

# 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:

6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
**BRUCE** **K.**  
 NICKNAME LAST SUFFIX  
**TATRO**

OFFICE USE ONLY

Date Received

Date Hand-delivered or the Form Marked

Receipt #

Amount

Date Processed

Date Imaged

RECEIVED  
NOV 22 2004  
CITY SECRETARY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
**1505 WHISPERING PINES**  
**HOUSTON TX 77055**

Change of Address

6 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(713) 688-1234**

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
**MRS.** ~~XXXXXXXXXX~~ **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, Suite 4210**  
**HOUSTON, TX 77057**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(713) 334-2442**

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year Month Day Year  
**1 / 1 / 2004** THROUGH **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**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

**BRUCE TATRO**

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

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)

\$

\$850.00

EXPENDITURE TOTALS

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

\$

—

4. TOTAL POLITICAL EXPENDITURES

\$

\$3,226.62

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

3,560.35

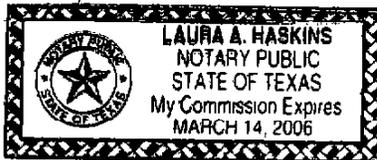
OUTSTANDING LOAN TOTALS

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 Tatro*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bruce Tatro, this the 21<sup>st</sup> day of November, 2004, 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

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 Schedule A: 1

2 FILER NAME

BRUCE TATRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/14/04

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

LOUIS TSAKIRIS

6 Contributor address; City; State; Zip Code

[REDACTED] HOUSTON TX 77095

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/18/04

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

WASTE MANAGEMENT PAC

Contributor address; City; State; Zip Code

[REDACTED] WASHINGTON DC 20004

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/04

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

SHELLY SEKUCA GIBBS CAMPAIGN

Contributor address; City; State; Zip Code

[REDACTED] HOUSTON TX 77059

Amount of contribution (\$)

\$500.00

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# \_\_\_\_\_)

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.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>3</b> <sup>103</sup>
2 FILER NAME <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>1/14/04</b>	5 Payee name <b>TOM SHEELAR</b> 6 Payee address; City; State; Zip Code <b>1052 CHESHIRE, HOUSTON TX 77018</b>	7 Amount (\$) <b>304.18</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>ASSIST WITH CAMPAIGN SIGNS</b>		9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>1/14/04</b>	Payee name <b>TOYOTA CENTER Box OFFICE</b> Payee address; City; State; Zip Code <b>1510 POLK STREET HOUSTON, TX 77002</b>	Amount (\$) <b>\$130.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>PURCHASE TICKETS FOR CAMPAIGN STAFF</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>1/20/04</b>	Payee name <b>GREATER HOUSTON PACHYDEEM</b> Payee address; City; State; Zip Code <b>P.O. Box 22531, HOUSTON TX 77227</b>	Amount (\$) <b>\$40.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>ANNUAL MEMBERSHIP DUES</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name Office sought Office held
Date <b>1/22/04</b>	Payee name <b>INFINITY MICRO</b> Payee address; City; State; Zip Code <b>5300 W. 104<sup>TH</sup> ST, LOS ANGELES CA 90045</b>	Amount (\$) <b>\$1,692.95</b>
Purpose of payment (See instructions regarding type of information required.) <b>PURCHASE OF PRINTER AS COMPENSATION TO NORMAN NOLASCO</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> 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: <b>3</b>	<b>2 of 3</b>
2 FILER NAME <b>BRUCE TATRO</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/22/04</b>	5 Payee name <b>FLOY EVANS</b>	7 Amount (\$) <b>\$100.00</b>	
6 Payee address; City; State; Zip Code <b>9918 HORNPIPE, HOUSTON TX 77080</b>			
8 Purpose of payment (See instructions regarding type of information required.) <b>POLITICAL CONTRIBUTION</b>		9 <b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name: <b>FLOY EVANS</b> Office sought: <b>STATE BOARD OF EDUC.</b> Office held:	
Date <b>3/13/04</b>	Payee name <b>ABBOTT'S COMPUTERIZED MAIL</b>	Amount (\$) <b>\$411.66</b>	
Payee address; City; State; Zip Code <b>7070 WEST 43RD, HOUSTON TX 77092</b>			
Purpose of payment (See instructions regarding type of information required.) <b>MAILING SERVICES</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>4/20/04</b>	Payee name <b>KIM PHUNG</b>	Amount (\$) <b>\$18.14</b>	
Payee address; City; State; Zip Code <b>2200 JEFFERSON AVE, HOUSTON TX 77003</b>			
Purpose of payment (See instructions regarding type of information required.) <b>LUNCHEON WITH DR. NAI</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <b>5/9/04</b>	Payee name <b>BESO</b>	Amount (\$) <b>\$97.88</b>	
Payee address; City; State; Zip Code <b>2300 WESTHEIMER, HOUSTON TX 77006</b>			
Purpose of payment (See instructions regarding type of information required.) <b>CAMPAIGN WEB SITE - LUNCHEON</b>		<b>.. Complete if direct expenditure to benefit C/OH ..</b> 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: **3 of 3**  
**3**

2 FILER NAME

**BRUCE TATRO**

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

**5/10/04**

**ALLEN Center GARAGE**

6 Payee address; City; State; Zip Code

**500 DALLAS, Houston Tx 77002**

**\$7.50**

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

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

**PARKING - GREATER HOUSTON PARTNERSHIP**

Date

Payee name

Amount (\$)

**6/15/04**

**REPUBLICAN PARTY OF TEXAS**

Payee address; City; State; Zip Code

**P.O. Box 974, AUSTIN Tx 78767**

**\$45.00**

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

**MEMBERSHIP - DUES**

Date

Payee name

Amount (\$)

**6/9/04**

**TARGET**

Payee address; City; State; Zip Code

**4325 SAN FELIPE, Houston Tx 77027**

**\$22.75**

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

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

**CAMPAIGN WEB SITE DEVELOPER GIFT**

Date

Payee name

Amount (\$)

**6/8/04**

**SHOPPER WIZ**

Payee address; City; State; Zip Code

**1809 W. FRANKFORD, Suite 100, CARROLLTON TX 75007**

**\$356.56**

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

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

**CAMPAIGN WEB SITE DEVELOPER - PRINTER CARTRIDGES**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED