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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 43

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR (MR) FIRST: BRUCE MI: K
NICKNAME LAST: TATRO SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 980517
HOUSTON, TX. 77098

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(713) 682-6200

6 CAMPAIGN TREASURER NAME
MS / MRS (MRS) / MR FIRST: TRINIDAD MI: V
NICKNAME: TRINI LAST: MENDENHALL SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
8835 STABLE LN.
HOUSTON, TX. 77024

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(713) 334-2442

9 REPORT TYPE
☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year: 7 / 1 / 2003 THROUGH Month Day Year: 9 / 25 / 2003

11 ELECTION
ELECTION DATE Month Day Year: 11 / 4 / 2003
ELECTION TYPE ☐ Primary ☐ Runoff ☒ General ☐ Special

12 OFFICE
OFFICE HELD (if any): HOUSTON CITY COUNCIL, DIST. A.
13 OFFICE SOUGHT (if known): HOUSTON CITY CONTROLLER

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
Name
Address / PO Box; Apt. / Suite #; City; State; Zip Code
☐ additional pages

GO TO PAGE 2

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME
BRUCE TATRO

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ Ø
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 45,430.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ Ø
	4. **TOTAL POLITICAL EXPENDITURES**	$ 93,895.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 40,120.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

19 AFFIDAVIT

LOUIS A. GONZALEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 01-21-2004

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 6th day of October, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
	Louis Gonzalez	Notary

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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: 14

2 FILER NAME: BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/12	RUHA ACHARYA [redacted] HOUSTON, TX. [redacted]	100.00	

9 Principal occupation (Optional) | 10 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)
~~9/23~~ 9/9	Norman Adams [redacted] Houston, Tx [redacted]	1,000.00	

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)
9/23	Associated Builders & contractors [redacted] Houston, Tx [redacted]	1,000.00	

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)
9/23	BAC-PAC [redacted] Houston, TX [redacted]	$250.00	

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)
7/31	Sharon Balke [redacted] Houston, Tx [redacted]	50.00	

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.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this Schedule A1:

2 FILER NAME: Bruce Tatro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/25	W.L. Bane [redacted] Houston, TX [redacted]	100.00	

9 Principal occupation (Optional) | 10 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)
7/31	Raymond Betz [redacted] Houston, TX [redacted]	250.00	

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)
7/11	Nancy Brewer [redacted] Houston, TX [redacted]	100.00	

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)
9/24	Nancy Brewer [redacted] Houston, TX [redacted]	100.00	

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)
9/24	Cash	10.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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2 FILER NAME: Bruce Tatro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/17	Mike Castillo [redacted] Humble, TX [redacted]	100.00	

9 Principal occupation (Optional)	10 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)
9/24	Jessica Colon [redacted] Houston, TX [redacted]	100.00	

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)
9/13	Donna Detamore [redacted] Houston, Tx [redacted]	100.00	

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)
7/25	T.H. Dimerstein [redacted] Houston, TX [redacted]	250.00	

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)
9/23	Tricia Dodds [redacted] Houston, Tx. [redacted]	50.00	

Principal occupation (Optional)	Employer (Optional)

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

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2 FILER NAME: Bruce Tatro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/11	Kay Dodson [redacted] Houston, TX [redacted]	100.00	
9 Principal occupation (Optional)	**10 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)
9/15	Don Faust [redacted] Houston, TX [redacted]	250.00	
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)
9/11	Dionicio Flores [redacted] Houston, TX [redacted]	250.00	
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)
9/24	Charles Foster [redacted] Houston, TX [redacted]	200.00	
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)
9/23	Robert Fretz [redacted] Houston, TX [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this Schedule A1:

2 FILER NAME: Bruce Tatro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/23	Charles Frost [redacted] Houston, TX [redacted]	200.00	

9 Principal occupation (Optional) | 10 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)
8/16	Austen Furse [redacted] Houston, TX. [redacted]	250.00	

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)
9/24	Anthony Geldens [redacted] Kingwood, TX [redacted]	50.00	

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)
9/24	J.C. Harding [redacted] Houston, Tx [redacted]	250.00	

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)
7/25	Alan Helfman [redacted] Houston, TX [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/23	Mary Lou Henry [redacted] Houston, TX [redacted]	200.00	

9 Principal occupation (Optional)	10 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)
9/24	Audrey Holt [redacted] Houston, TX [redacted]	2,500.00	

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)
8/15	Home PAC [redacted] Houston, Tx [redacted]	500.00	

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)
7/25	Helen Hough [redacted] Houston, Tx [redacted]	100.00	

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)
9/11	Houston Realty Breakfast Club [redacted] Houston, Tx [redacted]	2,000.00	

Principal occupation (Optional)	Employer (Optional)

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/24	James Jard [redacted] Houston, Tx [redacted]	4,500.00	

9 Principal occupation (Optional) | 10 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)
9/12	Joe Keen [redacted] Houston, Tx [redacted]	100.00	

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)
8/27	Al Keller [redacted] Houston, Tx [redacted]	250.00	

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)
9/24	Al Keller [redacted] Houston, Tx [redacted]	50.00	

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)
8/27	Spiros Kollias [redacted] Humble, Tx [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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1 Total pages this Schedule A1:

2 FILER NAME: Bruce Tatro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/24	Tracey Kozadinos [redacted] Houston, TX [redacted]	100.00	

9 Principal occupation (Optional) | 10 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)
9/9	Bill Kvinta [redacted] Houston, TX [redacted]	250.00	

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)
8/15	Regina Kyles [redacted] Houston, TX [redacted]	1,000.00	

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)
9/23	Luis Lauzurique [redacted] Houston, TX [redacted]	40.00	

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)
9/24	Cassie Lincoln [redacted] Houston, TX [redacted]	25.00	

Principal occupation (Optional) | Employer (Optional)

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2 FILER NAME: Bruce Tatro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/25	Louis Macey Investments [redacted] Houston, TX [redacted]	1,000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15	Walter Mischer, Sr. [redacted] Houston, TX [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/23	Walter Mischer, Sr. [redacted] Houston, TX [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15	Malcolm Morris [redacted] Houston, T[redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15	Maureen Mulrooney [redacted] Houston, TX [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/25	Maureen Mulrooney [redacted] Houston, TX [redacted]	50.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
7/31	Doylene Perry [redacted] Houston, TX [redacted]	5,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/11	Laura Perry [redacted] Missouri City Tx [redacted]	5,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/25	Daniel Quinlan [redacted] Houston, TX [redacted]	5,000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/15	R Club PAC [redacted] Houston, TX [redacted]	2,500.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this Schedule A1:

2 FILER NAME: Bruce Tatro

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/12	Ben Rosenberg [redacted] Sugarland, TX [redacted]	250.00	

9 Principal occupation (Optional) | 10 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)
8/15	Elizabeth Sellers [redacted] Houston, TX [redacted]	250.00	

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)
9/25	Selma Smith [redacted] Houston, TX [redacted]	25.00	

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)
8/15	George Strake, Jr. [redacted] Houston, TX [redacted]	100.00	

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)
8/15	R.K. Thornton [redacted] Houston, Tx. [redacted]	5.00	

Principal occupation (Optional) | Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

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	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address: City: State: Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/27	Michael Tran [redacted] Houston, TX [redacted]	1,000.00	
9 Principal occupation (Optional)		10 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)
8/15	James Tribble [redacted] Houston, TX [redacted]	250.00	
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)
9/24	Turner, Collie & Braden PAC [redacted] Houston, TX [redacted]	500.00	
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)
9/9	Kenneth Ulmer [redacted] Houston, TX [redacted]	750.00	
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)
9/9	Macedonio Villareal [redacted] Missouri City, TX [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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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	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
9/23	Vinson & Elkins [redacted] Houston, Tx [redacted]	500.00	
9 Principal occupation (Optional)		10 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)
8/15	John Wallace [redacted] Houston, Tx [redacted]	100.00	
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)
9/9	Jim Ward [redacted] Spring, Tx [redacted]	250.00	
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)
8/15	Peter Wareing [redacted] Houston, Tx [redacted]	100.00	
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)
8/21	Wayne Webber [redacted] Houston, Tx [redacted]	1,000.00	
Principal occupation (Optional)		Employer (Optional)	

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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	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/15	S. Jay Williams [redacted] Houston, Tx [redacted]	2,500.00	

9 Principal occupation (Optional)	10 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)
7/22	Josh Flynn [redacted] Houston, Tx [redacted]	25.00	

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)
9/24	Norman Nolasco [redacted] Houston, Tx. [redacted]	500	WEBSITE HOSTING & MAINTENANCE

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)

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 23

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/1/03	COWART AND ASSOCIATES 6918 STONEY RIVER DR. SPRING, TX. 77379	5,500

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/1/03	HOUSTON HISPANIC CHAMBER OF COMMERCE P.O. BOX 1569 BELLAIRE, TX. 77402	30.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/1/03	Advarion, Inc P.O. Box 540183 Houston, Tx 77254	56.55

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/1/03	Office Depot 5330 West 34th Street Houston, Tx 77092	46.34

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/1/03	The Denis Calabrese Co 5300 Memorial, Ste 515 Houston, TX 77007	1,500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/2/03	Food For Thought 4534 Beechnut Houston, Tx. 77096	68.43

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/3/03	Jet Setters 6400 Westpark Houston, Tx. 77057	1,744.42

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/3/03	Knight Printing 5750 Bintliff Houston, Tx. 77036	518.23

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/3/03	Kingwood Civic Club PO Box 5126 Kingwood, Tx. 77339	30.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/3/03	Bruce Tatro 1505 Whispering Pines Houston, Tx 77055	50.41

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/3/03	T-Mobile PO Box 790047 St Louis, MO 63179	60.26

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/7/03	Earl LeBlanc 9023 Springview Houston, Tx. 77080	40.71

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/7/03	Sarah Tropoli 2606 Persia Houston, Tx 77098	2,500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/8/03	Michael Franks 1103 Crestmont Wharton, Tx. 77488	3,500.00

Purpose of payment (See instructions regarding type of information required.)
Printing-yard signs

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/10/03	Bruce Tatro 1505 Whispering Pines Houston, TX 77055	40.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/10/03	T-Mobile Po Box 790047 St Louis, MO 63179	94.35

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/14/03	Galleria Chamber of Commerce 5075 Westheimer, Ste 660 Houston, TX 77056	30.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/16	Office Depot 5330 West 34th Street Houston, Tx 77092	178.63

Purpose of payment (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	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/17	Office Depot 5330 West 34th Street Houston, Tx 77092	19.63

Purpose of payment (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	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/20	Best Buy 9670 Old Katy Rd. Houston, TX 77024	162.36

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/22	Ampco Parking Systems 400 Milam Houston Tx 77002	5.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/27	SBC PO Box 1550 Houston, Tx 77097	22.07

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/31	Baly-Chaumette, Jacqueline 5007 Weatherstone Cir #101 Sugarland, TX 77479	1,076.95

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/1	Cowart and Associates 6918 Stoney River Dr. Spring, TX 77379	3,000.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/1	Fiestas Patrias PO Box 262871 Houston, Tx 77207	200.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/1	Sarah Tropoli 2600 Persia Houston, Tx 77098	3,000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/4	Cingular Wireless PO Box 650574 Dallas Tx 75265	37.15

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/4	Earl LeBlanc 9023 Springview Houston Tx 77080	163.92

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/5	Kight Printing 5750 Bintliff Houston, Tx 77036	1,109.34

