# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

RECEIVED
JAN 15 2008
CITY OF FORT WORTH
CITY SECRETARY

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 6

**OFFICE USE ONLY**

Date Received

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

| | |
|---|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: FIRST: CLYDE MI: W NICKNAME: LAST: PICHT SUFFIX: |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address | ADDRESS / PO BOX: 5016 MONARDA WAY APT / SUITE #: CITY: FORT WORTH STATE: TX ZIP CODE: 76123 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE: (817) PHONE NUMBER: 2940396 EXTENSION: |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: FIRST: HARRY MI: C NICKNAME: LAST: PURSER SUFFIX: |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE): 3312 DENBURY DRIVE APT / SUITE #: CITY: FORT WORTH STATE: TX ZIP CODE: 76133 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (817) PHONE NUMBER: 2948381 EXTENSION: |
| 9 REPORT TYPE | ☒ January 15 ☐ 30th day before election ☐ Final report (Attach C/OH - FR) ☐ Exceeded $500 limit ☐ July 15 ☐ 8th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only) |
| 10 PERIOD COVERED | Month Day Year: 7/1/2007 THROUGH Month Day Year: 12/31/2007 |
| 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 ☐ 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: CLYDE PICHT

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

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

| 18 | | | |
|---|---|---|---|
| CONTRIBUTION TOTALS | 1. | TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | $ Ø |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ Ø |
| EXPENDITURE TOTALS | 3. | TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED | $ 210 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 3094.75 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 9996.12 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ |

19 AFFIDAVIT

HARRY C. PURSER
Notary Public
STATE OF TEXAS
My Comm. Exp 05/17/2009

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CLYDE PICHT, this the 15th day of January, 20 08, to certify which, witness my hand and seal of office.

| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |
|---|---|---|
| | Harry C. Purser | Notary Public |

# POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4

2 FILER NAME: CLYDE PICHT

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 7/24/07 | CITIZENS UNITED<br>1006 PENNSYLVANIA AVE SE<br>WASHINGTON DC 20003 | 100 |

8 Purpose of payment (See instructions regarding type of information required.): NON-PROFIT POL ORG.
(If travel outside of Texas, complete Schedule T)

9 •• 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 ($) |
|---|---|---|
| 7/28/07 | HARRIS HEALTH FOUNDATION<br>6100 WESTERN PL<br>FORT WORTH TX 76107 | 1000 |

Purpose of payment (See instructions regarding type of information required.): NON-PROFIT HEALTH CARE
(If travel outside of Texas, complete Schedule T)

•• 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 ($) |
|---|---|---|
| 7/31/07 | Republican Party of TX<br>900 CONGRESS<br>AUSTIN TX 78701 | 100 |

Purpose of payment (See instructions regarding type of information required.): POLITICAL CONTRIBUTION
(If travel outside of Texas, complete Schedule T)

•• 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 ($) |
|---|---|---|
| 8/19/07 | PURPLE HEART FOUND.<br>POBOX 9618<br>WASHINGTON DC 20077 | 100 |

Purpose of payment (See instructions regarding type of information required.): NON-PROFIT VET SVC
(If travel outside of Texas, complete Schedule T)

•• 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 PICHT

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 8/19/07 | CLYDE PICHT<br>5016 MONARDA WAY<br>FORT WORTH TX 76123 | 149.75 |

8 Purpose of payment (See instructions regarding type of information required.): WEB DOMAIN REGISTRATION
(If travel outside of Texas, complete Schedule T)

9 •• 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 ($) |
|---|---|---|
| 8/19/07 | MARCH FIELD MUSEUM<br>PO BOX 6463<br>MARCH ARB CA 92518 | 75 |

Purpose of payment (See instructions regarding type of information required.): NON-PROFIT AIR MUSEUM
(If travel outside of Texas, complete Schedule T)

•• 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 ($) |
|---|---|---|
| 10/2/07 | CRAIG GOLDMAN CAMPAIGN<br>3000 S HULEN ST<br>FORT WORTH TX 76109 | 250 |

Purpose of payment (See instructions regarding type of information required.): POLITICAL CAMPAIGN
(If travel outside of Texas, complete Schedule T)

•• 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 ($) |
|---|---|---|
| 10/2/07 | ROMNEY FOR PRES. CAMP<br>PO BOX 55899<br>BOSTON MA 02205 | 250 |

Purpose of payment (See instructions regarding type of information required.): POLITICAL CAMPAIGN
(If travel outside of Texas, complete Schedule T)

•• 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 Picht

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 10/15/07 | Fort Worth Symphony Orch<br>330 E 4th St<br>Fort Worth TX 76102 | 300 |

8 Purpose of payment (See instructions regarding type of information required.): Non Profit Gift
(If travel outside of Texas, complete Schedule T)

9 •• 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 ($) |
|---|---|---|
| 10/15/07 | Utah State University<br>1400 Old Main Hill<br>Logan UT 84322 | 150 |

Purpose of payment (See instructions regarding type of information required.): Educational Gift
(If travel outside of Texas, complete Schedule T)

•• 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 ($) |
|---|---|---|
| 12/14/07 | Salvation Army<br>PO Box 269<br>Alexandria VA 22313 | 100 |

Purpose of payment (See instructions regarding type of information required.): Charitable Gift
(If travel outside of Texas, complete Schedule T)

•• 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 ($) |
|---|---|---|
| 12/14/07 | Romney for President<br>PO Box 55899<br>Boston MA 02205 | 250 |

Purpose of payment (See instructions regarding type of information required.): Campaign Contribution
(If travel outside of Texas, complete Schedule T)

•• 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 PICHT

3 ACCOUNT # (Ethics Commission filers)

| 4 Date | 5 Payee name / 6 Payee address; City; State; Zip Code | 7 Amount ($) |
|---|---|---|
| 12/14/07 | AIR FORCE ASSOCIATION<br>1501 LEE HIGHWAY<br>ARLINGTON VA 22209 | 60 |

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

AFA EDUCATION FOUNDATION

(If travel outside of Texas, complete Schedule T)

9 •• 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.)

(If travel outside of Texas, complete Schedule T)

•• 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.)

(If travel outside of Texas, complete Schedule T)

•• 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.)

(If travel outside of Texas, complete Schedule T)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED