



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

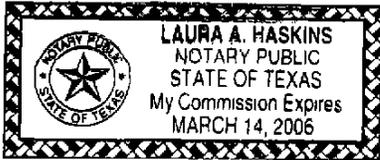
**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b>	<b>16 ACCOUNT #</b> (Ethics Commission filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. **	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100,475.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 100,205.14
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,494.77
<b>OUTSTANDING LOAN TOTALS</b>	6. 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 Tatrod*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said BRUCE TATRO, this the 1st day of Dec., 2003, to certify which, witness my hand and seal of office.

*Laura A. Haskins*  
Signature of officer administering oath

Laura A. HASKINS  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

# 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>10/28/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TRUCEY KOZADINOS</b> 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/28/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EDWIN McCreoy III</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/28/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT RYAN</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>1000.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/29/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RUMA ACHARYA</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/29/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PHILIP ARONOFF</b> Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) <b>100.00</b>	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

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2 FILER NAME BRUCE TATRO		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AL BRADLEY	7 Amount of contribution (\$) 1000.00	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 10/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONALD DENNIS	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES DORSETT	Amount of contribution (\$) 1200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPH FIGHT	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVE KOHLER	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)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

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2 FILER NAME <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/29/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JM LEBEUX</b>	7 Amount of contribution (\$) <b>25.00</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>10/29/02</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CH LUSK, III</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>10/29</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARIA TRAPPAS</b>	Amount of contribution (\$) <b>5000.00</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>10/29/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BILL PAULBIN</b>	Amount of contribution (\$) <b>50.00</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>10/29/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LANE DESIGN GROUP</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)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

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2 FILER NAME <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/3/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JIM WARD</b>	7 Amount of contribution (\$) <b>250.00</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>11/3/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>WAYNE AHRENS</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>11/7/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SUZANNE DESKEN</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>11/7/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>AL KELLER</b>	Amount of contribution (\$) <b>50.00</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>11/7/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>MARK BOYER</b>	Amount of contribution (\$) <b>2500</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**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 filer)	
4 Date <b>11/7/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>HAC HARK</b>	7 Amount of contribution (\$) <b>2500.00</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>11/7/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TOM BEATCHER</b>	Amount of contribution (\$) <b>50.00</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>11/12/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>SHARON BALKE</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>11/12/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>TROY BLAKENEY</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>11/12/2003</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>EDWARD BOSWELL</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)	

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# 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

11/12/03

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

JOHN COBB

6 Contributor address: City: State: Zip Code

[REDACTED]

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

11/12/03

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

ALFRED DAVIS, IV

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/12/03

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

STEVEN FINKELMAN

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/12/03

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

ANTHONY GELDENS

Contributor address: City: State: Zip Code

[REDACTED]

Amount of contribution (\$)

N/A  
50.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/12/03

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

DANIEL HEOLDES

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)

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**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

11/12/03

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

LAWRENCE HILL

6 Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

11/12/03

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

HOUSTON AGC PAC

Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/12/03

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

IEC OF HOUSTON PAC

Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/12/03

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

AL KELLER

Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/12/03

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

LINERARGER GOLGAN BLAIR & SAMPSON

Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

Amount of contribution (\$)

2500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

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2 FILER NAME <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/12/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TRINI HENDENHALL</b>	7 Amount of contribution (\$) <b>2500.00</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>11/12/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MAUREEN HULLROONEY</b>	Amount of contribution (\$) <b>100.00</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>11/12/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>OLIVER PENNINGTON</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>11/12/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEROME PENNINGTON</b>	Amount of contribution (\$) <b>150.00</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>11/12/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ELIZABETH SELLERS</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

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1 Total pages this Schedule A:

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/12/03

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

DRYAN WILSON

6 Contributor address: City State Zip Code

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

11/14/03

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

DOYLENE PERRY

Contributor address: City State Zip Code

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/14/03

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

BOB PERRY

Contributor address: City State Zip Code

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/14/03

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

WILL PERRY

Contributor address: City State Zip Code

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/14/03

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

LAURA PERRY

Contributor address: City State Zip Code

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A**

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2 FILER NAME <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/15/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CLOUT</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>11/15/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JAMES HILL</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>11/15/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BILL KVINTA</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>11/15/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>WALTER NEBLEY</b>	Amount of contribution (\$) <b>2000.00</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>11/15/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ANDREW SEGAL</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)	

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**POLITICAL CONTRIBUTIONS  
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2 FILER NAME <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>10/31/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ODIS COBB</b>	7 Amount of contribution (\$) <b>250.00</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>10/31/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANNEY McDONOUGH</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>10/31/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PARK PATERSON</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>10/31/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CONNARD BARKER</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>11/3</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LYNN TRAFTON</b>	Amount of contribution (\$) <b>25.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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

11/15/03

5 Full name of contributor

out-of-state PAC (ID#:

DUDLEY SMITH

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

11/15/03

Full name of contributor

out-of-state PAC (ID#:

HELEN THERIBULT

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

11/15/03

Full name of contributor

out-of-state PAC (ID#:

KENNETH ULMER

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

11/15/03

Full name of contributor

out-of-state PAC (ID#:

