

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

07-13-05 12:47 RCVD

**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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>None</i> FIRST <i>Clyde W</i> MI NICKNAME LAST SUFFIX	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>5016 MONARDA WAY FORT WORTH TX 76123</i>	<div style="border: 2px solid black; padding: 5px;"> OFFICIAL RECORD Date Hand-delivered or Date Postmarked CITY SECRETARY FT. WORTH, TEX Receipt # Amount Date Processed Date Imaged </div>	
	AREA CODE PHONE NUMBER EXTENSION <i>(817) 294 0396</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 294 0396</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>None</i> FIRST <i>Harry C</i> MI NICKNAME LAST SUFFIX <i>PURSER</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <i>3312 DENTON DR FORT WORTH TX 76123</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 294 8381</i>		
9 REPORT TYPE	<input 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 checked="" 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 <i>01/01/05 06/31/05</i>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <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 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 expenditures. ••

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)

\$ 1000

EXPENDITURE TOTALS

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

\$ 308.41

4. TOTAL POLITICAL EXPENDITURES

\$ 16772.96

CONTRIBUTION BALANCE

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

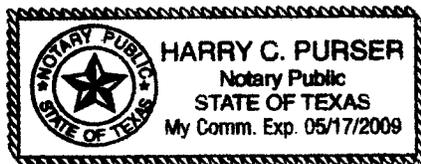
\$ 8284.32

OUTSTANDING LOAN TOTALS

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

\$

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Clyde Ficht, this the 12th day of July, 2005, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Harry C. Purser
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 Schedule A:

2 FILER NAME

Clyde W Picht

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/28/05

5 Full name of contributor

out-of-state PAC (ID# _____)

Fort Worth Fire Fighters PAC

7 Amount of contribution (\$)

1000

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

417 N RETTA FT WORTH TX 76111

9 Principal occupation / Job title (See Instructions)

FIRE FIGHTERS

10 Employer (See Instructions)

Date

Full name of contributor

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

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

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

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

Clyde W Picht

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/3/05

5 Payee name

FT WORTH PETROLEUM CLUBS

7 Amount (\$)

102.16

6 Payee address; City; State; Zip Code

777 MAIN ST FORT WORTH TX 76102

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

CLUB MEMBERSHIP

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

1/23/05

Payee name

COMP USA

Amount (\$)

1894.34

Payee address; City; State; Zip Code

*4465 BRYANT IRVIN RD.
FORT WORTH TX 76132*

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

OFFICE EQUIP.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

1/27/05

Payee name

HARRIS SW HOUSP

Amount (\$)

100

Payee address; City; State; Zip Code

*6100 HARRIS PKWY
FORT WORTH TX 76132*

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

CHARITABLE CONTRIB

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

2/2/05

Payee name

FW PETROLEUM CLUBS

Amount (\$)

145.09

Payee address; City; State; Zip Code

*777 MAIN ST
FORT WORTH TX 76102*

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

CLUB MBSHIP & GUEST FOOD

** 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>CAROL W. RICH</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>2/10/05</i>	5 Payee name <i>POLICE & FIRE FIGHTER MEM FUND</i>	7 Amount (\$) <i>100</i>
6 Payee address; City; State; Zip Code <i>904 COLLIER ST FORT WORTH TX 76102</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>CHARITABLE CONTRIB.</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/13/05</i>	Payee name <i>COMP USA</i>	Amount (\$) <i>176.43</i>
Payee address; City; State; Zip Code <i>4465 BRYANT IRVIN RD FORT WORTH TX 76132</i>		
Purpose of payment (See instructions regarding type of information required.) <i>OFFICE SUPPLIES</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/17/05</i>	Payee name <i>BYRON SOUSA CAMPAIGN</i>	Amount (\$) <i>5000</i>
Payee address; City; State; Zip Code <i>7733 BLOSSOM DR FORT WORTH TX 76133</i>		
Purpose of payment (See instructions regarding type of information required.) <i>CITY COUNCIL CAMPAIGN CONTR.</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>2/20/05</i>	Payee name <i>JOE BASTON COMMITTEE</i>	Amount (\$) <i>100</i>
Payee address; City; State; Zip Code <i>PO BOX 1444 ENNIS TX 751</i>		
Purpose of payment (See instructions regarding type of information required.) <i>CAMPAIGN CONTRIB.</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 *Chydor W Pichat* 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
<i>3/11/05</i>	<i>COSTCO</i>	<i>974.24</i>
	6 Payee address; City; State; Zip Code <i>5300 OVERTON RIDGE BLVD FORT WORTH TX 76132</i>	

8 Purpose of payment (See instructions regarding type of information required.) <i>OFFICE EQUIP.</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
<i>3/12/05</i>	<i>KINKO</i>	<i>230.54</i>
	Payee address; City; State; Zip Code <i>4485 BRYANT IRVIN FORT WORTH TX 76132</i>	

Purpose of payment (See instructions regarding type of information required.) <i>PRINTING - BYRON SOUSA CAMP.</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
<i>3/15/05</i>	<i>PETROLEUM CLUB</i>	<i>122.36</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 & PARKING</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
<i>3/16/05</i>	<i>KINKO</i>	<i>345.80</i>
	Payee address; City; State; Zip Code <i>4485 BRYANT IRVIN RD. FORT WORTH TX 76132</i>	

Purpose of payment (See instructions regarding type of information required.) <i>PRINTING - BYRON SOUSA CAMP.</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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 W PIGHT</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>4/3/05</i>	5 Payee name <i>PETROLEUM CLUB</i>	7 Amount (\$) <i>163.07</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 & GUEST LUNCH</i>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/6/05</i>	Payee name <i>PAYNE'S FLORIST</i>	Amount (\$) <i>51.42</i>
Payee address; City; State; Zip Code <i>6413 McCART FORT WORTH TX 76133</i>		
Purpose of payment (See instructions regarding type of information required.) <i>FLOWERS FOR ALL CONSTITUENT</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/7/05</i>	Payee name <i>LOUIS McBEE CAMPAIGN</i>	Amount (\$) <i>500</i>
Payee address; City; State; Zip Code <i>5515 BOCA RATON BLVD PORT WORTH TX 76112</i>		
Purpose of payment (See instructions regarding type of information required.) <i>CAMPAIGN CONTRIB</i>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>4/20/05</i>	Payee name <i>VALENTINE DIRECT MAIL SVC</i>	Amount (\$) <i>1698.58</i>
Payee address; City; State; Zip Code <i>3235 NORACROSS LN DALLAS TX 75229</i>		
Purpose of payment (See instructions regarding type of information required.) <i>DIRECT MAILING - BYRON SOWA Cam.</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

CHYDE W PERRY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/20/05

LONE STAR ADVERTISING
 6 Payee address; City; State; Zip Code
2816 SHAMROCK AV
FORT WORTH TX 76107

244.10

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

FUND RAISER

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

Date

Payee name

Amount (\$)

4/22/05

BYRON SOUSA CAMPAIGN
 Payee address; City; State; Zip Code
7733 BLOSSOM DR
FORT WORTH TX 76133

1000

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

CAMPAIGN CONTRIB

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

Date

Payee name

Amount (\$)

4/22/05

COSTCO
 Payee address; City; State; Zip Code
5300 OVERTON RIDGE ROAD
FORT WORTH TX 76132

76.17

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

FOOD & TSEV CAMPAIGN FORUM

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

Date

Payee name

Amount (\$)

4/28/05

KINKO
 Payee address; City; State; Zip Code
4485 BRYANT IRVIN RD
FORT WORTH TX 76132

144.51

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

PRINTING CAMPAIGN EVENT

** 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 W Plicht

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/28/05

TEXAS WATER BAND

6 Payee address; City; State; Zip Code

*5298 TRAIL LAKE DR
FORT WORTH TX 76133*

150

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

BAND FOR CAMPAIGN EVENT

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/2/05

POSTMASTER

Payee address; City; State; Zip Code

*BRYANT IRVIN STA
FORT WORTH TX 76123*

74.00

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

Payee name

Amount (\$)

5/5/05

BYRON SOUJA CAMPAIGN

Payee address; City; State; Zip Code

*7733 BLOSSOM DR.
FORT WORTH TX 76133*

1000

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

CAMPAIGN LOAN

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5/5/05

PETROLEUM CLUB

Payee address; City; State; Zip Code

*777 MAIN ST
FORT WORTH TX 76102*

205.30

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

DOES & GUEST DINNER

** 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 W PICH

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5/19/05

NEIMAN MARCUS
Payee address; City; State; Zip Code

*2100 GREEN OAKS RD
FORT WORTH TX 76116*

163.50

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

CAMPAIGN EVENT

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

Date

Payee name

Amount (\$)

5/21/05

ARTISTIC BLENDS
Payee address; City; State; Zip Code

*5298 TRAIL LAKE DR
FORT WORTH TX 76133*

2225

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

CAMPAIGN EVENT

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

Date

Payee name

Amount (\$)

6/13/05

WARREN NORRED
Payee address; City; State; Zip Code

*2707 YORKFIELD CT
ARLINGTON TX 76001*

300

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

TELEPHONE SVCS. TYRON SOUSA-CAMP.

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

Date

Payee name

Amount (\$)

6/15/05

PETROLEUM CLUB
Payee address; City; State; Zip Code

*777 MAIN ST
FORT WORTH TX 76102*

102.08

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

DUES

**** 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 W PIGOT

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

6/30/05

Comp USA
 6 Payee address; City; State; Zip Code
4465 BRYANT IRVIN RD
FORT WORTH TX 76132

75.76

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

OFFICE EQUIP

9 **** 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

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

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