Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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

OFFICE USE ONLY

Date Received

RECEIVED JAN 12 2005 CITY SECRETARY

Date Hand-delivered / Date Postmarked

Receipt #. Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: FIRST: BRUCE MI: K.

NICKNAME LAST: TATRO SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 1505 WHISPERING PINES APT / SUITE #: CITY: HOUSTON STATE: TX ZIP CODE 77055

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (713) PHONE NUMBER 688-1234 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST: CECILIA MI: A.

NICKNAME LAST: TATRO SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1505 WHISPERING PINES APT / SUITE #: CITY: HOUSTON STATE: TX ZIP CODE 77055

8 CAMPAIGN TREASURER PHONE

AREA CODE (713) PHONE NUMBER 688-1234 EXTENSION

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 7 / 1 / 2004 THROUGH Month Day Year 12 / 31 / 2004

11 ELECTION

ELECTION DATE Month Day Year / /

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ 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

☐ additional pages

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: 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

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	$ —
	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

VIRGIE MOSQUEDA
Notary Public, State of Texas
My Commission Expires
April 08, 2007

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said BRUCE TATRO, this the 12 day of Jan., 20 05, 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

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/24/04	BERING'S 3900 BISSONNET, HOUSTON TX 77005	50.00

8 Purpose of payment (See instructions regarding type of information required.): GIFT CERTIFICATE - MARK GOLDBERG

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 ($)
8/7/04	RAY KHALILI 7929 LONG POINT, HOUSTON TX 77055	$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	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/22/04	AARON REISSIG 26 STALYNN LN. HOUSTON TX 77027	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/31/04	COSTCO 9670 OLD KATY ROAD HOUSTON TX 77055	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

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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 / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/3/04	LINDA HARVEY 1001 PRESTON, HOUSTON TX 77002	50.00

8 Purpose of payment (See instructions regarding type of information required.): ELECTION DAY FOOD FOR TAX OFFICE STAFF

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 ($)
11/5/04	NORMAN NOLASCO 3121 BUFFALO SPEEDWAY, # 3405 HOUSTON TX 77098	1,000

Purpose of payment (See instructions regarding type of information required.): WEB SITE DEVELOPMENT FOR PAUL BETTENCOURT

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name: PAUL BETTENCOURT | Office sought | Office held: HARRIS COUNTY TAX ASSESSOR

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/20/04	COSTCO 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 / Payee address; City; State; Zip Code	Amount ($)
12/22/04	WALGREENS 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

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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	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/23/04	STARBUCKS 9316 KATY FREEWAY, HOUSTON TX 77024	40.00

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
CHRISTMAS GIFT FOR FORMER CITY STAFF MEMBER	

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

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