

RECEIVED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

JAN 12 2005

at 3:12 p.m.

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:

9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Hon

Clyde

W

NICKNAME

LAST

SUFFIX

Picht

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 Change of Address

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5016 MONARDA WAY

FORT WORTH TX 76123

OFFICIAL RECORD
CITY SECRETARY
T. WORTH, TEX

Date Hand Delivered on / Date Posted / Recd.

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 294 0396

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

HARRY

C

LAST

PURSER

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3312 DENBURY DR FORT WORTH TX 76123

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 294 8381

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

THROUGH

Month

Day

Year

7 / 01 / 04

12 / 31 / 04

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCIL

13 OFFICE SOUGHT (if known)

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 additional pages

** 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

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

\$ 50

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

\$ 400

EXPENDITURE TOTALS

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

\$ 304.34

4. TOTAL POLITICAL EXPENDITURES

\$ 6505.52

CONTRIBUTION BALANCE

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

\$ 25057.28

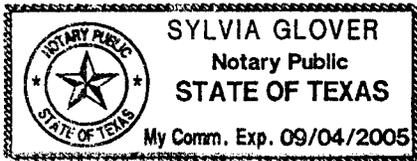
OUTSTANDING LOAN TOTALS

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

\$

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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Clyde Licht, this the 12th day of January, 20 05, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Sylvia Glover
Printed name of officer administering oath

Notary
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: <u>1</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>7/19/04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>REED PIGMAN JR</u>	7 Amount of contribution (\$) <u>250</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>200 TEXAS WAY FORT WORTH TX 76106</u>			
9 Principal occupation / Job title (See Instructions) <u>AVIATION SERVICES</u>		10 Employer (See Instructions)	
Date <u>7/19/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DONALD R HUDGINS JR</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>722 N. MAIN ST FORT WORTH TX 76102</u>			
Principal occupation / Job title (See Instructions) <u>PROPERTY DEVELOPMENT</u>		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: **6**

2 FILER NAME **CLYDE W PIGHT**

3 ACCOUNT # (Ethics Commission filers)

4 Date
7/02/04

5 Payee name
Petroleum Club
6 Payee address; City; State; Zip Code
**777 MAIN ST
FORT WORTH TX 76102**

7 Amount (\$)
106.09

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

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

Date
7/02/04

Payee name
LATIN ARTS ASSOC
Payee address; City; State; Zip Code
**1438 N MAIN ST
FORT WORTH TX 76106**

Amount (\$)
75

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

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

Date
7/22/04

Payee name
EDDIE STAMPS CAMPAIGN
Payee address; City; State; Zip Code
**6278 CANYON DR.
FT WORTH TX 76133**

Amount (\$)
100

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

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

Date
8/06/04

Payee name
PETROLEUM CLUB
Payee address; City; State; Zip Code
**777 MAIN ST.
FORT WORTH TX 76102**

Amount (\$)
102.09

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

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

4 Date <i>8/06/04</i>	5 Payee name <i>MURPHY TURNER ASSOC.</i> ----- 6 Payee address; City; State; Zip Code <i>PO BOX 200222 AUSTIN TX 78720</i>	7 Amount (\$) <i>882.03</i>
------------------------------	--	------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) <i>POLITICAL CONSULTING</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

Date <i>8/07/04</i>	Payee name <i>CENTRAL MKT</i> ----- Payee address; City; State; Zip Code <i>4651 W FREEWAY FORT WORTH TX 76107</i>	Amount (\$) <i>128.21</i>
----------------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>FOOD FOR POLITICAL DINNER</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date <i>8/12/04</i>	Payee name <i>ROADRUNNER WEB SVC</i> ----- Payee address; City; State; Zip Code <i>234 GAIL DR WEATHERFORD TX 76085</i>	Amount (\$) <i>134.80</i>
----------------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>WEB HOSTING & DOMAIN REGS.</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

Date <i>8/12/04</i>	Payee name <i>TX JUNIOR ANGLERS</i> ----- Payee address; City; State; Zip Code <i>5017 WILLOW PARK DR. ARLINGTON TX 76017</i>	Amount (\$) <i>250</i>
----------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) <i>501(C)3</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 3 ACCOUNT # (Ethics Commission filers)

