Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

RECEIVED
JUL 12 2007
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:

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

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; APT / SUITE #; CITY; STATE; ZIP CODE 5016 MONARDA WAY FORT WORTH TX 76123
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 294-0396
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); APT / SUITE #; CITY; STATE; ZIP CODE 3312 DENBURY DR FORT WORTH TX 76133
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 294 8381
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: 5/03/07 THROUGH Month Day Year: 7/01/07
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

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	$ 185
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2285
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 16.73
4.	**TOTAL POLITICAL EXPENDITURES**	$ 12383.65
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$13090.87
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT

MARIA CARVAJAL
NOTARY PUBLIC
State of Texas
Comm. Exp. 11-10-2008

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Clyde W Picht, this the 11th day of July 2007, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: MARIA CARVAJAL | 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: CLYDE PICHT

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5/15/07	HENRY SIMON 301 COMMERCE ST FORT WORTH TX 76102	500	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): ATTORNEY

10 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)
5/15/07	DALE L WHITE 1141 LONG AVE FORT WORTH TX 76114	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): CHIROPRACTOR

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)
5/15/07	JULIAN ARD 222 W 4TH ST #313 FORT WORTH TX 76102	1000	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): OIL & GAS

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)
6/5/07	JIM RYFFEL 3113 S UNIVERSITY DR FORT WORTH TX 76109	500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): REAL ESTATE

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)

(If travel outside of Texas, complete Schedule T)

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 foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1/3

2 FILER NAME: CLYDE PICHT

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/23/07	TRAVIS PARMER CONSULTING PO BOX 11577 FORT WORTH TX 76110	2000

8 Purpose of payment (See instructions regarding type of information required.): POLITICAL CONSULTING
(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 ($)
5/8/07	GRAPHICS II 507 S MAIN ST FORT WORTH TX 76104	2601.21

Purpose of payment (See instructions regarding type of information required.): POLITICAL MAILING
(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 ($)
5/15/07	GRAPHICS II 507 S MAIN ST FORT WORTH TX 76104	5768.85

Purpose of payment (See instructions regarding type of information required.): POLITICAL MAILINGS
(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 ($)
5/10/07	COSTCO 5300 OVERTON RIDGE FORT WORTH TX 76132	184.23

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2/3

2 FILER NAME: CLYDE PICHT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/23/07	WARREN NORRED 2707 YORKFIELD CT ARLINGTON TX 76001	400

8 Purpose of payment (See instructions regarding type of information required.): AUTO DIAL EQUIPMENT

(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 ($)
6/4/07	BYRON DeSOUSA 7733 BLOSSOM DR. FORT WORTH TX 76133	93

Purpose of payment (See instructions regarding type of information required.): REIMBURSE FOOD FOR CAMPAIGN WORKERS

(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 ($)
6/4/07	PEOPLE CALLING PEOPLE LLC 6000 CUSTER RD PLANO TX 75023	584

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

(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 ($)
5/21/07	SAC MONUMENT COMMITTEE POBOX 27121 CARSWELL FLD FORT WORTH TX 76127	100

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION TO SAC MONUMENT

(If travel outside of Texas, complete Schedule T)

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3/3

2 FILER NAME: CLYDE PICHT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5/15/07	GEOFFREY MITCHELL 300 FLUSHING QUAIL DR. ARLINGTON TX 76002	100

8 Purpose of payment (See instructions regarding type of information required.): SIGN LABOR
(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 ($)
5/22/07	HAWK ELECTRONICS 6411 CAMP BOWIE BLVD FORT WORTH TX 76116	470.83

Purpose of payment (See instructions regarding type of information required.): COMMUNICATIONS EQUIP.
(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 ($)
5/10/07	AT&T PO BOX 93070 DALLAS TX 75393	64.80

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