

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX	OFFICE USE ONLY	
	BRUCE TATRO K.	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE	Date Handled Date Postmarked	
	1505 WHISPERING PINES HOUSTON TX 77055	RECEIVED JAN 12 2005 CITY SECRETARY	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount	
	(713) 688-1234	Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX	Date Imaged	
	CECILIA TATRO A.		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE		
	1505 WHISPERING PINES 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
	7 / 1 / 2004		12 / 31 / 2004
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	<p>.. 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. ..</p>		
	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 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

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

\$ —

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 1,484.70

CONTRIBUTION BALANCE

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

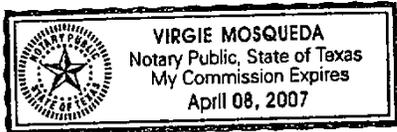
\$ 2,075.65

OUTSTANDING LOAN TOTALS

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

\$ —

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 12 day of Jan., 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

Virgie Mosqueda

Virgie Mosqueda

Notary Public

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3 ^{1/3}
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/24/04	5 Payee name BERINA'S 6 Payee address; City; State; Zip Code 3900 BISSONNET, HOUSTON TX 77005	7 Amount (\$) 50.00
8 Purpose of payment (See instructions regarding type of information required.) GIFT CERTIFICATE - GOLDBERG		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/7/04	Payee name RAY KHALILI Payee address; City; State; Zip Code 7929 LONG POINT, HOUSTON TX 77055	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) LABOR - ASSIST WITH Campaign SIGNS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/22/04	Payee name AARON REISSIA Payee address; City; State; Zip Code 26 STALYNN LN. HOUSTON TX 77027	Amount (\$) 40.00
Purpose of payment (See instructions regarding type of information required.) CONTRIBUTION - BOY SCOUTS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/31/04	Payee name COSTCO Payee address; City; State; Zip Code 9670 OLD KATY ROAD HOUSTON TX 77055	Amount (\$) 41.94
Purpose of payment (See instructions regarding type of information required.) GIFT FOR Campaign HELPERS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3 2/3**

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/3/04

LINDA HARVEY

6 Payee address; City; State; Zip Code

1001 Preston, Houston TX 77002

50.00

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

ELECTION DAY FOOD FOR OFFICE STAFF

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/5/04

NORMAN NOLASCO

Payee address; City; State; Zip Code

3121 BUFFALO SPEEDWAY, # HOUSTON TX 77098

1,000

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

**FOR PAUL BETTENCOURT
WEB SITE DEVELOPMENT**

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

Candidate / Officeholder name Office sought Office held

PAUL BETTENCOURT

HARRIS COUNTY TAX ASSESSOR

Date

Payee name

Amount (\$)

12/20/04

COSTCO

Payee address; City; State; Zip Code

9670 OLD KATY ROAD, HOUSTON TX 77055

86.89

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

CHRISTMAS GIFTS FOR TAX OFFICE STAFF

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

12/22/04

WALGREENS

Payee address; City; State; Zip Code

1413 WIRT ROAD, HOUSTON TX 77055

25.87

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

CHRISTMAS GIFTS FOR TAX OFFICE STAFF

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

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **3** ^{3/3}

2 FILER NAME **Bruce Tatro**

3 ACCOUNT # (Ethics Commission filers)

4 Date
12/23/04

5 Payee name
STARBUCKS
6 Payee address; City; State; Zip Code
9316 KATY Freeway, HOUSTON TX 77024

7 Amount (\$)
40.00

8 Purpose of payment (See instructions regarding type of information required.)
CITY STAFF CHRISTMAS GIFT FOR FORMER MEMBER

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

Date

Payee name
Payee address; City; State; Zip Code

Amount (\$)

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
Payee address; City; State; Zip Code

Amount (\$)

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
Payee address; City; State; Zip Code

Amount (\$)

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