

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: center; font-size: 2em;">5</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.5em;">RON</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">NATINSKY</div>	<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <hr/> Date Received <hr/> Date Hand-delivered or Date Postmarked <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount	Date Processed	Date Imaged				
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Date Processed	Date Imaged										
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: 1.2em;">5501 PRESTWICK LANE DALLAS, TX 75252</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(972) 732-4000</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <div style="text-align: center; font-size: 1.5em;">RODGER</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">MEIER</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: 1.2em;">14645 PRESTON RD. # 231R DALLAS, TX 75254</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(972) 931-0190</div>										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" 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 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)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 1.5em;">10 / 18 / 2004 12 / 31 / 2004</div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.5em;">05 / 07 / 2005</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">DALLAS CITY COUNCIL</div>									
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 <hr/> 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

RON NATINSKY

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2150.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 43.13

4. TOTAL POLITICAL EXPENDITURES

\$ 2133.23

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

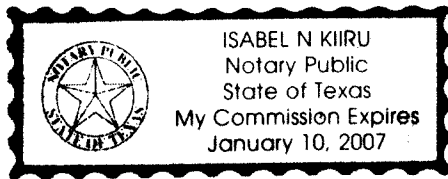
\$ 2150.00

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6000.00

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.

Ron Natinsky

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Natinsky, this the 18th day of January, 2005, to certify which, witness my hand and seal of office.

Isabel Kiiru

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: <u>1</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10-18-04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>RON + BETH CHAPMAN</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>4324 CREEKMEADOW DR. DALLAS, TX 75287</u>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10-18-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MARK + REBECCA WELLS</u>	Amount of contribution (\$) <u>250.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5431 BENT TREE DR DALLAS, TX 75248</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10-25-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>PETE SCHENKEL</u>	Amount of contribution (\$) <u>300.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2515 MCKINNEY #1200 DALLAS, TX 75201</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11-7-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>MAX WELLS</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>17370 PRESTON RD # 410 DALLAS, TX 75252</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>11-26-04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>FELIX Y. CHEN</u>	Amount of contribution (\$) <u>1000.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>4812 SPYGLASS DALLAS, TX 75287</u>			
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.

LOANS		SCHEDULE E	
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <p style="text-align: center; font-size: 2em;">/</p>	
2 FILER NAME <p style="font-size: 1.2em; font-family: cursive;">RON NATINSKY</p>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$	
5 Date of loan <p style="font-size: 1.2em; font-family: cursive;">10-18-04</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em; font-family: cursive;">RON NATINSKY</p>	9 Loan Amount (\$) <p style="font-size: 1.2em; font-family: cursive;">1000.00</p>	
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <p style="font-size: 1.2em; font-family: cursive;">5501 PRESTWICK LANE DALLAS, TX 75252</p>	10 Interest rate <p style="font-size: 1.2em; font-family: cursive;">0</p>	
11 Maturity date		12 Principal occupation / Job title (See Instructions)	
13 Employer (See Instructions)		14 Description of Collateral <input type="checkbox"/> none	
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)	
19 Principal Occupation		20 Employer	
Date of loan <p style="font-size: 1.2em; font-family: cursive;">12-30-04</p>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em; font-family: cursive;">RON NATINSKY</p>	Loan Amount (\$) <p style="font-size: 1.2em; font-family: cursive;">5000.00</p>	
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <p style="font-size: 1.2em; font-family: cursive;">5501 PRESTWICK LANE DALLAS, TX 75252</p>	Interest rate <p style="font-size: 1.2em; font-family: cursive;">0</p>	
Maturity date		Principal occupation / Job title (See Instructions)	
Employer (See Instructions)		Description of Collateral <input type="checkbox"/> none	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)	
Principal Occupation		Employer	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. **1** Total pages Schedule F: 1

2 FILER NAME RON NATINSKY **3** ACCOUNT # (Ethics Commission filers)

4 Date 11-01-04 **5** Payee name KARLA LEAPHART **7** Amount (\$) 375.00
6 Payee address; City; State; Zip Code 9817 BLUFFDALE DALLAS, TX 75218

8 Purpose of payment (See instructions regarding type of information required.) GRAPHIC DESIGN **9** -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 11-15-04 Payee name KARLA LEAPHART Amount (\$) 325.00
Payee address; City; State; Zip Code 9817 BLUFFDALE DALLAS, TX 75218

Purpose of payment (See instructions regarding type of information required.) GRAPHIC DESIGN -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date 12-27-04 Payee name PRINTCOMM Amount (\$) 1433.23
Payee address; City; State; Zip Code 9171 KING ARTHUR DALLAS, TX 75247

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

Date Payee name Amount (\$)
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.) -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED