

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

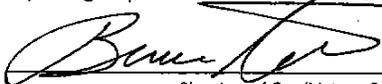
<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: <b>3</b>
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<b>3</b> CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <b>COUNCILMEMBER BRUCE</b> NICKNAME LAST SUFFIX <b>TATRO</b>	<b>OFFICE USE ONLY</b> Date Received Date Hand-delivered or Postmarked Report # Legal Title Date Processed Date Imaged
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<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	
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<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <b>1 / 1 / 2003 THROUGH 6 / 30 / 2003</b>	Legal Title Date Processed Date Imaged
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<b>6</b> EXPLANATION OF CORRECTION	<b>IN KIND CONTRIBUTION OF WEBSITE DESIGN AND HOSTING OMITTED FROM ORIGINAL REPORT.</b>
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<b>7</b> AFFIDAVIT  	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.   Signature of Candidate or Officeholder
AFFIX NOTARY STAMP	Sworn to and subscribed before me by <u>BRUCE TATRO</u> this the <u>23</u> day of <u>July</u> , 20 <u>03</u> .  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

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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

**BRUCE TATRO**

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

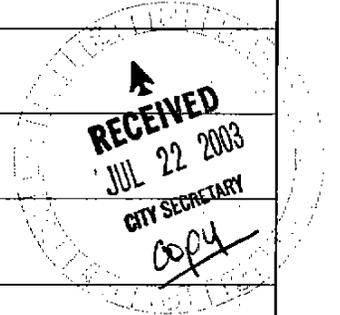
additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS



17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

\$ 330.00

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

\$ 134 960.54

EXPENDITURE TOTALS

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

\$ 522.96

4. TOTAL POLITICAL EXPENDITURES

\$ 43496.12

OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Bruce Tatro*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bruce Tatro, this the 23rd day of July, 20 03, to certify which, witness my hand and seal of office.

*Troy D. Lemon*

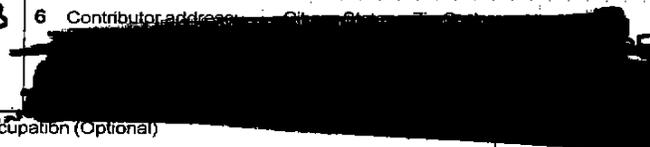
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE 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 <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/30/2003</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>NORMAN NOLASCO</b>	7 Amount of contribution (\$) <b>3,000</b>	8 In-kind contribution description (if applicable) <b>WEBSITE DESIGN AND HOSTING.</b>
6 Contributor address; City; State; Zip Code 			
9 Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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