BILLY WHITEFIELD

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

11/15/03

Full name of contributor

out-of-state PAC (ID#:

SHARON BOEHM

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 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

11/18/03

5 Full name of contributor

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

LORN FRAZIER

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

11/18/03

Full name of contributor

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

DALE KORNEBAY

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)

Date

11/18/03

Full name of contributor

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

CURTIS LINDSEY

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/18/03

Full name of contributor

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

DONNA CONRAD

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/18/03

Full name of contributor

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

CH GARVER

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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# 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

11/18/03

5 Full name of contributor

**HowCon PAC**

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

2500.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

11/18/03

Full name of contributor

**AL KELLER**

out-of-state PAC (ID#)

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

11/18/03

Full name of contributor

**ROBERT FRETZ**

out-of-state PAC (ID#)

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

11/18/03

Full name of contributor

**DUNI HERBRON**

out-of-state PAC (ID#)

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

11/18/03

Full name of contributor

**JAMES JARD**

out-of-state PAC (ID#)

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)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**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>11/20/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM HUNTSINGER</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>11/20/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHARON COFFEY</b>	Amount of contribution (\$) <b>25.00</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>11/20/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SANDRA REDNS</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>11/20/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ADAMS INSURANCE</b>	Amount of contribution (\$) <b>3000.00</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>11/20/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT SILVERS</b>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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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>11/21/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LEONARD KENDRICK</b>	7 Amount of contribution (\$) <b>200.00</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>11/21/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BILL TREJINO</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>11/21/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRIAN CWEREN</b>	Amount of contribution (\$) <b>100.00</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>11/21/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>EP WHITE</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>11/21/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HOUSTON FIRE FIGHTERS PAC</b>	Amount of contribution (\$) <b>5000.00</b>	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code [REDACTED]		
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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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

11/21/03

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

**SALVATORE MANCUSO**

6 Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

[REDACTED ADDRESS]

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

11/21/03

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

**HOME PAC**

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

[REDACTED ADDRESS]  
**HOUSTON**

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/21/03

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

**CHARLES FOSTER**

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

[REDACTED ADDRESS]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/24/03

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

**LARRY THYSSEN**

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

[REDACTED ADDRESS]

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/24/03

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

**STAN HAREK**

Contributor address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

[REDACTED ADDRESS]

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**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

11/24/03

5 Full name of contributor

SELMA SMITH

out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

11/24/03

Full name of contributor

SUSAN KELLNER

out-of-state PAC (ID#)

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

11/24/03

Full name of contributor

ART MORALES

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/24/03

Full name of contributor

MORRIS ARCHITECTS PAC

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/24/03

Full name of contributor

HERBERT LEVINE

out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

5000.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

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**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

11/18/03

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

11/20/03

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

NICHOLAS ASCHLMAN

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

11/20/03

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

ROBERT LIN

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/20/03

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

OUTDOOR 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

11/20/03

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

HOLLAND EVANS

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)

**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>11/24/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DON MCGILL</b>	7 Amount of contribution (\$) <b>2,000.00</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>11/24/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RANNEY McDONOUGH</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>11/24/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CM LUSK</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>11/24/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MATTHEW KHOURIE</b>	Amount of contribution (\$) <b>1,000.00</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>11/24/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HOMER TAYLOR</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)	

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# 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

11/24/03

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

**ALLEN BOONE HUMPHRIES**

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

11/24/03

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

**PHILIP SCHNEIDAU**

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

11/25/03

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

**ARUN VERMA**

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

11/25/03

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

**HARTMAN PARTNERSHIP**

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

11/25/03

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

**PETER PELTIER**

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)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**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

11/26

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

DOUGL DILES

6 Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

11/26

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

PHILIP STERN

Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/26

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

McGINNIS INSURANCE

Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/26/03

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

THOMAS MOORE

Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

11/26/03

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

DAVID HANNAN

Contributor address; City; State; Zip Code

[REDACTED ADDRESS]

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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**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>11/26/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT ELBERGER</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>11/26/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAUNDRY'S RESTAURANTS PAC</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>11/26/03</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID WEEKLEY</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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME BRUCE TATRO CAMPAIGN		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 10/27/03	<b>5</b> Payee name JOE FLORES <b>6</b> Payee address; City; State; Zip Code 5306 DEMILO HOUSTON, TX 77055	<b>7</b> Amount (\$) 766.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) SIGN PLACEMENT		<b>9</b> .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name      Office sought      Office held
Date 10/27/03	Payee name NEUMANN LP Payee address; City; State; Zip Code 1314 WEBSTER HOUSTON, TX 77019	Amount (\$) 4679.75
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 10/28/03	Payee name US POSTMASTER Payee address; City; State; Zip Code BARBARA JORDAN STATION HOUSTON, TX 77002	Amount (\$) 8000.00
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 10/28/2003	Payee name US POSTMASTER Payee address; City; State; Zip Code BARBARA JORDAN STATION HOUSTON, TX 77002	Amount (\$) 2326.75
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
<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 <b>BRUCE TATRO CAMPAIGN</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10/29/2003</b>	5 Payee name <b>KPRC RADIO</b>	7 Amount (\$) <b>5100.00</b>
6 Payee address; City; State; Zip Code <b>11767 KATY FWY HOUSTON, TX 77079</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>RADIO ADVERTISING</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>10/29/2003</b>	Payee name <b>ADVARION, INC</b>	Amount (\$) <b>66.67</b>
Payee address; City; State; Zip Code <b>P.O. Box 540183 HOUSTON, TX 77254</b>		
Purpose of payment (See instructions regarding type of information required.) <b>CREDIT CARD PROCESSING</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>10/31/03</b>	Payee name <b>EARL LEIBLANK</b>	Amount (\$) <b>125.54</b>
Payee address; City; State; Zip Code <b>9023 SPRINGVIEW HOUSTON, TX 77080</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>11/3/03</b>	Payee name <b>SBC</b>	Amount (\$) <b>264.82</b>
Payee address; City; State; Zip Code <b>P.O. Box 1550 HOUSTON, TX 77097</b>		
Purpose of payment (See instructions regarding type of information required.) <b>TELEPHONES</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule F:
<b>2</b> FILER NAME BRUCE TATRO CAMPAIGN		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 11/3/03	<b>5</b> Payee name MARC COWART <b>6</b> Payee address; City; State; Zip Code 6918 STONEY RIVER DR. SPRING, TX. 77379	<b>7</b> Amount (\$) 365.23
<b>8</b> Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT - OFC. EXPENSES		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 11/3/03	Payee name MICHAEL FRANKS Payee address; City; State; Zip Code 1103 CRESTMONT WHARTON, TX. 77498	Amount (\$) 2056.75
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 11/4/03	Payee name JILLIANS ENTERTAINMENT Payee address; City; State; Zip Code 7620 KATY FWY, STE 100 HOUSTON, TX. 77024	Amount (\$) 615.47
Purpose of payment (See instructions regarding type of information required.) ELECTION NIGHT PARTY		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 11/9/03	Payee name LT COMMUNICATIONS Payee address; City; State; Zip Code 2606 PERSA HOUSTON, TX. 77098	Amount (\$) 905.50
Purpose of payment (See instructions regarding type of information required.) EVENT EXPENSES		** Complete if direct expenditure to benefit C/OH ** 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 <b>BRUCE TATRO CAMPAIGN</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/9/03</b>	5 Payee name <b>JET SETTERS</b> 6 Payee address; City; State; Zip Code <b>6400 WESTPARK HOUSTON, TX, 77057</b>	7 Amount (\$) <b>1982.42</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>PRINTING</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/9/03</b>	Payee name <b>JOE FLORES</b> Payee address; City; State; Zip Code <b>5306 DEMILO HOUSTON, TX, 77055</b>	Amount (\$) <b>982.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>SIGN PLACEMENT</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/14/03</b>	Payee name <b>VIACOM</b> Payee address; City; State; Zip Code <b>1600 STUDEMONT HOUSTON, TX, 77007</b>	Amount (\$) <b>11,900.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>BILLBOARDS</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/19/03</b>	Payee name <b>CARRENDO-MCCUNE</b> Payee address; City; State; Zip Code <b>3730 KIRBY, STE 418 HOUSTON, TX, 77098</b>	Amount (\$) <b>42,798.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>TELEVISION ADVERTISING</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 CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/21/03

5 Payee name

LT COMMUNICATIONS

6 Payee address; City; State; Zip Code

2606 PERSA  
HOUSTON, TX. 77098

7 Amount (\$)

4000.00

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

11/21/03

Payee name

COMART AND ASSOCIATES

Payee address; City; State; Zip Code

6918 STONEY RIVER  
SPRING TX 77379

Amount (\$)

2000.00

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

11/24/03

Payee name

SBC

Payee address; City; State; Zip Code

P.O. BOX 1550  
HOUSTON, TX. 77097

Amount (\$)

237.74

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

TELEPHONES

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

Date

11/24/03

Payee name

CARRENO - McCONE

Payee address; City; State; Zip Code

3730 KIRBY Ste 418  
HOUSTON, TX. 77098

Amount (\$)

4020.00

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

TELEVISION ADVERTISING

\*\* 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 CAMPAIGN

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/24/03

5 Payee name

PHONOSCOPE MEDIA, INC.

6 Payee address; City; State; Zip Code

6105 WESTLINE  
HOUSTON, TX. 77036

7 Amount (\$)

5412.50

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

TELEVISION ADVERTISING

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

Date

11/26/03

Payee name

CARRENDO-McCUNE

Payee address; City; State; Zip Code

3730 KIRBY  
HOUSTON, TX. 77098

Amount (\$)

1600.00

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 (\$)

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**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 TATKO** 3 ACCOUNT # (Ethics Commission filers)

4 Date  <b>11/15/03</b>	5 Payee name <b>T-MOBILE</b> 6 Payee address; City; State; Zip Code <b>P.O. Box 790047 St. Louis MO 63179</b> 7 Purpose of expenditure (See instructions regarding type of information required.) <b>MOBILE PHONE</b>	8 Amount (\$)  <b>286.33</b>  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**