

# 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 this report:  1/12
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
Bruce		Tatro	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	1505 Whispering Pines Houston TX 77055		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
Ms. Julian		Reeves	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	1506 Whispering Pines Houston TX 77055		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 680-0822			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month	Day	Year
	07/01/2002		12/31/2002
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	Other -- Houston City Council - District A		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... 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		
<b>GO TO PAGE 2</b>			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME  
Bruce Tatro

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

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

\$ 0.00

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

\$ 0.00

EXPENDITURE TOTALS

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

\$ 441.17

4. TOTAL POLITICAL EXPENDITURES

\$ 6406.98

OUTSTANDING LOAN TOTALS

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

\$ 0.00

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.

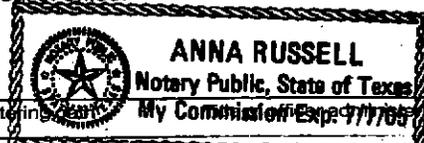
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BRUCE TATRO, this the 15th day of January, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 3/12
<b>2</b> FILER NAME Bruce Tatro		<b>3</b> ACCOUNT # (Ethics Commission filers) i
<b>4</b> Date 08/28/2002	<b>5</b> Payee name Barnaby's Cafe 2 <b>6</b> Payee address; City; State; Zip Code 1701 Sheperd Houston TX 77019	<b>7</b> Amount (\$) 20.67
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Meal		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 09/03/2002	Payee name Barnaby's Cafe 2 Payee address; City; State; Zip Code 1701 Sheperd Houston TX 77019	Amount (\$) 21.84
Purpose of expenditure (See instructions regarding type of information required.) Meal		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 09/25/2002	Payee name Katz's Deli Payee address; City; State; Zip Code 616 Westheimer Houston TX 77006	Amount (\$) 63.17
Purpose of expenditure (See instructions regarding type of information required.) Staff Lunch		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 11/05/2002	Payee name Barnaby's Cafe 2 Payee address; City; State; Zip Code 1701 Sheperd Houston TX 77019	Amount (\$) 18.08
Purpose of expenditure (See instructions regarding type of information required.) Meal		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 4/12
<b>2</b> FILER NAME Bruce Tatro		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 12/20/2002	<b>5</b> Payee name Ruggles Downtown  <b>6</b> Payee address; City; State; Zip Code 333 Crawford Houston TX 77002	<b>7</b> Amount (\$) 110.35
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Staff Christmas Lunch		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 12/20/2002	Payee name Target  Payee address; City; State; Zip Code 9429 Katy Fwy Houston TX 77024	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Staff Bonus/ Gift Certificate		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 12/20/2002	Payee name Foley's  Payee address; City; State; Zip Code 800 Memorial City Way Houston TX 77024	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Staff Bonus Gift Certificate		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 12/20/2002	Payee name Best Buy  Payee address; City; State; Zip Code 10303 Katy Fwy Houston TX 77055	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Staff Bonus/ Gift Certificate		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 5/12
2 FILER NAME Bruce Tatro		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/20/2002	5 Payee name Home Depot ..... 6 Payee address; City; State; Zip Code 999 N. Loop West Houston TX 77008	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) Staff Bonus/ Gift Certificate		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 12/20/2002	Payee name St. Jerome Church ..... Payee address; City; State; Zip Code 8825 Kempwood Houston TX 77080	Amount (\$) 60.00
Purpose of expenditure (See instructions regarding type of information required.) New Year's Fundraiser Tickets		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 12/18/2002	Payee name Cingular Wireless ..... Payee address; City; State; Zip Code PO Box 660732 Dallas TX 75266	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Mobile Phone Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 12/11/2002	Payee name Mr. Robert Quarles ..... Payee address; City; State; Zip Code 2303 Lamonte Houston TX 77018	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) Petty Cash/ Bagels		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 6/12
<b>2</b> FILER NAME Bruce Tatro		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 11/22/2002	<b>5</b> Payee name Mr. Earl LeBlanc	<b>7</b> Amount (\$) 117.75
<b>6</b> Payee address; City; State; Zip Code 9023 Springview Houston TX 77055		
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Monthly Travel Expenses Reimbursement	<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date 11/06/2002	Payee name Cingular Wireless	Amount (\$) 76.81
Payee address; City; State; Zip Code PO Box 660732 Dallas TX 75266		
Purpose of expenditure (See instructions regarding type of information required.) Mobile Phone Expense	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date 11/04/2002	Payee name Houston Livestock Show and Rodeo	Amount (\$) 53.93
Payee address; City; State; Zip Code PO Box 20070 Houston TX 77225		
Purpose of expenditure (See instructions regarding type of information required.) Rodeo Advertisement	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date 11/01/2002	Payee name Mr. Earl LeBlanc	Amount (\$) 61.55
Payee address; City; State; Zip Code 9023 Springview Houston TX 77055		
Purpose of expenditure (See instructions regarding type of information required.) Monthly Travel Expenses Reimbursement	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 7/12
<b>2</b> FILER NAME Bruce Tatro		<b>3</b> ACCOUNT # (Ethics Commission file)
<b>4</b> Date 10/18/2002	<b>5</b> Payee name Mr. Earl LeBlanc	<b>7</b> Amount (\$) 103.13
<b>6</b> Payee address; City; State; Zip Code 9023 Springview Houston TX 77055		
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Monthly Travel Expenses Reimbursement		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/15/2002	Payee name Mr. Robert Quarles	Amount (\$) 100.00
Payee address; City; State; Zip Code 2303 Lamonte Houston TX 77018		
Purpose of expenditure (See instructions regarding type of information required.) Petty Cash/ Bagels and Stamps		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/06/2002	Payee name Cingular Wireless	Amount (\$) 60.90
Payee address; City; State; Zip Code PO Box 660732 Dallas TX 75266		
Purpose of expenditure (See instructions regarding type of information required.) Mobile Phone Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 10/06/2002	Payee name SBC Communications	Amount (\$) 28.67
Payee address; City; State; Zip Code PO Box 1550 Houston TX 77251		
Purpose of expenditure (See instructions regarding type of information required.) Last District Office Phone Bill		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 8/12
<b>2</b> FILER NAME Bruce Tatro		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 09/19/2002	<b>5</b> Payee name Mr. Robert Quarles  <b>6</b> Payee address; City; State; Zip Code 2303 Lamonte Houston TX 77018	<b>7</b> Amount (\$) 50.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Petty Cash/ Bagels		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 09/04/2002	Payee name Cingular Wireless  Payee address; City; State; Zip Code PO Box 660732 Dallas TX 75266	Amount (\$) 59.48
Purpose of expenditure (See instructions regarding type of information required.) Mobile Phone Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 08/30/2002	Payee name Mr. Earl LeBlanc  Payee address; City; State; Zip Code 9023 Springview Houston TX 77055	Amount (\$) 136.89
Purpose of expenditure (See instructions regarding type of information required.) Travel Expenses Reimbursement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 08/23/2002	Payee name Walden & Associates  Payee address; City; State; Zip Code 55 Waugh Drive Suite 610 Houston TX 77007	Amount (\$) 125.00
Purpose of expenditure (See instructions regarding type of information required.) Fees		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 9/12
<b>2</b> FILER NAME Bruce Tatro		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 08/21/2002	<b>5</b> Payee name Houston Chronicle  <b>6</b> Payee address; City; State; Zip Code 801 Texas Avenue Houston TX 77002	<b>7</b> Amount (\$) 185.91
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Office Newspaper Subscription		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 08/12/2002	Payee name First Spanish Church of God  Payee address; City; State; Zip Code 4075 Hollister Houston TX 77080	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 08/08/2002	Payee name Mr. Robert Quarles  Payee address; City; State; Zip Code 2303 Lamonte Houston TX 77018	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) Petty Cash for Bagels		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 08/01/2002	Payee name Mr. Earl LeBlanc  Payee address; City; State; Zip Code 9023 Springview Houston TX 77055	Amount (\$) 125.17
Purpose of expenditure (See instructions regarding type of information required.) Monthly Travel Expenses Reimbursement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 10/12
<b>2</b> FILER NAME Bruce Tatro		<b>3</b> ACCOUNT # (Ethics Commission files)
<b>4</b> Date 07/31/2002	<b>5</b> Payee name Cingular Wireless	<b>7</b> Amount (\$) 77.85
<b>6</b> Payee address; City; State; Zip Code PO Box 660732 Dallas TX 75266		
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Mobile Phone Expenses		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 07/29/2002	Payee name Mr. Joe Garcia	Amount (\$) 135.00
Payee address; City; State; Zip Code 900 Bagby Houston TX 77002		
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for Brazilian Visa		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 08/20/2002	Payee name Ms. Brenda Flores	Amount (\$) 100.00
Payee address; City; State; Zip Code 1415 California Street #150 Houston TX 77006		
Purpose of expenditure (See instructions regarding type of information required.) Donation		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 07/17/2002	Payee name Mr. Phil Owens	Amount (\$) 600.00
Payee address; City; State; Zip Code TX		
Purpose of expenditure (See instructions regarding type of information required.)		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 11/12
2 FILER NAME Bruce Tatro		3 ACCOUNT # (Ethics Commission filers)
4 Date 07/16/2002	5 Payee name Ms. Nancy Brewer ..... 6 Payee address; City; State; Zip Code 5306 De Milo Houston TX 77092	7 Amount (\$) 1000.00
8 Purpose of expenditure (See instructions regarding type of information required.) Bonus		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/12/2002	Payee name Ms. Nancy Brewer ..... Payee address; City; State; Zip Code 5306 De Milo Houston TX 77092	Amount (\$) 33.48
Purpose of expenditure (See instructions regarding type of information required.) Office Supply Reimbursement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/09/2002	Payee name SBC Communications ..... Payee address; City; State; Zip Code PO Box 1550 Houston TX 77251	Amount (\$) 50.41
Purpose of expenditure (See instructions regarding type of information required.) District Office Phone Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/08/2002	Payee name Cingular Wireless ..... Payee address; City; State; Zip Code PO Box 660732 Dallas TX 75266	Amount (\$) 88.29
Purpose of expenditure (See instructions regarding type of information required.) Mobile Phone Expense		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F: 12/12
<b>2</b> FILER NAME Bruce Tatro		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 07/03/2002	<b>5</b> Payee name Mr. Earl LeBlanc  <b>6</b> Payee address; City; State; Zip Code 9023 Springview Houston TX 77055	<b>7</b> Amount (\$) 419.34
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Supplemental Reimbursement to Council Staff Pay C - ut.		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 07/03/2002	Payee name Ms. Nancy Brewer  Payee address; City; State; Zip Code 5306 De Milo Houston TX 77092	Amount (\$) 463.44
Purpose of expenditure (See instructions regarding type of information required.) Supplemental Reimbursement to Council Staff Pay C - ut.		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 07/03/2002	Payee name Mr. Robert Quarles  Payee address; City; State; Zip Code 2303 Lamonte Houston TX 77018	Amount (\$) 305.92
Purpose of expenditure (See instructions regarding type of information required.) Supplemental Reimbursement to Council Staff Pay C - ut.		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 07/03/2002	Payee name Ms. Deborah Flores  Payee address; City; State; Zip Code 1337 Romero Pearland TX 77539	Amount (\$) 312.78
Purpose of expenditure (See instructions regarding type of information required.) Supplemental Reimbursement to Council Staff Pay C - ut.		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held