

RECEIVED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

JAN 15 2004
rd 2:57pm.

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	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS/MRS / MR FIRST MI	OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX	
	NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input checked="" 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 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		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> 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		
<input type="checkbox"/> additional pages			

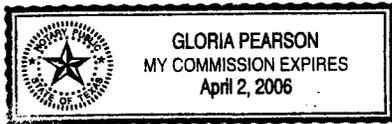
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 ACCOUNT # (Ethics Commission files)	
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	\$	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1000 ⁰⁰	
CONTRIBUTION BALANCE	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 267.06	
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 12,321.61	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 18776.67	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0	

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clyde Dick, this the 15 day of January, 20 04, to certify which, witness my hand and seal of office.

Gloria Pearson Gloria Pearson City Secretary
Signature of officer administering oath 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:	
2 FILER NAME <i>CLYDE PIGHT</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>6/12/03</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>METO-MITCHELL</i>	7 Amount of contribution (\$) <i>500</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2821 LACKLAND RD FORT WORTH TX 76116</i>			
9 Principal occupation / Job title (See Instructions) <i>ATTNY</i>		10 Employer (See Instructions)	
Date <i>6/12/03</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>THE MACDONALD PRODC. LP</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1670 HICKS FLD RD E FORT WORTH TX 76131</i>			
Principal occupation / Job title (See Instructions) <i>PIPE INSULATION</i>		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)	
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)	

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 <i>Clyde Pichit</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>6/2/03</i>	5 Payee name <i>PETROLEUM CLUB</i> <i>777 MAIN ST.</i> 6 Payee address; City; State; Zip Code <i>FORT WORTH TX 76102</i>	7 Amount (\$) <i>216.50</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>MEMBERSHIP/entertainment guests</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>6/12/03</i>	Payee name <i>Costco</i> Payee address; City; State; Zip Code <i>5300 OUGALTON RIDGE BLVD</i> <i>FORT WORTH TX 76132</i>	Amount (\$) <i>216.49</i>
Purpose of payment (See instructions regarding type of information required.) <i>OFFICE COMM. SYST.</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>7/2/03</i>	Payee name <i>PETROLEUM CLUB</i> Payee address; City; State; Zip Code <i>777 MAIN ST</i> <i>FORT WORTH TX 76102</i>	Amount (\$) <i>92.01</i>
Purpose of payment (See instructions regarding type of information required.) <i>membership dues</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>8/16/03</i>	Payee name <i>PETROLEUM CLUB</i> Payee address; City; State; Zip Code <i>777 MAIN ST</i> <i>FORT WORTH TX 76102</i>	Amount (\$) <i>140.72</i>
Purpose of payment (See instructions regarding type of information required.) <i>DUES/POLITICAL LUNCH</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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 <i>CLYDE RICHT</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>9/5/03</i>	5 Payee name <i>PETROLEUM CLUB</i> 6 Payee address; City; State; Zip Code <i>777 MAIN ST FORT WORTH TX 76102</i>	7 Amount (\$) <i>156.80</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>DUES/POL LUNCH</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>9/16/03</i>	Payee name <i>AMERICAN HEART ASSOC.</i> Payee address; City; State; Zip Code <i>2401 SCOTT AV FORT WORTH TX 76103</i>	Amount (\$) <i>100</i>
Purpose of payment (See instructions regarding type of information required.) <i>CONTRIBUTION</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>9/28/03</i>	Payee name <i>FORT WORTH ZOO ASSOC.</i> Payee address; City; State; Zip Code <i>1989 COLONIAL PKWY FORT WORTH TX 76109</i>	Amount (\$) <i>100</i>
Purpose of payment (See instructions regarding type of information required.) <i>CONTRIB.</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/9/03</i>	Payee name <i>PETROLEUM CLUB</i> Payee address; City; State; Zip Code <i>777 MAIN ST FORT WORTH TX 76102</i>	Amount (\$) <i>344.58</i>
Purpose of payment (See instructions regarding type of information required.) <i>DUES/GUESTS DINNER</i>		-- 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 *CLYDE FICHT* 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
<i>10/20/03</i>	... <i>CONGRESSMAN JIM BARTON CAMPAIGN</i> ... 6 Payee address; City, State; Zip Code <i>6001 W I-20 ARLINGTON TX 76017</i>	<i>150</i>

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
<i>CONTRIBUTION</i>	

Date	Payee name	Amount (\$)
<i>11/15/03</i>	... <i>PIER 1</i> ... Payee address; City, State; Zip Code <i>501 HOUSTON ST FORT WORTH TX 76102</i>	<i>64.95</i>

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
<i>GIFT - GOVT AFFAIRS REP</i>	

Date	Payee name	Amount (\$)
<i>11/17/03</i>	... <i>VAN CLEBURN FOUNDATION</i> ... Payee address; City, State; Zip Code <i>2525 RIDGEMAN BLVD FORT WORTH TX 76116</i>	<i>150</i>

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
<i>CONTRIB</i>	

Date	Payee name	Amount (\$)
<i>11/17/03</i>	... <i>FORT WORTH SYMPHONY ASSOC</i> ... Payee address; City, State; Zip Code <i>37SD UNIVERSITY FORT WORTH TX 76109</i>	<i>250</i>

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
<i>CONTRIBUTION</i>	

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 <i>CLYDE PICKET</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>11/17/03</i>	5 Payee name <i>PETROLEUM CLUB</i>	7 Amount (\$) <i>331.78</i>
6 Payee address; City; State; Zip Code <i>777 MAIN ST FORT WORTH TX 76102</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>DUES/DINNER POLIT.</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12/1/03</i>	Payee name <i>RONNIES</i>	Amount (\$) <i>56.56</i>
Payee address; City; State; Zip Code <i>2701 S. HULEN ST FORT WORTH TX 76109</i>		
Purpose of payment (See instructions regarding type of information required.) <i>SISTER CITY GIFTS</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12/11/03</i>	Payee name <i>PETROLEUM CLUB</i>	Amount (\$) <i>174</i>
Payee address; City; State; Zip Code <i>777 MAIN ST FORT WORTH TX 76102</i>		
Purpose of payment (See instructions regarding type of information required.) <i>DUES/GUEST POLIT DINNER</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12/15/03</i>	Payee name <i>RONNIES</i>	Amount (\$) <i>140.65</i>
Payee address; City; State; Zip Code <i>2701 S HULEN ST FORT WORTH TX 76109</i>		
Purpose of payment (See instructions regarding type of information required.) <i>COUNCIL MBR GIFTS.</i>		-- 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 <i>CLYDE RICH</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12/20/03</i>	5 Payee name <i>NEIMAN-MARCUS</i>	7 Amount (\$) <i>58.86</i>
6 Payee address; City; State; Zip Code <i>Ridgeman Mall WEST FREEWAY FORT WORTH TX 76116</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>GIFTS FOR COUNCIL AIDE</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12/20/03</i>	Payee name <i>COSTCO</i>	Amount (\$) <i>60.14</i>
Payee address; City; State; Zip Code <i>5300 OVERSON RIDGE BLVD FORT WORTH TX 76132</i>		
Purpose of payment (See instructions regarding type of information required.) <i>GIFTS FOR POLITICAL SUPPORTERS</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>12/27/03</i>	Payee name <i>MURPHY-TURNER et al.</i>	Amount (\$) <i>10,270.00</i>
Payee address; City; State; Zip Code <i>2420 WINTON TERRACE LN FORT WORTH TX 76109</i>		
Purpose of payment (See instructions regarding type of information required.) <i>POLITICAL CONSULTATION & FUND RAISING</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
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