

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:

25

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

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 LAST SUFFIX RODGER 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) 431-0190

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year 4 / 28 / 2005 THROUGH Month Day Year 5 / 25 / 2005

11 ELECTION

ELECTION DATE Month Day Year 06 / 04 / 2005 ELECTION TYPE 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

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042700

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*RON NATINSKY*

16 ACCOUNT # (Ethics Commission file)

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)

\$ 14,410.00

EXPENDITURE TOTALS

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

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 26,092.55

CONTRIBUTION BALANCE

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

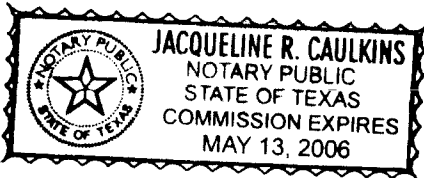
\$ 12,923.14

OUTSTANDING LOAN TOTALS

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

\$ 40,000.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said *Jacqueline R. Caulkins* this the 27<sup>th</sup> day of May, 2005, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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:

14

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission files)

4 Date

5-10

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

NELDA NEALE

6 Contributor address; City; State; Zip Code

5616 SHUBERT CT  
DALLAS TX 75252

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-10

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

MAX WELLS

Contributor address; City; State; Zip Code

17370 PRESTON RD. #410  
DALLAS TX 75252

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-10

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

PAT MITCHELL

Contributor address; City; State; Zip Code

7616 DUNLEER WAY  
DALLAS TX 75248

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-10

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

STAN + MARILYN ROTHSTEIN

Contributor address; City; State; Zip Code

7103 BREMERTON CT  
DALLAS TX 75252

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-10

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

BECKY + LARRY SYKES

Contributor address; City; State; Zip Code

3617 CRAGMONT  
DALLAS TX 75205

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 files)**4** Date

5-10

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

JOAN + MARVIN LANE

**6** Contributor address; City; State; Zip Code7715 FALLMEADOW LN  
DALLAS TX 75248**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

5-10

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

BOB RICHARD

Contributor address; City; State; Zip Code

7240 WHISPERING PINES  
DALLAS TX 75248

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-10

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

ROBERT + CAROLEE BLUMIN

Contributor address; City; State; Zip Code

5723 WORTHAM LN  
DALLAS TX 75252

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-10

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

J. P. MORGAN CHASE + CO PAC

Contributor address; City; State; Zip Code

270 PARK AVE  
NEW YORK NY 10017

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-10

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

CHARLES &amp; LINDA Golenternek

Contributor address; City; State; Zip Code

7302 Rustic Valley  
DALLAS TX 75248

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 files)

4 Date

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

5-10

HOME GARY LAWLER  
 6 Contributor address; City; State; Zip Code  
 5620 LIVE OAK # 202  
 DALLAS TX 75206

20.00

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)

5-10

CAROL WIGDER  
 Contributor address; City; State; Zip Code  
 7147 HUNTERS RIDGE  
 DALLAS TX 75248

50.00

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)

5-10

JEFF FRANKEL  
 Contributor address; City; State; Zip Code  
 3700 SHENANDOAH AVE  
 DALLAS TX 75205

100.00

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)

5-13

HOME BUILDERS ASSOC OF GRTR DALLAS PAC  
 Contributor address; City; State; Zip Code  
 5816 W PLANO PKWY  
 PLANO TX 75093

500.00

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)

5-16

GEORGE A SHAFER  
 Contributor address; City; State; Zip Code  
 400 E. CARPENTER FRWY  
 IRVING TX 75062

250.00

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 <i>RON NATINSKY</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date <i>5-16</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>NATALIE POTTER</i> 6 Contributor address; City; State; Zip Code <i>6009 STILL FOREST DR. DALLAS TX 75252</i>	7 Amount of contribution (\$) <i>50.00</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>5-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>PEGGY + WALT LAIDLAW</i> Contributor address; City; State; Zip Code <i>5708 ARCHER CT. DALLAS TX 75252</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>W E COOPER</i> Contributor address; City; State; Zip Code <i>2700 STEMMONS FRW # 901 DALLAS TX 75207</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>ROBERT W HSUEH</i> Contributor address; City; State; Zip Code <i>6815 Bert LANE DALLAS TX 75240</i>	Amount of contribution (\$) <i>250.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5-16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>FOREST SMITH</i> Contributor address; City; State; Zip Code <i>3232 MCKINNEY AVE #1400 DALLAS TX 75204</i>	Amount of contribution (\$) <i>100.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> 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 files)	
4 Date 5-16	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT GUAT 6 Contributor address; City: State: Zip Code 5934 TREE SHAADOW TRL DALLAS TX 75252	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TIM + GRETCHEN FEEMSTER Contributor address; City: State: Zip Code 6005 CALM MEADOW DALLAS TX 75248	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LINDA + LARRY CAMIN Contributor address; City: State: Zip Code 16502 FALKIRK DR DALLAS TX 75248	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAY + MAIJA SALEM Contributor address; City: State: Zip Code 5505 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 5-16	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ILENE PERKETT Contributor address; City: State: Zip Code 6019 YELLOW ROCK TRAIL DALLAS TX 75248	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  
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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 files)	
4 Date 5-16-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ELDON + JANICE EDGIN 6 Contributor address; City; State; Zip Code 14908 WOODBRIAR DR DALLAS TX 75248	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: G. STEPHEN MUETTE Contributor address; City; State; Zip Code 5912 STILL FOREST DR DALLAS TX 75252	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY WARNER Contributor address; City; State; Zip Code 504 TOWN CREEK DR DALLAS TX 75232	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JACKSON SALASKY Contributor address; City; State; Zip Code 7114 WESTER WAY DALLAS TX 75248	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAREN PROTHRO Contributor address; City; State; Zip Code 3929 POTOMAC AVE DALLAS TX 75205	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  
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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 <b>RON NATINSKY</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>5-16-05</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>HARRY + PHYLLIS LUCAS</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>5736 WORTHAM LN DALLAS TX 75252</b>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>5-16-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>HOWARD + FANCHON HALLAM</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5330 S. DENTWOOD DR. DALLAS TX 75220</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-16-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MICHAEL + BARBARA PACTOR</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>6721 DUFFIELD CT. DALLAS TX 75248</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-16-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DAN PETY</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 610246 DALLAS TX 75261</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>5-16-05</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>HARMON SCHEPPS</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5815 PORTSMOUTH LN DALLAS TX 75252</b>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

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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 NATINSKI		3 ACCOUNT # (Ethics Commission files)	
4 Date 5-16-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MR. & MRS. ROLAND BORDEN	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7340 WHISPERING PINES DALLAS TX 75248			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY SCHOENBRUN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13322 PEUNTON DR DALLAS TX 75240			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERROL JACOBSON	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4619 QUEENS FERRY DALLAS TX 75248			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-16-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDREW STERN	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5420 LBJ # 1475 DALLAS TX 75240			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-17-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUZANNE SMITH	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5640 ELLSWORTH DALLAS TX 75206			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			
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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 5-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HAROLD SIMMONS 6 Contributor address; City; State; Zip Code 5430 LBJ Fwy #1700 DALLAS TX 75240	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 5-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DALLAS POLICE OFFICERS PAC Contributor address; City; State; Zip Code 1412 GRIFFIN ST EAST DALLAS TX 75215	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J M HAGGAR JR Contributor address; City; State; Zip Code 16300 ADDISON RD #290 ADDISON TX 75001	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DALE + ROSE HARDER Contributor address; City; State; Zip Code 7306 HEATHERMORE DALLAS TX 75248	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CAROLYN KENNINGTON Contributor address; City; State; Zip Code 6514 WICKERWOOD DR. DALLAS TX 75248	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**

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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 files)	
4 Date 5-17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES WYLY JR. 6 Contributor address; City; State; Zip Code 300 CRESCENT CT # 1000 DALLAS TX 75201	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 5-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RONALD G. STEINHART Contributor address; City; State; Zip Code 25 ROBLEDO DR DALLAS TX 75230	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J E STAEDKE Contributor address; City; State; Zip Code 5826 PORTSMOUTH LN DALLAS TX 75252	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOLLIS HALL Contributor address; City; State; Zip Code 7311 LA BOLSA DR DALLAS TX 75248	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RANDALL GOSS Contributor address; City; State; Zip Code 10210 N CENTRAL EXPRESSWAY DALLAS TX 75231	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			
000012			

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

5-17

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

MARVIN + SYLVIA GREENBERG

6 Contributor address; City; State; Zip Code

7367 BLAIRVIEW DR.  
DALLAS TX 75230

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-19

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

HOWARD + GRETA HERSKOWITZ

Contributor address; City; State; Zip Code

5819 COOLWATER COVE  
DALLAS TX 75252

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-19

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

PAT + CHARLES WHITE

Contributor address; City; State; Zip Code

4714 WILDWOOD  
DALLAS TX 75209

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-19

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

DEMETRIS SAMPSON

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)

Date

5-19

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

SARAH + MURRAY MUNVES

Contributor address; City; State; Zip Code

5200 KELLER SPRINGS # 1020  
DALLAS TX 75248

Amount of contribution (\$)

150.00

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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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 5-19

5 Full name of contributor KRISTI SHERRIL

out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4352 POTOMAC DALLAS TX 75205

50.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 5-19

Full name of contributor KEVIN PALET

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

18621 TALL OAK DR DALLAS TX 75287

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5-19

Full name of contributor LUCY BILLINGSLEY

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6701 TURTLE CREEK BWD DALLAS TX 75205

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5-19

Full name of contributor STEPHEN TAYLOR

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

10707 PRESTON RD. DALLAS TX 75230

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5-19

Full name of contributor MARGARET HALL

out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

7325 ROUNDROCK RD. DALLAS TX 75248

45.00

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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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  
**5-19**

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

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**3 CHESHIRE CT  
HEATH, TX 75032**

**50.00**

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**5-23**

Full name of contributor  out-of-state PAC (ID#:  
**SW AIRLINES CO FREEDOM FUND PAC**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**PO BOX 36611  
DALLAS TX 75235**

**500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5-23**

Full name of contributor  out-of-state PAC (ID#:  
**SUN HEE C HUNG**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**12801 MIDWAY RD # 401  
DALLAS TX 75244**

**100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5-23**

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**7620 KEVIN DR  
DALLAS TX 75248**

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**5-23**

Full name of contributor  out-of-state PAC (ID#:  
**HOLLIE + PATRICIA IRVIN**

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**12 BERMUDA DUNES CT  
FRISCO, TX 75034**

**50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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 files)

4 Date

5-23

5 Full name of contributor

 out-of-state PAC (ID#:

BOB RICHMOND

6 Contributor address; City; State; Zip Code

6904 TOKALON DR

DALLAS TX 75214

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

5-23

Full name of contributor

 out-of-state PAC (ID#:

SIMON GABRIEL

Contributor address; City; State; Zip Code

6726 ROLLING VISTA DR.

DALLAS TX 75248

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-23

Full name of contributor

 out-of-state PAC (ID#:

ERLE NYE

Contributor address; City; State; Zip Code

12211 CREEK FOREST DR

DALLAS TX 75230

Amount of contribution (\$)

300.00

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)

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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042700

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <p style="text-align: center;">1</p>
2 FILER NAME <p style="text-align: center;">RON NATINSKY</p>		3 ACCOUNT # (Ethics Commission files)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$		
5 Date of loan <p style="text-align: center;">5-25-05</p>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">RON NATINSKY</p>	9 Loan Amount (\$) <p style="text-align: center;">9000.00</p>
6 Is lender a financial Institution? <p style="text-align: center;">Y    <input checked="" type="radio"/> N</p>	8 Lender address;    City;    State;    Zip Code <p style="text-align: center;">5501 PRESTWICK LANE DALLAS, TX 75252</p>	10 Interest rate <p style="text-align: center;">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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <p style="text-align: center;">Y    <input checked="" type="radio"/> N</p>	Lender address;    City;    State;    Zip Code	Interest rate
		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
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		000017
If lender 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:

3

2 FILER NAME

RON NATINSKY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-10

KARLA LEAPHART

6 Payee address; City; State; Zip Code

2145<sup>00</sup>

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

Payee name

Amount (\$)

5-10

SOLACE

Payee address; City; State; Zip Code

5015 Addison Circle # 364  
ADDISON TX 75001

445<sup>00</sup>

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

WEB WORK

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5-10

PRINT COMM

Payee address; City; State; Zip Code

9171 KING ARTHUR  
DALLAS TX 75247

9472<sup>25</sup>

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 (\$)

5-10

IMAGE SPORTS

Payee address; City; State; Zip Code

2564 FABENS RD.  
DALLAS TX 75229

168<sup>00</sup>

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

SHIRTS

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

Candidate / Officeholder name Office sought Office held

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**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  
**5-4**

5 Payee name

**MAIL FOR LESS**

6 Payee address; City: State: Zip Code

**264 COMSTOCK ST.  
DALLAS TX 75208**

7 Amount (\$)  
**3491.62**

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

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

Date  
**5-7**

Payee name  
**ELLIOT CALDWELL**  
Payee address; City: State: Zip Code

**DALLAS, TX**

Amount (\$)  
**250.00**

Purpose of payment (See instructions regarding type of information required.)  
**ELECTION NIGHT PARTY**

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

Date  
**5-8**

Payee name  
**RENEE RIGGS**  
Payee address; City: State: Zip Code  
**3105 SAN JACINTO # 217  
DALLAS, TX 75**

Amount (\$)  
**142.83**

Purpose of payment (See instructions regarding type of information required.)  
**REFRESHMENTS - ELECTION NIGHT**

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

Date  
**5-10**

Payee name  
**STERLING SERVICES**  
Payee address; City: State: Zip Code  
**P.O. BOX 190511  
DALLAS TX 75219**

Amount (\$)  
**22.27**

Purpose of payment (See instructions regarding type of information required.)  
**LABELS + LISTS**

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

000019

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**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  
5-17

5 Payee name

MAIL FOR LESS

6 Payee address; City: State: Zip Code

264 COMSTOCK ST  
DALLAS TX 75208

7 Amount (\$)

3568.90

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

MAILING

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

Date

Payee name

5-19-05

PRINT COMM

Payee address; City: State: Zip Code

9171 KING ARTHUR  
DALLAS TX 75247

Amount (\$)

2185<sup>51</sup>

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

5-24

MAIL FOR LESS

Payee address; City: State: Zip Code

264 COMSTOCK ST.  
DALLAS TX 75208

Amount (\$)

1509.27

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

MAILING

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

Date

Payee name

5-25

GREATER DALLAS PLANNING COUNCIL

Payee address; City: State: Zip Code

Amount (\$)

15.00

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

BKFAST MEETING

-- 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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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <b>5</b>
2 FILER NAME <b>RON NATINSKY</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	8 Amount (\$)
<b>4-29</b>	<b>STARBUCKS</b>	<b>3.84</b>
<b>5-9</b>	6 Payee address; City; State; Zip Code <b>PRESTON + FRANKFORD</b>	<b>3.84</b>
<b>5-21</b>	<b>DALLAS TX</b>	<b>6.71</b>
7 Purpose of expenditure (See instructions regarding type of information required.) <b>MEETINGS - VARIOUS</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
<b>5-10</b>	<b>STAPLES</b>	<b>5.13</b>
	Payee address; City; State; Zip Code <b>16817 COIT RD</b>	
	<b>DALLAS TX 75248</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>SUPPLIES</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
<b>4-28</b>	<b>FAT TEDS</b>	<b>20.00</b>
	Payee address; City; State; Zip Code <b>2713 COMMERCE</b>	
	<b>DALLAS - 75226</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>LUNCH - ADVISOR</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
<b>5-6</b>	<b>OFFICE DEPOT</b>	<b>10.81</b>
	Payee address; City; State; Zip Code <b>4944 BELTLINE</b>	
	<b>DALLAS TX 75240</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>SUPPLIES</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
<b>5-9</b>	<b>LUCKY'S</b>	<b>20.00</b>
	Payee address; City; State; Zip Code <b>4727 FRANKFORD #489</b>	
	<b>DALLAS TX 75287</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>LUNCH - ENDORSER</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		000021

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 5-20	5 Payee name OFFICE DEPOT 6 Payee address; City; State; Zip Code 4444 BELTLINE DALLAS TX 75240 7 Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES	8 Amount (\$) 571.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-9	Payee name USPS Payee address; City; State; Zip Code PRESTONWOOD STATION DALLAS TX 75248 Purpose of expenditure (See instructions regarding type of information required.) POSTAGE	Amount (\$) 518.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-21	Payee name OFFICE DEPOT Payee address; City; State; Zip Code 4444 BELTLINE DALLAS TX 75240 Purpose of expenditure (See instructions regarding type of information required.) SUPPLIES	Amount (\$) 4.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-6	Payee name PARTY CITY Payee address; City; State; Zip Code PRESTON RD PLANO, TX Purpose of expenditure (See instructions regarding type of information required.) ELECTION NIGHT PARTY	Amount (\$) 137.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 5-6	Payee name TOM THUMB Payee address; City; State; Zip Code FRANKFORD + PRESTON DALLAS TX Purpose of expenditure (See instructions regarding type of information required.) ELECTION REFRESHMENTS	Amount (\$) 74.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		000022

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**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 <i>RON NATINSKY</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5-12</i>	5 Payee name <i>NORTH DALLAS CHAMBER</i> 6 Payee address; City: State; Zip Code <i>PO BOX 671168 DALLAS TX 75267</i>	8 Amount (\$) <i>100.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>MEETING</i>	
Date <i>5-12</i>	Payee name <i>OFFICE DEPOT</i> Payee address; City: State; Zip Code <i>4449 BELTLINE DALLAS TX 75240</i>	Amount (\$) <i>87.62</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>SUPPLIES</i>	
Date <i>5-12</i>	Payee name <i>OFFICE DEPOT</i> Payee address; City: State; Zip Code <i>4449 BELTLINE DALLAS TX 75240</i>	Amount (\$) <i>86.59</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>SUPPLIES</i>	
Date <i>5-15</i>	Payee name <i>TOM THUMB</i> Payee address; City: State; Zip Code <i>FRANKFORD + PRESTON DALLAS</i>	Amount (\$) <i>111.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>VOLUNTEER REFRESHMENTS</i>	
Date <i>5-17</i>	Payee name <i>KINKOS</i> Payee address; City: State; Zip Code <i>PRESTON RD PLANO, TX 75</i>	Amount (\$) <i>23.02</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <i>COPIES</i>	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		
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# 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 <b>RON NATINSKY</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>5-18</b>	5 Payee name <b>DALLAS CITY HALL</b>	8 Amount (\$) <b>5.20</b>
	6 Payee address; City; State; Zip Code <b>DALLAS TX 75248</b>	
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>LUNCH</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>5-19</b>	Payee name <b>USPS</b>	Amount (\$) <b>111.00</b>
	Payee address; City; State; Zip Code <b>PRESTONWOOD STATION DALLAS TX 75248</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>POSTAGE</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>5-2</b>	Payee name <b>USPS</b>	Amount (\$) <b>37.00</b>
	Payee address; City; State; Zip Code <b>PRESTONWOOD STATION DALLAS TX 75248</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>POSTAGE</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>5-21</b>	Payee name <b>OFFICE DEPOT</b>	Amount (\$) <b>4.15</b>
	Payee address; City; State; Zip Code <b>11615 N. CENTRAL EXPWY DALLAS TX 75243</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>SUPPLIES</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>5-23</b>	Payee name <b>USPS</b>	Amount (\$) <b>185.00</b>
	Payee address; City; State; Zip Code <b>PRESTONWOOD STATION DALLAS TX 75248</b>	
	Purpose of expenditure (See instructions regarding type of information required.) <b>POSTAGE</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**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  5-5	5 Payee name  COSCO	8 Amount (\$)  285.06  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	6 Payee address; City; State; Zip Code  PARK PLANO TX	
	7 Purpose of expenditure (See instructions regarding type of information required.)  ELECTION NIGHT PARTY	
Date  5-7	Payee name  TOM THUMB	Amount (\$)  268.83  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address; City; State; Zip Code  FRANK FORD & PRESTON DALLAS TX 75232	
	Purpose of expenditure (See instructions regarding type of information required.)  ELECTION NIGHT PARTY	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

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