8 Purpose of payment (See instructions regarding type of information required.)
Printing (t-shirts)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/5	Old West End Association 1919 Decatur Houston, Tx 77007	20.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/5	Bruce Tatro 1505 Whispering Pines Houston, Tx 77055	110.98

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/5	US Postmaster Barbara Jordan Station Houston, Tx. 77002	300.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/7	Bruce Tatro 1505 Whispering Pines Houston, Tx 77055	100.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/8	Michael Franks 1103 Crestmont Wharton, Tx 77488	4,299.40

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Printing - yard signs	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/11	Office Depot 5330 West 34th Street Houston, Tx 77092	168.69

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/14	Express Auto Care 7929 Long Point Houston, Tx. 77055	378.44

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Campaign vehicle expense	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/14	Joe Flores 5306 DeMilo Houston, Tx 77055	200.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/14	t-Mobile PO Box 790047 St Louis MO 63179	162.28

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/15	Carreno-McCune 3730 Kirby, Ste 418 Houston, Tx 77098	14,210.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/15	Michael Franks 1103 Crestmont Wharton, Tx. 77488	2,976.87

Purpose of payment (See instructions regarding type of information required.)
printing-yard signs

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/15	Jet Setters 6400 Westpark Houston Tx 77057	300.40

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/15	Melinda Little 2606 Persa Houston, Tx 77098	500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/15	SBC PO Box 1550 Houston Tx 77097	109.81

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/15	SBC PO Box 1550 Houston Tx 77097	117.96

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/15	Tom Sheelar 1052 Cheshire Houston, Tx 77018	71.24

8 Purpose of payment (See instructions regarding type of information required.)
Reimbursement - auto expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/18	Neumann LP 1314 Webster Houston, TX 77019	11,889.38

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/19	Michael Franks 1103 Crestmont Wharton, Tx 77488	6,500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/20	US postmaster Greenbriar Station Houston Tx 77098	63.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/21	Eckerd Drug 10505 Jones Rd Houston, Tx 77070	42.90

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/22	Joe Flores 5306 DeMilo Houston, Tx 77055	200.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/22	Vietnamese Community of Houston 2615 Fannin Houston Tx 77002	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/24	Bruce Tatro 1505 Whispering Pines Houston, TX 77055	133.05

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/26	Cingular Wireless PO Box 650574 Dallas, Tx 75265	37.15

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/26	Jet setters 6400 Westpark Houston, Tx 77057	923.20

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/26	Jewish Herald Voice PO Box 153 Houston, Tx 77001	370.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/26	Phillipine American Republican Women 10070 Larston Houston, Tx 77055	100.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/26	Tom Shelar 1052 Cheshire Houston, Tx 77018	50.70

8 Purpose of payment (See instructions regarding type of information required.)
Reimbursement - sign expense

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/26	US postmaster Greenbriar Station Houston, Tx 77098	37.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/27	SBC PO Box 1550 Houston Tx 77097	330.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/28	Ralph Garcia 2810 Leeland Houston, Tx 77003	2,375.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/30	Conservative Republicans of Harris County 3405 Edloe Houston, Tx. 77027	5,000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/1	Cowart & Associates 6918 Stoney River Dr. Spring, Tx 77379	3,000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/1	Sarah Tropoli 2606 Persa Houston, Tx 77098	3,000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/4	SBC PO Box 1550 Houston, Tx 77097	22.06

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/4	Harland Taylor 710 Voyager Houston, Tx 77062	1,100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/4	Harland Taylor 710 Voyager Houston, Tx 77062	550.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/5	Ralph Garcia 2810 Leeland Houston, Tx 77003	1,450.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/5	t-Mobile PO Box 790047 St Louis, MO 63179	59.09

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/6	League of Women Voters 2650 Fountainview Houston, Tx 77057	95.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/8	Office Depot 5330 West 34th Street Houston, TX 77092	68.08

Purpose of payment (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	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/8	t-Mobile PO Box 790047 St Louis, MO. 63179	162.98

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/10	City of Houston PO Box 1562 Houston Tx 77251	750.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/10	Joe Flores 5306 DeMilo Houston, Tx. 77055	200.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/10	State Bank of Texas PO Box 920978 Houston, Tx. 77292	3.00

Purpose of payment (See instructions regarding type of information required.)
Fee - cashiers check

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/11	Ralph Garcia 2810 Leeland Houston, Tx. 77003	3,800.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/13	SBC PO Box 1550 Houston Tx 77097	8.74

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/15	Greater Houston Partnership 1200 Smith, Ste 700 Houston, Tx 77002	19.49

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/16	SBC PO Box 1550 Houston Tx 77097	324.83

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/16	US Postmaster Barbara Jordan Station Houston, Tx 77002	319.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/17	US Postmaster Barbara Jordan Station Houston, Tx 77002	150.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/19	Harland Taylor 710 Voyager Houston, Tx 77062	550.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/20	Kinkos 10670 NW Fwy Houston, Tx 77092	167.70

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/23	Advarion, Inc Po Box 540183 Houston, Tx 77254	123.48

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/24	US Postmaster Barbara Jordan Station Houston, Tx. 77002	90.65

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/24	U.S. Postmaster Barbara Jordan Station Houston, Tx 77002	250.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/19	Standard Parking 1111 San Jacinto Houston, Tx 77002	16.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/12	Houston Hispanic Chamber of Commerce 2900 Woodridge Houston, Tx 77087	70.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/14	Nancy Brewer Flores 5306 DeMilo Houston, Tx. 77055	38.97

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME
BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/27	Galleria Area Chamber of Commerce 5075 Westheimer Houston, Tx. 77056	30.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/27	Houston Chronicle 801 Texas Ave Houston, Tx. 77002	33.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/29	Earl LeBlanc 9023 Springview Houston, Tx 77080	120.63

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 4

2 FILER NAME: BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
8/27	KROGER'S 1505 Wirt Rd. Houston, Tx 77005	GASOLINE	24.02	☑
8/30	KROGERS 1505 WIRT RD. HOUSTON, TX 77055	GASOLINE	26.10	☑
9/4	SHELL 3803 WESTHEIMER HOUSTON, TX. 77024	GASOLINE	24.80	☑
9/4	WARWICK HOTEL 5701 MAIN HOUSTON, TX 77002	PARKING	4.00	☑
9/4	CRESCENT 2 GREENWAY PLAZA HOUSTON, TX 77024	PARKING	3.00	☑

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
9/4	HARRIS CO. TOLL RD AUTHORITY 5900 E. SAM HOUSTON HOUSTON, TX. 77052	TOLL	1.00	☑
9/5	CARABBA'S 3115 KIRBY HOUSTON, TX. 77098	LUNCHEON	31.39	☑
9/6	DREXLER'S 2300 PIERCE HOUSTON, TX.	Luncheon	91.75	☑
9/7	HCTRA 5900 E SAM HOUSTON PKWY HOUSTON, TX. 77052		1.00	☑
9/9	KROGERS 1505 WIRT HOUSTON, TX. 77055		27.38	☑

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
9/12	KROGERS 1505 WIRT HOUSTON, TX 77055	GASOLINE	20.04	☐
9/14	OFFICE DEPOT 5330 W. 34TH HOUSTON, TX 77092	OFFICE SUPPLIES	75.47	☑
9/15	SHELL 6601 SW FWY HOUSTON, TX 77074	GASOLINE	29.01	☐
9/19	KROGERS 1505 WIRT HOUSTON, TX. 77055	GASOLINE	23.89	☑
9/21	KROGERS 1505 WIRT HOUSTON, TX 77055	GASOLINE	24.21	☐

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($) / Reimbursement from political contributions intended
9/25	KROGERS 1505 WIRT HOUSTON, TX. 77055 GASOLINE	24.68 ☑ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount ($) ☐ Reimbursement from political contributions intended

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