

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) 0000000	2 Total pages this report: 1/42
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST BRUCE	MI
	NICKNAME	LAST TATRO	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	P.O. BOX 980517 HOUSTON TX 77055		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST TRINIDAD 'TRINI'	MI
	NICKNAME	LAST MENDENHALL	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	8835 STABLE LANE HOUSTON TX 77024		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 334-2442			
8 REPORT TYPE	<input 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 checked="" 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)		
9 PERIOD COVERED	Month	Day	Year
01/01/2003		THROUGH	06/30/2003
10 ELECTION	ELECTION DATE		
	Month	Day	Year
11/04/2003		ELECTION TYPE	
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
HOUSTON CITY COUNCIL, DISTRICT A		HOUSTON CITY CONTROLLER	
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		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

BRUCE TATKO

15 ACCOUNT # (Ethics Commission filers)

16 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

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

\$ 330.00

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

\$ 131,960.54

EXPENDITURE TOTALS

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

\$ 522.96

4. TOTAL POLITICAL EXPENDITURES

\$ 43,496.12

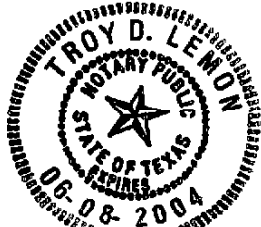
OUTSTANDING LOAN TOTALS

5. 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.



AFFIX NOTARY SEAL ABOVE

Bruce Tatko
Signature of Candidate or Officeholder

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

Troy D. Lemon
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 Date 06/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) 'C' CLUB PAC 6 Contributor address; City; State; Zip Code ██████████ ██████████	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAMES ABBOTT Contributor address; City; State; Zip Code ██████████ ██████████	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RUMA ACHARYA Contributor address; City; State; Zip Code ██████████ ██████████	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/12/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ADAMS INSURANCE SERVICE Contributor address; City; State; Zip Code ██████████ ██████████	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/18/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ANDREWS & KURTH TEXAS PAC Contributor address; City; State; Zip Code ██████████ ██████████	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
4/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)
0000000

4 Date: 04/17/2003
5 Full name of contributor: DIONEL AVILES
 out-of-state PAC(ID# _____)
6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 06/11/2003
Full name of contributor: DIONEL AVILES
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/30/2003
Full name of contributor: VISHWA BAHL
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/20/2003
Full name of contributor: JACQUELINE BALLY-CHAUMETTE
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 04/23/2003
Full name of contributor: SAM BARBAR
 out-of-state PAC(ID# _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 Date 06/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DAVID BEARDEN	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HARLESS BENTHUL	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ARTHUR BERGERON	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 04/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAMES BINKLEY	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DAVID BOEHM	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 6/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 Date 06/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) EDWARD BOSWELL	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAMES BOX	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LYDA BOYER	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/12/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MARK BOYER	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAMES BOYLES	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 7/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 Date 06/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JIM BROWN 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LARRY BROWN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/12/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RUDOLPH BRUHNS Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROBERT BURCHFIELD Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CENTRE AT BUNKER HILL Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 5000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 8/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission files) 0000000	
4 Date 04/23/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOHN CHIANG	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code [REDACTED]		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOSEPH CIBOR	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	
Date 04/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROBERT CLAUDE	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	
Date 03/18/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOHN O. COBB	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DON CONRAD	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 9/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 Date 04/17/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LEE COOK	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) STEPHEN COSTELLO	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/16/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DONALD DENNIS	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 04/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ARTHUR DISCKINSON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) J.A. ELKINS, JR	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 10/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 Date 06/20/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) J.A. ELKINS, JR 6 Contributor address: _____ City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DORIS ESPARZA Contributor address: _____ City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) STEVEN FINKELMAN Contributor address: _____ City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) STEVEN FINKELMAN Contributor address: _____ City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LORN FRAZIER Contributor address: _____ City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 11/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission files) 0000000	
4 Date 06/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROBERT FRETZ, JR 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROBERT FRETZ Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) FULBRIGHT & JAWORKSI LLP TEXAS COMMITTEE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MIKE GARVER Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/07/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CHARLES GOODEN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
12/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)
0000000

4 Date
06/20/2003

5 Full name of contributor out-of-state PAC(ID# _____)
JAMES HILL

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
[REDACTED]

9 Principal occupation (Optional)

10 Employer (Optional)

Date
05/29/2003

Full name of contributor out-of-state PAC(ID# _____)
LAWRENCE HILL

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date
06/25/2003

Full name of contributor out-of-state PAC(ID# _____)
MIKE HOLLAND

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date
06/30/2003

Full name of contributor out-of-state PAC(ID# _____)
AUDREY HOLT

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

Date
04/23/2003

Full name of contributor out-of-state PAC(ID# _____)
HOME-PAC

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
[REDACTED]

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

13/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)

0000000

4 Date 5 Full name of contributor out-of-state PAC(ID# _____)
06/20/2003 HOME-PAC

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/20/2003 HOUSTON ASSOCIATED GENERAL CONTRACTORS PAC

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/30/2003 HOUSTON POLICE OFFICERS UNION PAC

Amount of contribution (\$)

10000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/20/2003 ELLIS HOUSTON

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
06/20/2003 STEPHEN HRNCIR

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
14/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)
0000000

4 Date: 06/20/2003
5 Full name of contributor out-of-state PAC(ID# _____)
BILL HUNTSINGER
6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 06/20/2003
Full name of contributor out-of-state PAC(ID# _____)
KENNETH JAMES
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
2500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 05/01/2003
Full name of contributor out-of-state PAC(ID# _____)
ARCHIE JONES
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/20/2003
Full name of contributor out-of-state PAC(ID# _____)
RAMESH KALLURI
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/30/2003
Full name of contributor out-of-state PAC(ID# _____)
ROBERT KALMBACH
Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this report:

15/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

0000000

4 Date

04/07/2003

5 Full name of contributor out-of-state PAC(ID# _____)
A.P. KELLER

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/29/2003

Full name of contributor out-of-state PAC(ID# _____)
A.P. KELLER

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/23/2003

Full name of contributor out-of-state PAC(ID# _____)
MATTHEW KHOURIE

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/20/2003

Full name of contributor out-of-state PAC(ID# _____)
WAYNE KLOTZ

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/17/2003

Full name of contributor out-of-state PAC(ID# _____)
H. PRASAD KOLLURU

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 16/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 Date 06/30/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DALE KORNEGAY	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROBERT KOSSMAN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 05/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) W.D. KVINTA	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 04/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LANDRY'S RESTAURANTS PAC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LINEBARGER GOGGAN BLAIR & SAMPSON	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 17/42	
2 FILER NAME BRUCE TAIRO		3 ACCOUNT # (Ethics Commission files) 0000000	
4 Date 06/20/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LINEBARGER GOGGAN BLAIR & SAMPSON 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROBERT LIN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LOCKE LIDDELL & SAPP,LLP Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MAC HAIK MANAGEMENT LTD Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 3000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) STAN MAREK Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 18/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000	
4 Date 06/20/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) VIDAL MARTINEZ	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TRINIDAD 'TRINI' MENDENHALL	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JAMES MOHEET	Amount of contribution (\$) 3000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 04/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JOHN MONTALBANO	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 05/29/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THOMAS MOORE, III	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 19/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filer#) 0000000	
4 Date 06/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GRAHAM MOORE	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MAUREEN MULROONEY	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 04/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) WILLIAM OTHON	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 04/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) OUTDOOR PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JANE PAGE	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this report:

20/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)

0000000

4 Date

06/20/2003

5 Full name of contributor out-of-state PAC(ID# _____)
BOB PERRY

6 Contributor address; City; State; Zip Code
[REDACTED]

7 Amount of contribution (\$)

5000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/25/2003

Full name of contributor out-of-state PAC(ID# _____)
JACK PERRY

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/2003

Full name of contributor out-of-state PAC(ID# _____)
STEFANI PERRY

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/03/2003

Full name of contributor out-of-state PAC(ID# _____)
WILL PERRY

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

06/25/2003

Full name of contributor out-of-state PAC(ID# _____)
PHCG INVESTMENTS

Contributor address; City; State; Zip Code
[REDACTED]

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 21/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission files) 0000000	
4 Date 06/25/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GEORGE PONTIKES	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JEFFREY ROSS	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PENNY SALTER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 04/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) WALTER SASS	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) MARY SAVAGE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 22/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission files) 0000000	
4 Date 04/11/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ANDREW SEGAL	7 Amount of contribution (\$) 5000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ROBERT SILVERS	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) THOMAS STAUDT	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/25/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LYNN STOEVER	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/28/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GEORGE STRAKE, JR.	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 23/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission files) 0000000	
4 Date 06/11/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GEORGE STRAKE, JR. 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/11/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) JON STRANGE Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) EDWARD TARAVELLA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/23/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TURNER COLLIE & BRADEN PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TX FRIENDS OF TIME WARNER CABLE PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1

(FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this report:

24/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)

0000000

4 Date **5** Full name of contributor out-of-state PAC(ID# _____)
04/01/2003 UPTOWN HOUSTON PAC

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
04/23/2003 V.N. VIJAYVERGIYA

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
03/25/2003 VINSON & ELKINS TEXAS PAC

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
05/29/2003 CHARLES WALTHER

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date Full name of contributor out-of-state PAC(ID# _____)
03/27/2003 JIM WARD

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages this report:
25/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)
0000000

4 Date: 04/21/2003
5 Full name of contributor: EDWARD WHITE
 out-of-state PAC(ID# _____)
6 Contributor address: _____ City: _____ State: _____ Zip Code: _____

7 Amount of contribution (\$):
250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date: 04/25/2003
Full name of contributor: WILCREST GP,LLP
 out-of-state PAC(ID# _____)
Contributor address: _____ City: _____ State: _____ Zip Code: _____

Amount of contribution (\$):
2000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/25/2003
Full name of contributor: BOB WILKINSON
 out-of-state PAC(ID# _____)
Contributor address: _____ City: _____ State: _____ Zip Code: _____

Amount of contribution (\$):
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 06/11/2003
Full name of contributor: ORMAN WILSON
 out-of-state PAC(ID# _____)
Contributor address: _____ City: _____ State: _____ Zip Code: _____

Amount of contribution (\$):
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date: 04/23/2003
Full name of contributor: JAMES WILSON
 out-of-state PAC(ID# _____)
Contributor address: _____ City: _____ State: _____ Zip Code: _____

Amount of contribution (\$):
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 26/42	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission files) 0000000	
4 Date 04/23/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) RONALD WOLIVER	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HOUSTON CONTRACTORS ASSOC. HOUSTON PAC	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) IEC OF HOUSTON PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PATRICIA OAKES	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 06/30/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PETER PELTIER	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE PONTIKES	7 Amount of contribution (\$) 175.00	8 In-kind contribution description (if applicable) BEVERAGES FOR EVENT
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 6/25/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SARAH TROPOLI	Amount of contribution (\$) 300.	In-kind contribution description (if applicable) FOOD FOR FUNDRAISING EVENT
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 6/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON CONTRACTORS ASSOC. PAC	Amount of contribution (\$) 519.30	In-kind contribution description (if applicable) FOOD FOR EVENT
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 6/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON AGC PAC	Amount of contribution (\$) 258.01	In-kind contribution description (if applicable) FOOD FOR EVENT
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 6/30/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM JARD	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) USE OF COMPUTER & PRINTER
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/22/03

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

HARRIS PAPPAS

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

1065.60

8 In-kind contribution description (if applicable)

Food & BEVERAGE

9 Principal occupation (Optional)

10 Employer (Optional)

Date

6/30/03

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

RAO RATNAK

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

6/30/03

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

INDEPENDENT ELECTRICAL CONTRACTORS PAC

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

187.63

In-kind contribution description (if applicable)

Food & BEVERAGE (EVENT EXP.)

Principal occupation (Optional)

Employer (Optional)

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 (Optional)

Employer (Optional)

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 (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 28/42
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000
4 Date 03/19/2003	5 Payee name BLAKEMORE AND ASSOCIATES 6 Payee address; City; State; Zip Code 3405 EDLOE HOUSTON TX 77027	7 Amount (\$) 400.00
8 Purpose of expenditure (See instructions regarding type of information required.) CONSULTING,FUNDRAISING		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/21/2003	Payee name CINGULAR WIRELESS Payee address; City; State; Zip Code PO BOX 650574 DALLAS TX 75265	Amount (\$) 173.66
Purpose of expenditure (See instructions regarding type of information required.) MOBILE PHONE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/28/2003	Payee name CINGULAR WIRELESS Payee address; City; State; Zip Code PO BOX 650574 DALLAS TX 75265	Amount (\$) 161.48
Purpose of expenditure (See instructions regarding type of information required.) MOBILE PHONE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/12/2003	Payee name CINGULAR WIRELESS Payee address; City; State; Zip Code PO BOX 650574 DALLAS TX 75265	Amount (\$) 20.77
Purpose of expenditure (See instructions regarding type of information required.) MOBILE PHONE		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 report:
29/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)
0000000

4 Date 04/01/2003	5 Payee name CINGULAR WIRELESS	7 Amount (\$) 116.52
6 Payee address; City; State; Zip Code PO BOX 650574 DALLAS TX 75265		

8 Purpose of expenditure (See instructions regarding type of information required.) MOBILE PHONE	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 06/03/2003	Payee name CINGULAR WIRELESS	Amount (\$) 37.15
Payee address; City; State; Zip Code PO BOX 650574 DALLAS TX 75265		

Purpose of expenditure (See instructions regarding type of information required.) MOBILE PHONE	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 06/26/2003	Payee name CINGULAR WIRELESS	Amount (\$) 37.15
Payee address; City; State; Zip Code PO BOX 650574 DALLAS TX 75265		

Purpose of expenditure (See instructions regarding type of information required.) MOBILE PHONE	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 03/04/2003	Payee name COWART AND ASSOCIATES	Amount (\$) 5500.00
Payee address; City; State; Zip Code 6918 STONEY RIVER DR SPRING TX 77379		

Purpose of expenditure (See instructions regarding type of information required.) CONSULTING,CAMPAIGN MANAGEMENT	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 report: 30/42
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000
4 Date 04/01/2003	5 Payee name COWART AND ASSOCIATES 6 Payee address; City; State; Zip Code 6918 STONEY RIVER DR SPRING TX 77379	7 Amount (\$) 5500.00
8 Purpose of expenditure (See instructions regarding type of information required.) CONSULTING,CAMPAIGN MANAGEMENT		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/01/2003	Payee name COWART AND ASSOCIATES Payee address; City; State; Zip Code 6918 STONEY RIVER DR SPRING TX 77379	Amount (\$) 5500.00
Purpose of expenditure (See instructions regarding type of information required.) CONSULTING,CAMPAIGN MANAGEMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/01/2003	Payee name COWART AND ASSOCIATES Payee address; City; State; Zip Code 6918 STONEY RIVER DR SPRING TX 77379	Amount (\$) 5500.00
Purpose of expenditure (See instructions regarding type of information required.) CONSULTING,CAMPAIGN MANAGEMENT		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/07/2003	Payee name HARRIS COUNTY REPUBLICAN PARTY Payee address; City; State; Zip Code 3311 RICHMOND HOUSTON TX 77098	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) FUNDRAISING DINNER		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 report:
31/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)
0000000

4 Date 01/27/2003	5 Payee name HOUSTON LIVESTOCK SHOW	7 Amount (\$) 350.00
6 Payee address; City; State; Zip Code PO BOX 200700 HOUSTON TX 77225		

8 Purpose of expenditure (See instructions regarding type of information required.) MEMBERSHIP	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 04/09/2003	Payee name JET SETTERS PRINT GRAPHICS	Amount (\$) 614.41
Payee address; City; State; Zip Code 6400 WESTPARK HOUSTON TX 77057		

Purpose of expenditure (See instructions regarding type of information required.) PRINTING	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 05/29/2003	Payee name JET SETTERS PRINT GRAPHICS	Amount (\$) 1861.26
Payee address; City; State; Zip Code 6400 WESTPARK HOUSTON TX 77057		

Purpose of expenditure (See instructions regarding type of information required.) PRINTING	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 01/02/2003	Payee name EARL LEBLANC	Amount (\$) 101.54
Payee address; City; State; Zip Code 9023 SPRINGVIEW HOUSTON TX 77080		

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

1 Total pages report:
32/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission Here)
0000000

4 Date
01/27/2003

5 Payee name
EARL LEBLANC

7 Amount
(\$)
107.76

6 Payee address; City; State; Zip Code
9023 SPRINGVIEW
HOUSTON TX 77080

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

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

Date
02/03/2003

Payee name
EARL LEBLANC

Amount
(\$)
115.50

Payee address; City; State; Zip Code
9023 SPRINGVIEW
HOUSTON TX 77080

Purpose of expenditure (See instructions regarding type of information required.)
REIMBURSEMENT

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

Date
02/26/2003

Payee name
EARL LEBLANC

Amount
(\$)
187.30

Payee address; City; State; Zip Code
9023 SPRINGVIEW
HOUSTON TX 77080

Purpose of expenditure (See instructions regarding type of information required.)
REIMBURSEMENT

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

Date
03/12/2003

Payee name
EARL LEBLANC

Amount
(\$)
94.84

Payee address; City; State; Zip Code
9023 SPRINGVIEW
HOUSTON TX 77080

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

1 Total pages report:
33/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)
0000000

4 Date 06/03/2003	5 Payee name EARL LEBLANC	7 Amount (\$) 121.58
6 Payee address; City; State; Zip Code 9023 SPRINGVIEW HOUSTON TX 77080		

8 Purpose of expenditure (See instructions regarding type of information required.) REIMBURSEMENT	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 03/05/2003	Payee name LULAC	Amount (\$) 100.00
Payee address; City; State; Zip Code PO BOX 15100 HOUSTON TX 77220		

Purpose of expenditure (See instructions regarding type of information required.) PARADE FEE	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 02/07/2003	Payee name MAGIC CIRCLE RWC	Amount (\$) 60.00
Payee address; City; State; Zip Code 5102 AUSTIN HOUSTON TX 77004		

Purpose of expenditure (See instructions regarding type of information required.) ADVERTISING	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 03/28/2003	Payee name OFFICE DEPOT	Amount (\$) 20.86
Payee address; City; State; Zip Code 5330 W. 34TH HOUSTON TX 77092		

Purpose of expenditure (See instructions regarding type of information required.) OFFICE SUPPLIES	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 report:
34/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)
0000000

4 Date
04/09/2003

5 Payee name
OFFICE DEPOT

7 Amount
(\$)
88.75

6 Payee address; City; State; Zip Code
5330 W. 34TH
HOUSTON TX 77092

8 Purpose of expenditure (See instructions regarding type of information required.)
OFFICE SUPPLIES

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

Date
04/09/2003

Payee name
OFFICE DEPOT

Amount
(\$)
73.46

Payee address; City; State; Zip Code
5330 W. 34TH
HOUSTON TX 77092

Purpose of expenditure (See instructions regarding type of information required.)
OFFICE SUPPLIES

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

Date
04/17/2003

Payee name
OFFICE DEPOT

Amount
(\$)
46.07

Payee address; City; State; Zip Code
5330 W. 34TH
HOUSTON TX 77092

Purpose of expenditure (See instructions regarding type of information required.)
OFFICE DEPOT

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

Date
06/11/2003

Payee name
OFFICE DEPOT

Amount
(\$)
17.31

Payee address; City; State; Zip Code
5330 W. 34TH
HOUSTON TX 77092

Purpose of expenditure (See instructions regarding type of information required.)
OFFICE SUPPLIES

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 report:
35/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)
0000000

4 Date
06/19/2003

5 Payee name
OFFICE DEPOT

7 Amount
(\$)
109.55

6 Payee address; City; State; Zip Code
5330 W. 34TH
HOUSTON TX 77092

8 Purpose of expenditure (See instructions regarding type of information required.)
OFFICE SUPPLIES

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

Date
03/25/2003

Payee name
OFFICE OF BEVERLY KAUFMAN

Amount
(\$)
165.78

Payee address; City; State; Zip Code
1001 PRESTON
HOUSTON TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
VOTER HISTORY FILE

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

Date
06/26/2003

Payee name
OFFICE OF BEVERLY KAUFMAN

Amount
(\$)
15.44

Payee address; City; State; Zip Code
1001 PRESTON
HOUSTON TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
CANVASS REPORTS

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

Date
03/31/2003

Payee name
OFFICE OF PAUL BETTENCOURT

Amount
(\$)
25.00

Payee address; City; State; Zip Code
1001 PRESTON
HOUSTON TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
VOTER FILE

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 report: 36/42
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000
4 Date 06/26/2003	5 Payee name OFFICE OF PAUL BETTENCOURT	7 Amount (\$) 45.00
6 Payee address; City; State; Zip Code 1001 PRESTON HOUSTON TX 77002		
8 Purpose of expenditure (See instructions regarding type of information required.) MAPS		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/16/2003	Payee name ROBERT QUARLES	Amount (\$) 50.00
Payee address; City; State; Zip Code 2303 LAMONTE HOUSTON TX 77018		
Purpose of expenditure (See instructions regarding type of information required.) PETTY CASH		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/27/2003	Payee name ROBERT QUARLES	Amount (\$) 50.00
Payee address; City; State; Zip Code 2303 LAMONTE HOUSTON TX 77018		
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
Date 03/18/2003	Payee name ROBERT QUARLES	Amount (\$) 50.00
Payee address; City; State; Zip Code 2303 LAMONTE HOUSTON TX 77018		
Purpose of expenditure (See instructions regarding type of information required.) PETTY CASH		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 report:
37/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)
0000000

4 Date

04/01/2003

5 Payee name

SBC

7

Amount

(\$)

82.11

6 Payee address; City; State; Zip Code

PO BOX 1550

HOUSTON TX 77097

8 Purpose of expenditure (See instructions regarding type of information required.)
PHONE SERVICE

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

Date

05/05/2003

Payee name

SBC

Amount

(\$)

21.99

Payee address; City; State; Zip Code

PO BOX 1550

HOUSTON TX 77097

Purpose of expenditure (See instructions regarding type of information required.)
PHONE SERVICE

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

Date

05/05/2003

Payee name

SBC

Amount

(\$)

286.40

Payee address; City; State; Zip Code

PO BOX 1550

HOUSTON TX 77097

Purpose of expenditure (See instructions regarding type of information required.)
PHONE SERVICE

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

Date

05/29/2003

Payee name

SBC

Amount

(\$)

21.98

Payee address; City; State; Zip Code

PO BOX 1550

HOUSTON TX 77097

Purpose of expenditure (See instructions regarding type of information required.)
PHONE SERVICE

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 report: 38/42
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000
4 Date 05/29/2003	5 Payee name SBC 6 Payee address; City; State; Zip Code PO BOX 1550 HOUSTON TX 77097	7 Amount (\$) 109.70
8 Purpose of expenditure (See instructions regarding type of information required.) PHONE SERVICE		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/23/2003	Payee name SBC Payee address; City; State; Zip Code PO BOX 1550 HOUSTON TX 77097	Amount (\$) 109.70
Purpose of expenditure (See instructions regarding type of information required.) PHONE SERVICE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/27/2003	Payee name SBC Payee address; City; State; Zip Code PO BOX 1550 HOUSTON TX 77097	Amount (\$) 21.98
Purpose of expenditure (See instructions regarding type of information required.) PHONE SERVICE		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/09/2003	Payee name T-MOBILE Payee address; City; State; Zip Code TX	Amount (\$) 75.57
Purpose of expenditure (See instructions regarding type of information required.) MOBILE PHONE		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 report:
39/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)
0000000

4 Date 01/07/2003	5 Payee name BRUCE TATRO	7 Amount (\$) 400.28
6 Payee address; City; State; Zip Code P.O. BOX 980517 HOUSTON TX 77055		

8 Purpose of expenditure (See instructions regarding type of information required.) REIMBURSEMENT	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 06/18/2003	Payee name BRUCE TATRO	Amount (\$) 200.00
Payee address; City; State; Zip Code P.O. BOX 980517 HOUSTON TX 77055		

Purpose of expenditure (See instructions regarding type of information required.) REIMBURSEMENT OF EXPENSES	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 04/21/2003	Payee name THE DENIS CALABRESE COMPANY	Amount (\$) 2500.00
Payee address; City; State; Zip Code 5300 MEMORIAL HOUSTON TX 77007		

Purpose of expenditure (See instructions regarding type of information required.) CONSULTING,STRATEGY	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 05/29/2003	Payee name THE DENIS CALABRESE COMPANY	Amount (\$) 2000.00
Payee address; City; State; Zip Code 5300 MEMORIAL HOUSTON TX 77007		

Purpose of expenditure (See instructions regarding type of information required.) CONSULTING,STRATEGY	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 report: 40/42
2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers) 0000000
4 Date 04/01/2003	5 Payee name SARAH TROPOLI 6 Payee address; City; State; Zip Code 2606 PERSA,SUITE 4 HOUSTON TX 77098	7 Amount (\$) 2500.00
8 Purpose of expenditure (See instructions regarding type of information required.) CONSULTING,FUNDRAISING		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/01/2003	Payee name SARAH TROPOLI Payee address; City; State; Zip Code 2606 PERSA,SUITE 4 HOUSTON TX 77098	Amount (\$) 2500.00
Purpose of expenditure (See instructions regarding type of information required.) CONSULTING,FUNDRAISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/30/2003	Payee name SARAH TROPOLI Payee address; City; State; Zip Code 2606 PERSA,SUITE 4 HOUSTON TX 77098	Amount (\$) 2500.00
Purpose of expenditure (See instructions regarding type of information required.) CONSULTING,FUNDRAISING		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/09/2003	Payee name US POSTMASTER Payee address; City; State; Zip Code GREENBRIAR STATION HOUSTON TX 77098	Amount (\$) 740.00
Purpose of expenditure (See instructions regarding type of information required.) POSTAGE		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 report:
41/42

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)
0000000

4 Date
04/24/2003

5 Payee name
US POSTMASTER

7 Amount
(\$)
300.00

6 Payee address; City; State; Zip Code
BARBARA JORDAN STATION
HOUSTON TX 77002

8 Purpose of expenditure (See instructions regarding type of information required.)
STANDARD MAIL PERMITS

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

Date
05/12/2003

Payee name
US POSTMASTER

Amount
(\$)
200.00

Payee address; City; State; Zip Code
BARBARA JORDAN STATION
HOUSTON TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
POSTAGE

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

Date
06/09/2003

Payee name
US POSTMASTER

Amount
(\$)
200.00

Payee address; City; State; Zip Code
BARBARA JORDAN STATION
HOUSTON TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
POSTAGE

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

Date
06/18/2003

Payee name
VISION AMERICA

Amount
(\$)
150.00

Payee address; City; State; Zip Code
PO BOX 2606
HOUSTON TX 77252

Purpose of expenditure (See instructions regarding type of information required.)
EVENT REGISTRATION

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 report:
42/42**2** FILER NAME
BRUCE TATRO**3** ACCOUNT # (Ethics Commission filers)
0000000**4** Date
06/03/2003**5** Payee name
WILLIAMSON STUDIOS**7** Amount
(\$)
135.31**6** Payee address; City; State; Zip Code
1902 WOODLAWN PARK
HOUSTON TX 77077**8** Purpose of expenditure (See instructions regarding type of
information required.)
PHOTOGRAPHS**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held