4 Date <i>8/12/04</i>	5 Payee name <i>BUSH CHENEY CAMPAIGN</i>	7 Amount (\$)
	6 Payee address; City; State; Zip Code <i>310 FIRST ST, SE WASHINGTON DC 20003</i>	<i>250</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>POLITICAL CONTR.</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>8/12/04</i>	Payee name <i>B-36 PEACEMAKER MUSEUM</i>	Amount (\$)
	Payee address; City; State; Zip Code <i>PO BOX 150943 FORT WORTH TX 76108</i>	<i>- 100</i>

Purpose of payment (See instructions regarding type of information required.) <i>MUSEUM FUND 501(C)3</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date <i>8/16/04</i>	Payee name <i>SISTER CITIENS INT'L</i>	Amount (\$)
	Payee address; City; State; Zip Code <i>808 THROCKMORTON ST FORT WORTH TX 76102</i>	<i>75</i>

Purpose of payment (See instructions regarding type of information required.) <i>CONTR.</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date <i>9/1/04</i>	Payee name <i>COSTCO</i>	Amount (\$)
	Payee address; City; State; Zip Code <i>5300 OVERTON RIDGE BLVD FORT WORTH TX 76132</i>	<i>81.18</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
---	---

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		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/09/04	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>101.84</i>
8 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
Date 9/09/04	Payee name <i>AMERICAN RED CROSS</i> Payee address; City; State; Zip Code <i>1515 S SYLVANIA FORT WORTH TX 76111</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 10/13/04	Payee name <i>FORT WORTH SYMPHONY ORCA</i> Payee address; City; State; Zip Code <i>330 E 4TH ST FORT WORTH TX 76102</i>	Amount (\$) <i>275</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 10/27/04	Payee name <i>PETROLEUM CLUB</i> Payee address; City; State; Zip Code <i>777 MAIN ST FORT WORTH TX 76102</i>	Amount (\$) <i>113.59</i>
Purpose of payment (See instructions regarding type of information required.) <i>DUES/PARKING</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 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <i>VAN CLIBURN FOUNDATION</i>	7 Amount (\$)
<i>10/27/04</i>	6 Payee address; City, State; Zip Code <i>2525 RIDGMAR BLVD. FORT WORTH TX 76116</i>	<i>250</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>CONTRIBUTION</i>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name <i>COSTCO</i>	Amount (\$)
<i>10/27/04</i>	Payee address; City, State; Zip Code <i>5300 OVERTON RIDGE BLVD FORT WORTH TX 76132</i>	<i>1190</i>

Purpose of payment (See instructions regarding type of information required.) <i>MOBILE NAVIGATION EQUIP.</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name <i>PETROLEUM CLUBS</i>	Amount (\$)
<i>11/5/04</i>	Payee address; City, State; Zip Code <i>777 MAIN ST FORT WORTH TX 76102</i>	<i>125.68</i>

Purpose of payment (See instructions regarding type of information required.) <i>DUES/PARKING/GUEST LUNCH</i>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name <i>SAM'S WHOLESALE CLUBS</i>	Amount (\$)
<i>11/6/04</i>	Payee address; City, State; Zip Code <i>4400 BRYANT IRVIN RD FORT WORTH TX 76109</i>	<i>151.44</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
---	---

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 3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name <i>RONNIES</i>	7 Amount (\$)
<i>12/12/04</i>	6 Payee address; City; State; Zip Code <i>2701 S HULEN ST FORT WORTH TX 76109</i>	<i>145.37</i>

8 Purpose of payment (See instructions regarding type of information required.) <i>CHRISTMAS GIFTS FOR COUNCIL & STAFF</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name <i>RONNIES</i>	Amount (\$)
<i>12/20/04</i>	Payee address; City; State; Zip Code <i>2701 S HULEN ST FORT WORTH TX 76109</i>	<i>171.84</i>

Purpose of payment (See instructions regarding type of information required.) <i>CHRISTMAS GIFTS FOR COUNCIL & STAFF</i>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name <i>AMERICAN RED CROSS</i>	Amount (\$)
<i>12/31/04</i>	Payee address; City; State; Zip Code <i>1515 S SYLVANIA FORT WORTH TX 76111</i>	<i>1000</i>

Purpose of payment (See instructions regarding type of information required.) <i>TSUNAMI RELIEF</i>	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.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

