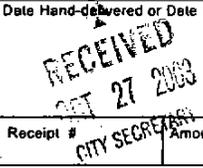


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI BRUCE K NICKNAME LAST SUFFIX TATRO	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked  Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> 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 / MR FIRST MI TRINIDAD V NICKNAME LAST SUFFIX TRINI MENDENHALL		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5847 SAN FELIPE, STE 4210 HOUSTON, TX. 77057		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 334-2442		
9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 9 / 25 / 2003    10 / 25 / 2003		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 4 / 2003		
12 OFFICE	OFFICE HELD (if any) HOUSTON CITY COUNCIL, DIST. A	13 OFFICE SOUGHT (if known) CONTROLLER	
14 NOTICE OF 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

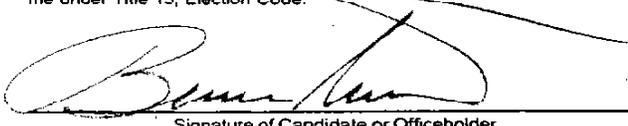
15 C/OH NAME	16 ACCOUNT # (Ethics Commission filers)
--------------	---

17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 36 675.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 62 998.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13 824.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

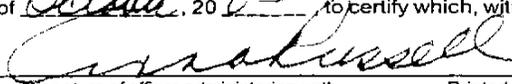
19 AFFIDAVIT

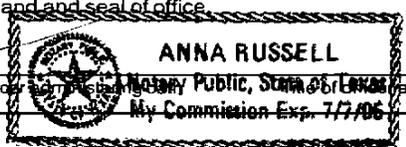
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said BRUCE TATRO, this the 27th day of October, 2009, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

  
 ANNA RUSSELL  
 Notary Public, State of Texas  
 My Commission Exp. 7/7/06

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

**BRUCE TATRO**

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/2/03

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

**CHARLES BEYER**

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/2/03

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

**WILLIAM CARL**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/2/03

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

**DANIEL HEDGES**

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/2/03

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

**MORRIS ARCHITECTS CIVIC ACTION FUND**

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/2/2003

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

**PETER PELTER**

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

**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 A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

**BRUCE TATRO**

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/2/03

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

**LOUISE WING**

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/3/03

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

**GERALD BRADY**

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/6/03

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

**DALE KORNEBAY**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/8/03

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

**THOMAS MOORE, III**

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/8/03

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

**RAYMOND TURNER**

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

**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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)

4 Date

10/7/03

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

EMIL GEFFERT

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/7/03

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

J.R. JONES

Contributor address; City; State; Zip Code

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/7/2003

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

SUSAN KELLNER

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/7/2003

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

KATHLEEN O'CONNOR

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/7/2003

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

WALTER NEBLEY

Contributor address; City; State; Zip Code

Amount of contribution (\$)

3000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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 A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)

4 Date

10/7/03

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

R CLUB PAC

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

1500.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/7/03

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

WILLIAM RANDOLPH

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/7/03

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

TEXAS SRC PAC

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/7/03

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

LARRY THYSSEN

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/9/2003

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

SOUTHWEST BANK OF TEXAS PAC

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/13/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TROY BLAKENEY</b>	7 Amount of contribution (\$) <b>1000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/13/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SALLY BRADFORD</b>	Amount of contribution (\$) <b>75.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/13/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>T.H. DNERSTEIN</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/13/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOE FOSTER</b>	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/13/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>FAY HUBBARD</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

**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 A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A:	
2 FILER NAME <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission files)	
4 Date <b>10/13</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HUNTER, TANBANIK</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANDLE, LUCIOUS</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>S &amp; B PAC</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TEXAS FRIENDS OF TIME WARNER</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/13</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LOUIS TSAKRIS</b>	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

**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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

**BRUCE TATRO**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**10/14**

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

**LYNN ROBIDEAU**

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

**50.00**

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

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

**10/14**

**ANN TRAVIS**

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

**250.00**

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

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

**10/14**

**JOSEPH ADAMS**

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

**250.00**

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

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

**10/14**

**UNION PACIFIC CORP. FUNDS FOR EFFECTIVE GOV'T.**

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

**1000.00**

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

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

**10/14**

**ALLEN, BOONE HUMPHRIES, LLP**

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

**1000.00**

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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 A**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages this Schedule A:

2 FILER NAME **BRUCE TATRO** 3 ACCOUNT # (Ethics Commission files)

4 Date <b>10/17/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SIMA OF HOUSTON</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions)

Date <b>10/17/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL STEVENS</b>	Amount of contribution (\$) <b>2500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

Date <b>10/22/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN NAU, III</b>	Amount of contribution (\$) <b>2500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

Date <b>10/22/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT ELBERGER</b>	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

Date <b>W/22/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CANDLELIGHT DEVELOPMENT</b>	Amount of contribution (\$) <b>1500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			

Principal occupation \ Job title (See Instructions) Employer (See Instructions)

**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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission files)

4 Date

10/16/03

5 Full name of contributor

 out-of-state PAC (ID# \_\_\_\_\_)

LOUISE RICHMAN

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See instructions)

10 Employer (See instructions)

Date

10/17/03

Full name of contributor

 out-of-state PAC (ID# \_\_\_\_\_)

ROBERT COHEN

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date

10/17/03

Full name of contributor

 out-of-state PAC (ID# \_\_\_\_\_)

GREGORY BAXTER

Contributor address; City; State; Zip Code

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date

10/17/03

Full name of contributor

 out-of-state PAC (ID# \_\_\_\_\_)

BRACEWELL \* PATTERSON CATE

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See instructions)

Employer (See instructions)

Date

10/17/03

Full name of contributor

 out-of-state PAC (ID# \_\_\_\_\_)

RIDGECREST SHOPPING CTR. LTD.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

300.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See instructions)

Employer (See instructions)

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 A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/23/03

5 Full name of contributor

 out-of-state PAC (ID#:

MICHAEL STEVENS

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

2,500.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

10/23/03

Full name of contributor

 out-of-state PAC (ID#:

TOM FRANKS

Contributor address; City; State; Zip Code

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/23/03

Full name of contributor

 out-of-state PAC (ID#:

JANORA REMSON

Contributor address; City; State; Zip Code

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/23/03

Full name of contributor

 out-of-state PAC (ID#:

DAVID CONVERSE

Contributor address; City; State; Zip Code

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/24/03

Full name of contributor

 out-of-state PAC (ID#:

PHILIP SCHNEIDAU

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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 Schedule F:
2 FILER NAME <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>9/29/03</b>	5 Payee name <b>KSEV RADIO</b> 6 Payee address; City; State; Zip Code <b>11451 KATY FWY HOUSTON, TX 77079</b>	7 Amount (\$) <b>5950.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>ADVERTISING</b>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>9/29/03</b>	Payee name <b>EARL LE BLANC</b> Payee address; City; State; Zip Code <b>9023 SPENGLER HOUSTON, TX 77080</b>	Amount (\$) <b>92.28</b>
Purpose of payment (See instructions regarding type of information required.) <b>REIMBURSEMENT</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>9/30/03</b>	Payee name <b>OFFICE DEPOT</b> Payee address; City; State; Zip Code <b>5330 W. 34TH HOUSTON, TX 77082</b>	Amount (\$) <b>171.53</b>
Purpose of payment (See instructions regarding type of information required.) <b>OFFICE SUPPLIES</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <b>10/1/03</b>	Payee name <b>COWART AND ASSOCIATES</b> Payee address; City; State; Zip Code <b>6918 STONEY RIVER DR. SPRING, TX 77379</b>	Amount (\$) <b>3000.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>CONSULTING</b>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **BRUCE TATRO** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>10/1/03</b>	5 Payee name <b>HARRIS Co. REPUBLICAN PARTY</b> 6 Payee address; City; State; Zip Code <b>3311 RICHMOND AVE HOUSTON, TX 77098</b>	7 Amount (\$) <b>3000.00</b>
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8 Purpose of payment (See instructions regarding type of information required.) <b>ADVERTISING</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>10/1/03</b>	Payee name <b>HARLAND TAYLOR</b> Payee address; City; State; Zip Code <b>710 VOYAGER HOUSTON, TX 77062</b>	Amount (\$) <b>550.00</b>
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Purpose of payment (See instructions regarding type of information required.) <b>CONSULTING</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>10/1/03</b>	Payee name <b>SARAH TROPOLI</b> Payee address; City; State; Zip Code <b>2606 PERSA HOUSTON, TX 77098</b>	Amount (\$) <b>3000.00</b>
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Purpose of payment (See instructions regarding type of information required.) <b>CONSULTING</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date <b>10/1/03</b>	Payee name <b>JOE FLORES</b> Payee address; City; State; Zip Code <b>5306 DE MILO HOUSTON, TX 77055</b>	Amount (\$) <b>200.00</b>
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Purpose of payment (See instructions regarding type of information required.) <b>Sign Placement</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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 <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10/2/03</b>	5 Payee name <b>KPRC RADIO</b> 6 Payee address; City; State; Zip Code <b>570 LOVETT BLVD HOUSTON, TX 77006</b>	7 Amount (\$) <b>8287.50</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>ADVERTISING</b>		9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
Date <b>10/2/03</b>	Payee name <b>NEUMANN LP</b> Payee address; City; State; Zip Code <b>1314 WEBSTER HOUSTON, TX 77019</b>	Amount (\$) <b>12000.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>PRINTING</b>		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
Date <b>10/8/03</b>	Payee name <b>T-MOBILE</b> Payee address; City; State; Zip Code <b>PO BOX 790047 ST. LOUIS, MO 63179</b>	Amount (\$) <b>116.72</b>
Purpose of payment (See instructions regarding type of information required.) <b>PHONE</b>		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
Date <b>10/8/03</b>	Payee name <b>US POSTMASTER</b> Payee address; City; State; Zip Code <b>BARBARA JORDAN STN. HOUSTON, TX 77002</b>	Amount (\$) <b>2334.84</b>
Purpose of payment (See instructions regarding type of information required.) <b>POSTAGE</b>		<b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**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)

<b>4</b> Date 10/13	<b>5</b> Payee name U.S. POSTMASTER <b>6</b> Payee address; City; State; Zip Code BARBARA JORDAN STN. HOUSTON, TX. 77002	<b>7</b> Amount (\$) 2225.55
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) POSTAGE	<b>9</b> -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 10/14	Payee name U.S. POSTMASTER Payee address; City; State; Zip Code BARBARA JORDAN STN. HOUSTON, TX. 77002	Amount (\$) 2364.42
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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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Date 10/14/03	Payee name SBC Payee address; City; State; Zip Code PO BOX 1550 HOUSTON, TX. 77097	Amount (\$) 324.83
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Purpose of payment (See instructions regarding type of information required.) PHONES	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 6/15/03	Payee name U.S. POSTMASTER Payee address; City; State; Zip Code BARBARA JORDAN HOUSTON, TX. 77002	Amount (\$) 2350.47
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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 <b>10/15/03</b>	5 Payee name <b>JOE FLORES</b>	7 Amount (\$) <b>200.00</b>
6 Payee address; City; State; Zip Code <b>5306 DE MILO HOUSTON, TX 77055</b>		

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

Date <b>10/17/03</b>	Payee name <b>ANDREW TAYLOR</b>	Amount (\$) <b>225.00</b>
Payee address; City; State; Zip Code <b>710 VOYAGER HOUSTON, TX 77062</b>		

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

Date <b>10/17/03</b>	Payee name <b>U.S. POSTMASTER</b>	Amount (\$) <b>2384.06</b>
Payee address; City; State; Zip Code <b>BARBARA JORDAN STN. HOUSTON, TX. 77002</b>		

Purpose of payment (See instructions regarding type of information required.) <b>POSTAGE</b>	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>10/17/03</b>	Payee name <b>U.S. POSTMASTER</b>	Amount (\$) <b>5289.21</b>
Payee address; City; State; Zip Code <b>BARBARA JORDAN STN. HOUSTON, TX. 77002</b>		

Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> 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  
10/17/03

5 Payee name  
MICHAEL FRANKS  
6 Payee address; City; State; Zip Code  
1103 CRESTMONT  
WHARTON, TX 77498

7 Amount (\$)  
6585.87

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

PRINTING - SIGNS

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

Date  
10/17/03

Payee name  
U.S. POSTMASTER  
Payee address; City; State; Zip Code  
BARBARA JORDAN STN.  
HOUSTON, TX 77002

Amount (\$)  
50.35

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  
10/24/03

Payee name  
MOROFF'S MAIL  
Payee address; City; State; Zip Code  
7070 W. 43RD  
HOUSTON, TX. 77092

Amount (\$)  
1695.64

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

MAIL SHOP SVC.

\*\* 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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**CREDITS (optional)**

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

**BRUCE TATRO**

3 ACCOUNT # (Ethics Commission filers)

4 Date  <b>10/17/03</b>	5 Payor name <b>RALPH GARCIA</b>	8 Amount (\$)  <b>500.00</b>
	6 Payor address; City; State; Zip Code <b>2810 LEECLAND HOUSTON, TX. 77003</b>	
	7 Reason for credit <b>TERMINATION OF CONTRACT</b>	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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