

042700

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:

18

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

RON

LAST

SUFFIX

NATINSKY

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5501 PRESTWICK LANE

DALLAS TX 75252

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 732-4000

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

RODGER

LAST

SUFFIX

MEIER

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

14645 PRESTON RD # 231R

DALLAS TX 75254

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(972) 931-0190

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

3 / 30 / 2005

4 / 27 / 2005

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

05 / 07 / 2005

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DALLAS CITY COUNCIL DIST 12

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

000001

042700

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

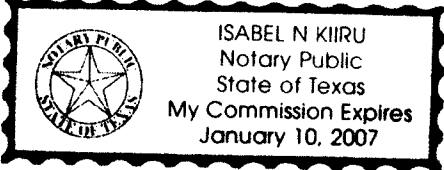
FORM C/OH COVER SHEET PG 2

15 C/OH NAME <i>RON NATINSKY</i>	16 ACCOUNT # (Ethics Commission filers)
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17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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

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)	\$ 9300.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,449.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,605.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 31,000.00

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 29th day of April, 2005, to certify which, witness my hand and seal of office.

<u>Isabel Kiiru</u> Signature of officer administering oath	<u>Isabel Kiiru</u> Printed name of officer administering oath	<u>Notary, TX</u> Title of officer administering oath
--	---	--

000002

042700

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

7

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission filers)

4 Date

4.25.05

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

HOWARD HALLAM

6 Contributor address; City; State; Zip Code

5330 S. DENTWOOD DR.
DALLAS TX 75220

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4.25.05

Full name of contributor out-of-state PAC (ID#:

TED ENLOE

Contributor address; City; State; Zip Code

8823 BRIARWOOD LANE
DALLAS TX 75209

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.25.05

Full name of contributor out-of-state PAC (ID#:

J. McDONALD WILLIAMS

Contributor address; City; State; Zip Code

2001 ROSS AVE. # 3350
DALLAS TX 75201

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.25.05

Full name of contributor out-of-state PAC (ID#:

DONALD J. MCNAMARA

Contributor address; City; State; Zip Code

3232 MCKINNEY AVE #890
DALLAS TX 75204

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4.25.05

Full name of contributor out-of-state PAC (ID#:

DICK + PHYLLIS DAMON

Contributor address; City; State; Zip Code

5716 PORTSMOUTH
DALLAS TX 75252

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

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 CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME RON NATINSKY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-6-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EVE FRANCE	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6609 COOLGLEN DR DALLAS TX 75248			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4-6-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WALT + PEGGY LAIDLAW	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5708 ARCHER CT DALLAS TX 75252			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-6-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GODWIN GRUBER PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 ELM ST. #1700 DALLAS TX 75270			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-6-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J. J. COLLMER	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5525 WESTEROVE DR. DALLAS TX 75248			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4-6-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STUART J SPECHLER MD	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 16004 RANCHITA DR. DALLAS TX 75248			
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.

000004

042700

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-15-05

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

DON MAULSBY

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

5611 SHUBERT CT
DALLAS TX 75252

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-15-05

Full name of contributor out-of-state PAC (ID#:

MARGARET HALL

Amount of contribution (\$)

150.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7325 ROUNDROCK RD.
DALLAS TX 75248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-05

Full name of contributor out-of-state PAC (ID#:

JAMES DILLAVOLL

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5904 JOHN WOODS DR.
PLANO TX 75093

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-05

Full name of contributor out-of-state PAC (ID#:

WILLIAM SIEGEL

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4416 SOUTHWESTERN
DALLAS TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-05

Full name of contributor out-of-state PAC (ID#:

STEPHEN TAYLOR

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10707 PRESTON RD,
DALLAS TX 75230

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.

000005

042700

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-13-05

5 Full name of contributor

SAM TSAY

out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

5711 RICHWATER
DALLAS TX 75252

7 Amount of contribution (\$)

200.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-13-05

Full name of contributor

LARRY KRASNER

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

6723 DUFFIELD CT.
DALLAS TX 75248

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-05

Full name of contributor

BOB + ANN KIESCHNICK

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

5514 PRESTWICK LN
DALLAS TX 75252

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-05

Full name of contributor

JAY DENNY

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

6447 PARK LN
DALLAS TX 75225

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-05

Full name of contributor

DEMETRIS SAMPSON

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

2207 ELDEROAKS LN
DALLAS TX 75232

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

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.

000006

042700

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission files)

4 Date

4-10-05

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

HB + SUSIE BELL

6 Contributor address; City; State; Zip Code

6626 HARVEST GLEN
DALLAS TX 752487 Amount of
contribution (\$)

100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-10-05

Full name of contributor out-of-state PAC (ID#:

RONALD DAVIDSON

Contributor address; City; State; Zip Code

80 ABBEY WOODS LANE
DALLAS TX 75248Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-10-05

Full name of contributor out-of-state PAC (ID#:

RICH MORGAN

Contributor address; City; State; Zip Code

7105 DYE DR.
DALLAS TX 75248Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-05

Full name of contributor out-of-state PAC (ID#:

THE REAL ESTATE COUNCIL - PAC

Contributor address; City; State; Zip Code

COMMUNITY LEADERSHIP COMM.
8117 PRESTON RD # 750 - 75225Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-13-05

Full name of contributor out-of-state PAC (ID#:

TREPAC / COLLIN CTY ASSOC OF

Contributor address; City; State; Zip Code

6821 COIT RD
PLANO 75024Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

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.

000007

042700

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission files)

4 Date

4-18-05

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

METROTEK ASSO. OF REALTORS

6 Contributor address; City; State; Zip Code

PAC
8201 N. STEMMONS FRLWY
DALLAS TX 75247

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-18-05

Full name of contributor out-of-state PAC (ID#:

BARBARA WEINSTEIN

Contributor address; City; State; Zip Code

16131 RED CEDAR TRAIL
DALLAS TX 75248

Amount of contribution (\$)

75.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-05

Full name of contributor out-of-state PAC (ID#:

MARK + SANDRA KAMAN

Contributor address; City; State; Zip Code

16236 SHADYBANK DR
DALLAS TX 75248

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-05

Full name of contributor out-of-state PAC (ID#:

ROBERT L TRIMBLE

Contributor address; City; State; Zip Code

8333 DOUGLAS AVE #1350
DALLAS TX 75225

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25-05

Full name of contributor out-of-state PAC (ID#:

DICK + LOUIE BELLEW

Contributor address; City; State; Zip Code

7328 WILLIAMS WOOD DR
DALLAS TX 75252

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

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.

000008

042700

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission files)

4 Date

4-25-05

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

APT. ASSOC. OF GREATER DALLAS

6 Contributor address; City; State; Zip Code

PAC
4230 LBJ FREEWAY #140
DALLAS TX 75244

7 Amount of contribution (\$)

2500.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-25-05

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

CAROL GENE COHEN

Contributor address; City; State; Zip Code

7722 MAPLECREST DR
DALLAS TX 75254

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

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)

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)

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)

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.

000009

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

4-18-05

7 Name of lender

RON NATINSKY

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

5000.00

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

5501 PRESTWICK LANE
DALLAS, TX 75252

10 Interest rate

0

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

4-27-05

Name of lender

RON NATINSKY

out-of-state PAC (ID#: _____)

Loan Amount (\$)

20,000.00

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

5501 PRESTWICK LANE
DALLAS, TX 75252

Interest rate

0

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

000010

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule 3

2 FILER NAME RON NATINSKY

3 ACCOUNT # (Ethics Commission filers)

4 Date 4-11-05

5 Payee name RENE E RIGGS
6 Payee address; City; State; Zip Code 3105 SAN JACINTO #217 DALLAS TX 75204

7 Amount (\$) 170.94

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

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

Date 4-12-05

Payee name STERLING SERVICES
Payee address; City; State; Zip Code PO BOX 190511 DALLAS TX 75219

Amount (\$) 242.41

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

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

Date 4-18-05

Payee name MAIL FOR LESS
Payee address; City; State; Zip Code 264 COMSTOCK ST. DALLAS TX 75208

Amount (\$) 3658.54

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

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

Date 4-4-05

Payee name PRINT COMM
Payee address; City; State; Zip Code 4171 KING ARTHUR DALLAS TX 75247

Amount (\$) 3267.26

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

000011

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 Payee name

COTOPIA

7 Amount (\$)

4-4-05

6 Payee address; City; State; Zip Code

7070 WINDHAVEN PKWY #102
THE COLONY TX 75056

1175.00

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

WEB DEVELOPMENT

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

Date

Payee name

STERLING SERVICES

Amount (\$)

4-4-05

Payee address; City; State; Zip Code

PO BOX 190511
DALLAS TX 75219

434.99

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

MAIL LIST

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

Date

Payee name

KARLA LEAPHART

Amount (\$)

