

085036

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:

RECEIVED SECRETARIES OF STATE DALLAS, TEXAS JUL 1 PM 1:03

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX RON NATINSKY

OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged

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 PETE SCHENKEL

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2515 MCKINNEY - 12TH FLOOR DALLAS TX 75201

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION (214) 303-3421

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officaholder only) July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 01 / 01 / 2008 THROUGH Month Day Year 6 / 30 / 2008

11 ELECTION

ELECTION DATE Month Day Year ELECTION TYPE Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) DALLAS CITY COUNCIL DIST 12

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 RON NATINSKY 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

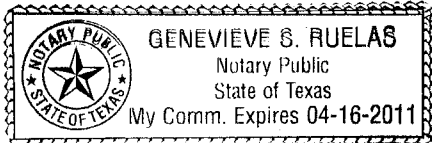
additional pages

**\*\* 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	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
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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)	\$ 100.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 857.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 46,473.95
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.

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 1 day of July, 2008, to certify which, witness my hand and seal of office.

Genevieve S. Ruelas Genevieve S. Ruelas Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME RON NATINSKY

3 ACCOUNT # (Ethics Commission filers)

4 Date 5/6/08

5 Full name of contributor TOM + PATTI LEACH

6 Contributor address; City; State; Zip Code 5003 TIMBER CIRCLE MCKINNEY TX 75070

7 Amount of contribution (\$) 100.00

8 In-kind contribution description (if applicable)

(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#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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.

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**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

5 Payee name

7 Amount (\$)

2-21-08

NANCY NATINSKY

6 Payee address; City; State; Zip Code

5501 PRESTWICK LN  
DALLAS TX 75252

90 <sup>92</sup>

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

REIMBURSE BREAKFAST MEETING  
HOMEDOWNER PRESIDENTS  
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-8-08

NANCY NATINSKY

Payee address; City; State; Zip Code

5501 PRESTWICK LN  
DALLAS TX 75252

46. <sup>49</sup>

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

REIMBURSE BRFAST MTG  
HOMEDOWNER ASSOC. PRESIDENTS  
(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5-16-08

N. DALLAS CHAMBER OF COMMERCE

Payee address; City; State; Zip Code

P.O. BOX 671168  
DALLAS TX 75267

387 <sup>00</sup>

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

MEMBERSHIP DUES

(If travel outside of Texas, complete Schedule T)

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6-28-08

NANCY NATINSKY

Payee address; City; State; Zip Code

5501 PRESTWICK LN  
DALLAS TX 75252

333 <sup>47</sup>

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

BRKFAST MTG - 53.33  
COPIES - 6.00 PHONE 274.13  
(If travel outside of Texas, complete Schedule T) JAN-JUNE

-- 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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