

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

RECEIVED

FORM C/OH  
COVER SHEET PG 1

APR 12 2007

CITY OF FORT WORTH

ACCOUNTS SECRETARY  
(Ethics Commission filers)

2 Total pages filed:

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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR FIRST CLYDE W MI  
NICKNAME LAST SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
5016 MONARDA WAY  
FORT WORTH TX 76123

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX

Date Handled Here Date Posted Here

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(817) 294 0396

Receipt # Amount

Date Processed

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST HARRY C MI  
NICKNAME LAST SUFFIX  
PURSER

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
3212 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  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 THROUGH Month Day Year  
01/01/2007 04/02/2007

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
05/12/2007  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL

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

additional pages

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)

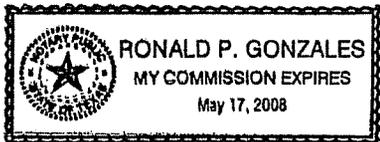
17 NOTICE FROM POLITICAL COMMITTEE(S)

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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> 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	\$ 1411.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11813.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 96.85
	4. TOTAL POLITICAL EXPENDITURES	\$ 8439.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14937.57
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.

[Signature]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Clyde Picht, this the 12th day of April, 2007, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Ronald P. Gonzales 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: <i>1/5</i>	
2 FILER NAME <i>Clyde Picht</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>1/12/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WA MONCRIEF JR</i>	7 Amount of contribution (\$) <i>5000</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>MONCRIEF BLD FORT WORTH TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>ORL &amp; GAS</i>		10 Employer (See Instructions)	
Date <i>1/12/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>KEN McLAUGHLIN</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4020 TAMWORTH RD FORT WORTH TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>OFFICE MGT</i>		Employer (See Instructions)	
Date <i>1/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>SCOTT GUNNIP</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>609 MONTEBAUX AV COLLEYVILLE TX 76034</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>FINANCIAL MGT</i>		Employer (See Instructions)	
Date <i>1/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>NAT FRALIA</i>	Amount of contribution (\$) <i>102</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4920 VEGA CT W FORT WORTH TX 76133</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)	
Date <i>1/30/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JEAN D. WALKER</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>6917 BALL LAKE DR FORT WORTH TX 76116</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>2/5</i>	
2 FILER NAME <i>CLYDE RICH</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/14/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BILLY HARDIE</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>3612 LAUNDAL FORT WORTH TX 76133</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>ENGINEER</i>		10 Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BLAKE WOODARD</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>1300 S UNIVERSITY DR STE 600 FORT WORTH TX 76106</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ENS</i>		Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MARGARET THOMAS</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>5005 COCKRELL FORT WORTH TX 76133</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>LEGISLATIVE DIR</i>		Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>STEPHEN A HOLLORN</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>101 SUMMIT AV STE 1007 FORT WORTH TX 76102</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>CFA</i>		Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANN M GOSS</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4000 HILDORING DR W FORT WORTH TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>NONE</i>		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3/5</b>	
2 FILER NAME <b>CLYDE PIGHT</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/14/07</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ALBERT KOMATSU</b>	7 Amount of contribution (\$) <b>100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>602 ROARING SPRINGS RD FORT WORTH TX 76114</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>ARCHITECT</b>		10 Employer (See Instructions)	
Date <b>3/14/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL R UTT</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2901 6TH AVE FORT WORTH TX 76110</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>BOOK COLLECTOR/SELLER</b>		Employer (See Instructions)	
Date <b>3/14/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NORMAN P BERLMER</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>316 PALOVGTUB LN FORT WORTH TX 76112</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>COMPUTER TECH</b>		Employer (See Instructions)	
Date <b>3/14/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LOUIS McBERG/DEAN HATCH</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5513 ASPEN LN FORT WORTH TX 76112</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>BUS OWNER</b>		Employer (See Instructions)	
Date <b>3/14/07</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WANDA CONLIN/DON HORTON</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1755 MANDEL AV FORT WORTH TX 76103</b>		(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**  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>4/5</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/14/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JASON N SMITH</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>2257 COLLEGE AV FORT WORTH TX 76110</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		10 Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JANE L BERBERICH</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4304 CADIZ DR FORT WORTH TX 76133</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>NONE</i>		Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>WILLIAM L LEARY</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4458 HOMESTEAD CIR FORT WORTH TX 76133</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>CARL V FLORES</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>8700 COUNTY RD 107 GRANDVIEW TX 76050</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN W ORGAN</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2300 ROGERS AV FORT WORTH TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>M. D.</i>		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>5/5</i>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>3/14/07</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JOHN D CHAMBERS</i>	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>4013 KENLEY ST FORT WORTH TX 76107</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <i>RET</i>		10 Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LUTHER L MARSHALL</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4116 TRAIL LAKE DR FORT WORTH TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>RET</i>		Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>GERE F DOMINIK</i>	Amount of contribution (\$) <i>500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>4401 CARLIFF FORT WORTH TX 76133</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>FINANCIAL MGT</i>		Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ANDREW MAGBIUS</i>	Amount of contribution (\$) <i>2000</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>3909 BALCONOS DR AUSTIN TX 78731</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>ATTORNEY</i>		Employer (See Instructions)	
Date <i>3/14/07</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MRS JACK TURNER</i>	Amount of contribution (\$) <i>250</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>2420 WINTON TERRACE W FORT WORTH TX 76109</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <i>NONE</i>		Employer (See Instructions)	

