <span style="font-size: 1.5em; margin-left: 20px;">272<sup>08</sup></span>
Payee address; City; State; Zip Code <span style="margin-left: 20px;">816 CONGRESS AVE # 1160 AUSTIN TX 78701</span>		<input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) <span style="font-size: 1.2em; margin-left: 20px;">PRINTING</span>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>RON NATINSKY</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/22/07</i>	5 Payee name <i>RON NATINSKY</i> 6 Payee address; City; State; Zip Code <i>5501 PRESTWICK LANE DALLAS TX 75252</i>	7 Amount (\$) <i>753<sup>24</sup></i> <input type="checkbox"/> Expenditure from corporate funds
8 Purpose of payment (See instructions regarding type of information required.) <i>ELECTION FUNCTION, INVITATIONS, POSTAGE, ETC.</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>6-18/07</i>	Payee name <i>NORTH DALLAS CHAMBER OF COMMERCE</i> Payee address; City; State; Zip Code <i>P.O. BOX 671168 DALLAS TX 75267</i>	Amount (\$) <i>368<sup>00</sup></i> <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) <i>MEMBERSHIP</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>6-30-07</i>	Payee name <i>RON NATINSKY</i> Payee address; City; State; Zip Code <i>5501 PRESTWICK LANE DALLAS TX 75252</i>	Amount (\$) <i>1324<sup>66</sup></i> <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) <i>ELECTION FUNCTION - CAMPAIGN INVITES, POSTAGE, ETC.</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>5/12/07</i>	Payee name <i>MURPHY TURNER + ASSOC</i> Payee address; City; State; Zip Code <i>816 CONGRESS AVE # 1160 AUSTIN TX 78701</i>	Amount (\$) <i>5322<sup>77</sup></i> <input type="checkbox"/> Expenditure from corporate funds
Purpose of payment (See instructions regarding type of information required.) <i>MAILER, PRINTING + POSTAGE</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED