

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <b>7</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS/MRS/MR <b>MR.</b>	FIRST <b>BRUCE</b>	MI <b>K.</b>	Date Received
		NICKNAME	LAST <b>TATRO</b>	SUFFIX	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Label
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Totals
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	Date Processed
		<b>11 / 28 / 2003</b>		<b>12 / 31 / 2003</b>	Date Imaged

6 EXPLANATION OF CORRECTION **CORRECTION TO 2 EXPENDITURES REPORTED**

1) PAGE 3 OF 8 - SCHEDULE F - EXPENDITURE FOR \$718.07 IS DELETED BECAUSE IT WAS PREVIOUSLY REPORTED ON SCHEDULE G

    1) 30 DAY BEFORE ELECTION - 7/1/2003 TO 9/25/2003 - \$43,74

    2) 8TH DAY BEFORE ELECTION - 10/26/2003 TO 11/27/2003 - 286.38

2) PAGE 5 OF 8 - SCHEDULE F - EXPENDITURE FOR \$224.35 IS REMOVED AND REPORTED INSTEAD ON SCHEDULE G THIS EXPENSE SHOULD BE REPORTED ON SCHEDULE G

3) REVISED COVER SHEET Pg 2 TO REFLECT DECREASE IN <sup>EXPENDITURE</sup> TOTAL ~~\$718.07~~

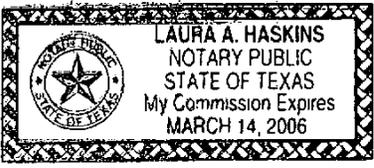
7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*Bruce Tatro*  
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by BRUCE TATRO this the 25 day of December

2005 to certify which, witness my hand and seal of office.

*Laura A. Haskins*  
Signature of officer administering oath

LAURA A. HASKINS  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

*Change of Address* 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX	OFFICE USE ONLY	
	BRUCE TATRO K.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		
<input checked="" type="checkbox"/> Change of Address	1311 ANTOINE #242 HOUSTON, TX 77055		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(713) 688-1234	Receipt #	Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX	Date Received	Date Processed
	Cecilia TATRO A.	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE		
	1311 ANTOINE # 242 HOUSTON TX 77055		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(713) 688-1234		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 11 / 28 / 2003    12 / 31 / 2003		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
	/ /	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	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		
<input type="checkbox"/> additional pages			
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

**BRUCE K. TATRO**

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	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**

EXPENDITURE TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  
\$ **32,145.00**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  
\$ **0**

4. TOTAL POLITICAL EXPENDITURES  
\$ ~~41,380.86~~  
**41,380.86**

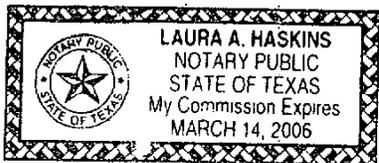
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  
\$ **4,640.70**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  
\$ **0**

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

*Bruce Tatro*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce Tatro, this the 25 day of December, 2005, to certify which, witness my hand and seal of office.

*Laura A. Haskins*

Signature of officer administering oath

**LAURA A. HASKINS**

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath



**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **318**

2 FILER NAME  
**BRUCE TATRO**

3 ACCOUNT # (Ethics Commission files)

4 Date  
**12/5/03**

5 Payee name  
**COW NET AND ASSOCIATES**

6 Payee address; City; State; Zip Code  
**6918 STONEY RIVER  
SPRING TX 77379**

7 Amount (\$)  
**2,000.00**

*COPY OF ORIGINAL*

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

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

Date  
**12/5/03**

Payee name  
**BRUCE TATRO**  
Payee address; City; State; Zip Code  
**1505 WHISPERING PINES  
HOUSTON TX 77055**

Amount (\$)  
**718.07**

Purpose of payment (See instructions regarding type of information required.)  
**Reimbursement of Previous Expenses**

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

Date  
**12/5/03**

Payee name  
**WC MANAGEMENT**  
Payee address; City; State; Zip Code  
**402 West 16th St.  
Houston TX 77008**

Amount (\$)  
**920.84**

Purpose of payment (See instructions regarding type of information required.)  
**List of Phone #'s**

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

Date  
**12/8/03**

Payee name  
**ADVANTAGE, INC**  
Payee address; City; State; Zip Code  
**1611 N. KENT STREET, SUITE 905  
Arlington VIRGINIA 22209**

Amount (\$)  
**2,605.92**

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

*COPY OF ORIGINAL*

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **8** *5/8*

2 FILER NAME

**BRUCE TATRO**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/10/03</b>	5 Payee name <b>NANCY BREWER</b> 6 Payee address; City; State; Zip Code <b>5306 DEMILO HOUSTON TX 77092</b>	7 Amount (\$) <b>33.00</b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>REIMBURSEMENT COUNCIL BREAKFAST</b>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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<del>Date <b>12/11/03</b></del>	<del>Payee name <b>BRUCE TATRO</b> Payee address; City; State; Zip Code <b>1505 WHISPERING PINES HOUSTON TX 77055</b></del>	<del>Amount (\$) <b>224.35</b></del>
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<del>Purpose of payment (See instructions regarding type of information required.) <b>REIMBURSEMENT FOR AUTOMOBILE INSURANCE</b></del>	<del>-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held</del>
--	---

Date <b>12/11/03</b>	Payee name <b>JOE FLORES</b> Payee address; City; State; Zip Code <b>5306 DEMILO HOUSTON TX 77092</b>	Amount (\$) <b>372.00</b>
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Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN SIGNS - LABOR</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date <b>12/13/03</b>	Payee name <b>FUDDRUCKER'S</b> Payee address; City; State; Zip Code <b>3929 SOUTHWEST FRWY HOUSTON TX 77027</b>	Amount (\$) <b>16.29</b>
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Purpose of payment (See instructions regarding type of information required.) <b>VOLUNTEER LUNCHEON</b>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

BRUCE TATRO

16 ACCOUNT # (Ethics Commission (fers))

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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

*COPY OF ORIGINAL*

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)

\$ 32,145.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

~~\$ 41,380.86~~  
\$ 42,098.93

CONTRIBUTION BALANCE

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

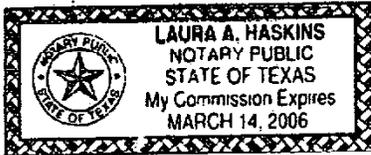
\$ 4,640.70

OUTSTANDING LOAN TOTALS

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

\$ 0

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.

*Bruce Tatro*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BRUCE TATRO, this the 16<sup>th</sup> day of JANUARY, 2004, to certify which, witness my hand and seal of office.

*Laura A. Haskins*  
Signature of officer administering oath

LAURA A. HASKINS  
Printed name of officer administering oath

Notary Republic  
Title of officer administering oath