4-10-05

Payee address; City; State; Zip Code

4817 BULLFOOTE
DALLAS TX 75218

1825.00

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

Payee name

PRINT COMM

Amount (\$)

4-10-05

Payee address; City; State; Zip Code

9171 KING ARTHUR
DALLAS TX 75247

1459.78

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

000012

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 Payee name

GILL STUDIOS

7 Amount (\$)

4-10-05

6 Payee address; City; State; Zip Code

PO BOX 2909

1177.93

SHAWNEE MISSION KS 66201

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

SIGNS

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

Date

Payee name

MAIL FOR LESS

Amount (\$)

4-25-05

Payee address; City; State; Zip Code

264 COMSTOCK ST DALLAS TX 75208

3577.92

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

MAILING + STAMPS

-- 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

000013

042700

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 5

2 FILER NAME

Ron NATINSKY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

KINKOS

8 Amount (\$)

5.79

4-19-05

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Printing

Reimbursement from political contributions intended

Date

Payee name

KINKOS

Amount (\$)

146.12

4-21-05

Payee address; City; State; Zip Code

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

Printing

Reimbursement from political contributions intended

Date

Payee name

OFFICE DEPOT

Amount (\$)

25.46

4-21-05

Payee address; City; State; Zip Code

4949 BELTLINE
DALLAS TX

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

mailing supplies

Reimbursement from political contributions intended

Date

Payee name

MAPSCO

Amount (\$)

4.28

4-7-05

Payee address; City; State; Zip Code

PRESTON RD
DALLAS TX

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

Reimbursement from political contributions intended

Date

Payee name

USPS

Amount (\$)

74.00

4-11-05

Payee address; City; State; Zip Code

SUMMERSIDE
DALLAS TX 75252

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

postage

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

000014

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME RON NATINSKY		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-6-05	5 Payee name STARBUCKS 6 Payee address; City; State; Zip Code	8 Amount (\$) 3.36
	7 Purpose of expenditure (See instructions regarding type of information required.) STRATEGY MEETING	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-7-05	Payee name USPS Payee address; City; State; Zip Code	Amount (\$) 2.42
	Purpose of expenditure (See instructions regarding type of information required.) POSTAGE	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-2-05	Payee name DELI NEWS Payee address; City; State; Zip Code PRESTON CAMPBELL	Amount (\$) 33.00
	Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LUNCH	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-7-05	Payee name HECTORS ON HENDERSON Payee address; City; State; Zip Code	Amount (\$) 48.00
	Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN LUNCH	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-9-05	Payee name STAPLES Payee address; City; State; Zip Code COIT RD RICHARDSON	Amount (\$) 36.04
	Purpose of expenditure (See instructions regarding type of information required.) supplies - office - mailing	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

000015

042700

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME RON NATINSKY		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-20-05	5 Payee name TX JEWISH POST 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) AD	8 Amount (\$) 480.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-14-05	Payee name KINKOS Payee address; City; State; Zip Code PRESTONWOOD STATION Purpose of expenditure (See instructions regarding type of information required.) Printing	Amount (\$) 224⁷⁵ <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-18-05	Payee name USPS Payee address; City; State; Zip Code PRESTONWOOD STATION Purpose of expenditure (See instructions regarding type of information required.) Postage	Amount (\$) 370⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-4-05	Payee name USPS Payee address; City; State; Zip Code PRESTONWOOD STATION Purpose of expenditure (See instructions regarding type of information required.) postage	Amount (\$) 222.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-13-05	Payee name CITY HALL CAFE Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) lunch	Amount (\$) 5.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

000016

042700

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME RON NATINSKY		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-16-05	5 Payee name USPS 6 Payee address; City; State; Zip Code	8 Amount (\$) 15.03
	7 Purpose of expenditure (See instructions regarding type of information required.) postage	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-18-05	Payee name Office DEPOT Payee address; City; State; Zip Code PLANO	Amount (\$) 43.81
	Purpose of expenditure (See instructions regarding type of information required.) supplies - mailing	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-14-05	Payee name Office MAX Payee address; City; State; Zip Code ARAPAHO RD DALLAS	Amount (\$) 13.31
	Purpose of expenditure (See instructions regarding type of information required.) mailing supplies	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-21-05	Payee name Office DEPOT Payee address; City; State; Zip Code 4949 Beltline DALLAS TX	Amount (\$) 30.30
	Purpose of expenditure (See instructions regarding type of information required.) mailing supplies	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 4-21-05	Payee name USPS Payee address; City; State; Zip Code	Amount (\$) 407.00
	Purpose of expenditure (See instructions regarding type of information required.) postage	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		
000017		

042700

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

CITY HALL CAFE

8 Amount (\$)

13.54

6 Payee address; City; State; Zip Code

DALLAS TX

7 Purpose of expenditure (See instructions regarding type of information required.)

lunch

Reimbursement from political contributions intended

Date

Payee name

CATHOLIC FOUNDATION

Amount (\$)

125.00

Payee address; City; State; Zip Code

DALLAS TX

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

LUNCHEON MEETING

Reimbursement from political contributions intended

Date

Payee name

SBC

Amount (\$)

29.88

Payee address; City; State; Zip Code

PO BOX 1536
TOPERA KS 66601

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

TELEPHONE LINE - CAMPAIGN

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

000013

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #

2 Total pages filed: 2

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR)

FIRST

MI

RON

NICKNAME

LAST

SUFFIX

NATINSKY

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Legal

Totals

Date Processed

Date Imaged

4 ORIGINAL REPORT TYPE

January 15

Runoff

Other (specify)

July 15

Exceeded \$500 limit

30th day before election

15th day after treasurer appointment (officeholder only)

8th day before election

Final report

5 ORIGINAL PERIOD COVERED

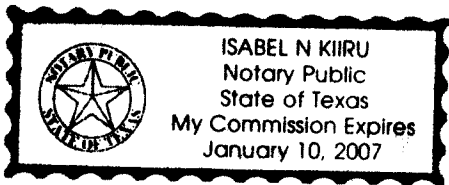
Month Day Year Month Day Year

10 / 18 / 2004 THROUGH 12 / 31 / 2004

6 EXPLANATION OF CORRECTION

TO CORRECT #5 - TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD. ON COVER SHEET PG 2 CORRECTED FORM ATTACHED - MATH ERROR

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 29th day of April, 2005.

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

Isabel Kiiru

Isabel Kiiru

Notary, TX

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

000001

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

RON NATINSKY

16 ACCOUNT # (Ethics Commission files)

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

- GENERAL
- 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

\$ -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

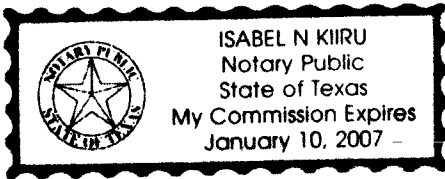
\$ 5973.64

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 29th day of April, 20 05, to certify which, witness my hand and seal of office.

Isabel Kiiru
Signature of officer administering oath

Isabel Kiiru
Printed name of officer administering oath

Notary, TX
Title of officer administering oath

042700

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #	2 Total pages filed: <u>2</u>
--------------------	--------------------------------------

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
		<u>RON</u>		Date Received
		<u>NATINSKY</u>		Date Hand-delivered or Date Postmarked

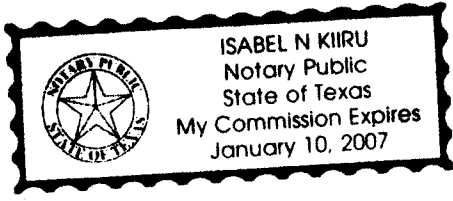
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th 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	THROUGH	Month	Day	Year
	<u>01 / 01 / 2005</u>				<u>03 / 29 / 2005</u>		
	Receipt #	Amount	Legal	Totals			
	Date Processed	Date Imaged					

6 EXPLANATION OF CORRECTION

TO CORRECT #4 + #5 ON COVER SHEET PG 2. MATH ERROR CORRECTED FORM ATTACHED

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 29th day of April, 2005.

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

Isabel Kiiru Isabel Kiiru Notary, TX
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

000001

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)

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COMMITTEE TYPE

GENERAL

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

\$ -0-

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

\$ 25,544.95

EXPENDITURE TOTALS

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

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 30,763.76

CONTRIBUTION BALANCE

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

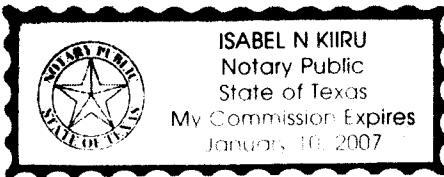
\$ 754.83

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 29th day of April, 2005, to certify which, witness my hand and seal of office.

Isabel Kiiru
Signature of officer administering oath

Isabel Kiiru
Printed name of officer administering oath

Notary, TX
Title of officer administering oath