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>1/4</i>
2 FILER NAME <i>C LYDE PIGHT</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>1/3/07</i>	5 Payee name <i>TRAVIS PALMER CONSULTING</i>	7 Amount (\$) <i>2,500</i>
6 Payee address; City; State; Zip Code <i>PO Box 11517 FORT WORTH TX 76110</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>CONSULTING</i> (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 <i>1/8/07</i>	Payee name <i>COSTCO</i>	Amount (\$) <i>79.53</i>
Payee address; City; State; Zip Code <i>5300 OVERTON RIDGE FORT WORTH TX 76132</i>		
Purpose of payment (See instructions regarding type of information required.) <i>OFFICE SUPPLIES</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <i>1/8/07</i>	Payee name <i>COMP USA</i>	Amount (\$) <i>103.86</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> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date <i>1/21/07</i>	Payee name <i>AT&amp;T</i>	Amount (\$) <i>66</i>
Payee address; City; State; Zip Code <i>PO Box 93070 DALLAS TX 75393</i>		
Purpose of payment (See instructions regarding type of information required.) <i>TEL LINES</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		

**POLITICAL EXPENDITURES** **SCHEDULE F**

The Instruction Guide explains how to complete this form. **1** Total pages Schedule F:  
2/4

**2** FILER NAME *Clyde Picht* **3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date <i>2/4/07</i>	<b>5</b> Payee name <i>AT&amp;T</i>	<b>7</b> Amount (\$) <i>71</i>
<b>6</b> Payee address; City; State; Zip Code <i>PO Box 93070 DALLAS TX 75393</i>		

<b>8</b> Purpose of payment (See instructions regarding type of information required.) <i>TEL LINES</i> (If travel outside of Texas, complete Schedule T)	<b>9</b> <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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<b>Date</b> <i>2/4/07</i>	<b>Payee name</b> <i>AT&amp;T</i>	<b>Amount (\$)</b> <i>142.09</i>
<b>Payee address; City; State; Zip Code</b> <i>PO Box 93070 DALLAS TX 75393</i>		

<b>Purpose of payment (See instructions regarding type of information required.)</b> <i>TEL LINES</i> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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<b>Date</b> <i>2/23/07</i>	<b>Payee name</b> <i>COSTCO</i>	<b>Amount (\$)</b> <i>1082.49</i>
<b>Payee address; City; State; Zip Code</b> <i>5300 EVERTON RIDGE FORT WORTH TX 76132</i>		

<b>Purpose of payment (See instructions regarding type of information required.)</b> <i>OFFICE EQUIP.</i> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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<b>Date</b> <i>3/1/07</i>	<b>Payee name</b> <i>COSTCO</i>	<b>Amount (\$)</b> <i>293.60</i>
<b>Payee address; City; State; Zip Code</b> <i>5300 EVERTON RIDGE FORT WORTH TX 76132</i>		

<b>Purpose of payment (See instructions regarding type of information required.)</b> <i>SOFTWARE</i> (If travel outside of Texas, complete Schedule T)	<b>** Complete if direct expenditure to benefit C/OH **</b> 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:  
**3/4**

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <b>AIR FORCE ASSOC.</b>	7 Amount (\$)
<b>3/3/07</b>	6 Payee address; City; State; Zip Code <b>FLIGHT 2 FORT WORTH TX</b>	<b>120</b>

8 Purpose of payment (See instructions regarding type of information required.) <b>EVENT</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name <b>SAM'S WHOLESALE CLUB</b>	Amount (\$)
<b>3/8/07</b>	Payee address; City; State; Zip Code <b>4400 BRYANT IRVIN RD FORT WORTH TX 76109</b>	<b>128.53</b>

Purpose of payment (See instructions regarding type of information required.) <b>FUND RAISER</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name <b>JACK JEFFERSON</b>	Amount (\$)
<b>3/13/07</b>	Payee address; City; State; Zip Code <b>3924 LINK CREST DR. FORT WORTH TX 76008</b>	<b>76.85</b>

Purpose of payment (See instructions regarding type of information required.) <b>OFFICE EQUIP</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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Date	Payee name <b>TRAVIS PARMER CONS.</b>	Amount (\$)
<b>3/24/07</b>	Payee address; City; State; Zip Code <b>PO BOX 11517 FORT WORTH TX 76110</b>	<b>248.17</b>

Purpose of payment (See instructions regarding type of information required.) <b>FUND RAISER</b> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <i>4/4</i>
2 FILER NAME <i>CLYDE RICHT</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>3/26/07</i>	5 Payee name <i>GRAPHICS II</i>	7 Amount (\$) <i>652.20</i>
6 Payee address; City; State; Zip Code <i>507 S MAIN ST FORT WORTH TX 76104</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>POL. FLIERS</i> (If travel outside of Texas, complete Schedule T)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>3/26/07</i>	Payee name <i>PRINT TEAM</i>	Amount (\$) <i>2583.33</i>
Payee address; City; State; Zip Code <i>4916 RIVERBEND DR FORT WORTH TX 76109</i>		
Purpose of payment (See instructions regarding type of information required.) <i>YARD SIGNS</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date <i>3/30/07</i>	Payee name <i>POSTMASTER</i>	Amount (\$) <i>195.00</i>
Payee address; City; State; Zip Code <i>BRYANT IRVIN STA FORT WORTH TX 76123</i>		
Purpose of payment (See instructions regarding type of information required.) <i>POSTAGE</i> (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> 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.)  (If travel outside of Texas, complete Schedule T)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**