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

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #

2 Total pages filed: 6

OFFICE USE ONLY

Date Received

RECEIVED DEC 27 2005 CITY SECRETARY

Date Hand-Delivered or Date Postmarked

Receipt # Amount

Legal Totals

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

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

NICKNAME LAST: IATRO SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [x] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED

Month 1 Day 1 Year 2004 THROUGH Month 6 Day 30 Year 2004

6 EXPLANATION OF CORRECTION

ADDITION OF:

1. OUT OF STATE PAC - WASTE MANAGEMENT EMPLOYEE'S BETTER GOVERNMENT FUND

F.E.C. - STATEMENT OF ORGANIZATION

COPY OF ORIGINAL COVER SHEET AND CONTRIBUTION SCHEDULE ENCLOSED

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

LAURA A. HASKINS NOTARY PUBLIC STATE OF TEXAS My Commission Expires MARCH 14, 2006

Check ONLY if applicable:

[X] I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by BRUCE IATRO this the 25 day of DECEMBER 2005, to certify which, witness my hand and seal of office.

Signature of officer administering oath — Printed name of officer administering oath: LAURA A. HASKINS — Title of officer administering oath: NOTARY PUBLIC

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Revised 09/23/2005

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Waste Management
Employees' Better Government Fund

Qualified Multicandidate PAC

MAY 20 11 01 AM '99

May 5, 1999

Federal Elections Commission
Public Records Office
999 E Street, N.W.
Washington, D.C. 20463

Re: Waste Management Employees' Better Government Fund
I.D.: C00119008
Statement of Organization (FEC Form 1)

Gentlemen:

Attached is an amended Statement of Organization (FEC Form 1) reflecting new depository information (Item 9) for the above-referenced political action committee.

If you have any questions, please contact me at (202) 628-3500.

Sincerely,

Kimberley W. Engle

Kimberley W. Engle
Manager, Government Affairs

Enclosure
KWE

601 Pennsylvania Avenue, N.W., Suite 300 North Building, Washington, D.C. 20004

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) Waste Management Employees' Better Government Fund	2. DATE 5/3/99
(b) Number and Street Address ☐ (Check if address is changed) 601 Penn. Ave., NW Suite 300 North, Wash	3. FEC Identification Number C00119008
(c) City, State and ZIP Code -	4. Is This Report An Amendment? ☒ YES ☐ NO

RECEIVED FEDERAL ELECTION COMMISSION MAIL RO.

MAY 20 11 01 AM '99

5. TYPE OF COMMITTEE (Check one)

☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)

☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☐ (e) This committee is a separate segregated fund.

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position

8. **Treasurer:** List the name and address (phone number — optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Nations Bank	730 Fifteenth Street, NW First Floor Washington, DC 20005

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Ronald H. Jones	Ronald H. Jones	5/3/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEBAN053

FEC FORM 1
(revised 4/87)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this Filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 5-17-99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	DATE PREPARED 5-20-99

(4/98)

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

COPY

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

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED NOV 22 2004 CITY SECRETARY COPY

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: 1505 WHISPERING PINES APT / SUITE #: CITY: HOUSTON STATE: TX ZIP CODE: 77055
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (713) PHONE NUMBER: 688-1234 EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MRS. FIRST: [redacted] TRINIDAD MI: V. NICKNAME: TRINI LAST: MENDENHALL SUFFIX:
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 5847 SAN FELIPE, SUITE 4210 APT / SUITE #: CITY: HOUSTON STATE: TX ZIP CODE: 77057
8 CAMPAIGN TREASURER PHONE	AREA CODE: (713) PHONE NUMBER: 334-2442 EXTENSION:
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) ☒ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year: 1/1/2004 THROUGH Month Day Year: 6/30/2004
11 ELECTION	ELECTION DATE Month Day Year: / / ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special
12 OFFICE	OFFICE HELD (if any)
13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. •• Name: Address / PO Box: Apt. / Suite #: City: State: Zip Code: ☐ additional pages

GO TO PAGE 2

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 A

COPY OF ORIGINAL

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

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)
1/14/04	LOUIS TSAKIRIS [redacted] 77095	$100.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

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)
2/18/04	WASTE MANAGEMENT PAC [redacted]	$250.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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)
2/10/04	SHELLY SEKUCA GIBBS CAMPAIGN [redacted] HOUSTON TX	$500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 / Job title (See Instructions)

Employer (See Instructions)

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 / 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.