



**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. ••

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

**18 CONTRIBUTION TOTALS**

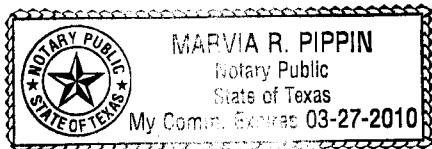
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2200 <sup>00</sup>
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 2171 <sup>98</sup>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 47,231 <sup>83</sup>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 35,000 <sup>00</sup>

**EXPENDITURE TOTALS**

**CONTRIBUTION BALANCE**

**OUTSTANDING LOAN TOTALS**

**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 10th day of JANUARY, 2008, to certify which, witness my hand and seal of office.

Marvia R Pippin MARVIA R PIPPIN NOTARY  
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 filers)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

*See attached*

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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

(If travel outside of Texas, complete Schedule T)

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	Amount
7/2/07	Lucy Billingsley	4100 International Pkwy Ste 1100	Carrollton	TX	75007	500
7/18/07	Tony Goolsby	6211 W NW Hwy #G104	Dallas	TX	75225	1000
8/17/07	Howard & Claudia Nelson	5724 Wortham Lane	Dallas	TX	75252	100
9/17/07	Stanley Moussa	5419 Saturn Dr. LB12	Dallas	TX	75237	100
10/1/07	Ray Hunt	1445 Ross Ave #1500	Dallas	TX	75202	500

**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 files)

4 Date  
**8-7-07**

5 Payee name  
**MURPHY TURNER + ASSOC.**  
-----  
6 Payee address; City; State; Zip Code  
**816 CONGRESS AVE  
AUSTIN TX 78701**

7 Amount (\$)  
**715.35**

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

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**10-9-07**

Payee name  
**NANCY NATINSKY**  
-----  
Payee address; City; State; Zip Code  
**5501 PRESTWICK LN  
DALLAS TX 75252**

Amount (\$)  
**81.50**

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

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**12-20-07**

Payee name  
**NANCY NATINSKY**  
-----  
Payee address; City; State; Zip Code  
**5501 PRESTWICK LN  
DALLAS TX 75252**

Amount (\$)  
**287.00**

Purpose of payment (See instructions regarding type of information required.)  
**RENTAL - TRINITY CHURCH FORUM**

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date  
**12-20-07**

Payee name  
**NANCY NATINSKY**  
-----  
Payee address; City; State; Zip Code  
**5501 PRESTWICK LN  
DALLAS TX 75252**

Amount (\$)  
**43.37**

Purpose of payment (See instructions regarding type of information required.)  
**BREAKFAST MTG - HOMEOWNER PRESIDENTS**

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

*RON NATINSKY*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*12-20-07*

5 Payee name

*NANCY NATINSKY*

7 Amount (\$)

*496.48*

6 Payee address; City; State; Zip Code

*5501 PRESTWICK LN  
DALLAS TX 75252*

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

*MISC CARDS, POSTAGE, GIFTS*

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

Candidate / Officeholder name Office sought Office held

Date

*12-20-07*

Payee name

*NANCY NATINSKY*

Amount (\$)

*548.28*

Payee address; City; State; Zip Code

*5501 PRESTWICK LN  
DALLAS TX 75252*

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

*PHONE - JAN-DEC 2007  
CAMPAIGN LINE*

-- 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

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