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 8:00 a.m. MAY 8 2007 CITY OF FORT WORTH CITY SECRETARY

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

1 ACCOUNT # (Ethics Commission filer)

2 Total pages filed:

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: 294 0396 | EXTENSION:

6 CAMPAIGN TREASURER NAME

~~MS / MRS~~ / MR | FIRST: Harry | MI: C

NICKNAME | LAST: Punsch | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 3312 Denbury Dr. | APT / SUITE #: | CITY: Fort Worth | STATE: TX | ZIP CODE: 76133

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817) | PHONE NUMBER: 294 8381 | 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: 4 / 02 / 2007 THROUGH Month Day Year: 5 / 02 / 2007

11 ELECTION

ELECTION DATE Month Day Year: 5 / 12 / 2007

ELECTION TYPE: ☐ 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	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	$ 1440.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 17090.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 8838.05
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 23189.52
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

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

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 Pruitt, this the 7th day of May, 2007, to certify which witness my hand and seal of office.

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

Signature of officer administering oath | 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: 1/6

2 FILER NAME: CLYDE PLCHT

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)
4/3/07	LARRY STEVENS 2812 CALICO ROCK DR FORT WORTH TX 76131	100	

(If travel outside of Texas, complete Schedule T)

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

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)
4/3/07	MARGARET M BORCHERT 7129 NORMA ST FORT WORTH TX 76112	75	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RET.

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)
4/3/07	JEANNE DOOGS 300 TRINIDAD CT BENBROOK TX 76126	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): PROPERTY MGT

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)
4/3/07	RICHARD SPRAYBERRY 7508 PINEHURST DR W FORT WORTH TX 76134	500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): CPA

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)
4/3/07	HAROLD SAMPLE 7951 BELLADONNA DR. FORT WORTH TX 76123	500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): CPA

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2/6

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)
4/3/07	DAHLIA & DOBBY HORTON	100	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): BUSINESS OWNERS

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)
4/3/07	EVA BONILLA 7801 GRASSLAND DR FORT WORTH TX 76133	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ADMINISTRATION

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)
4/3/07	CHARLES WILLIAMS 2413 WHITE SETTLEMENT RD. FORT WORTH TX 76107	250	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): BUSINESS OWNER

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)
4/3/07	BEVERLY BRAINHAM 6487 WOODSTOCK RD FORT WORTH TX 76116	250	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

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)
4/3/07	GEOFFREY PERRIN 4820 BEECH ST BELLAIRE TX 77401	5000	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ATTORNEY

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3/6

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)
4/18/07	VIC TINSLEY 6421 CAMP BOWIE BLVD FORT WORTH TX 76116	100	

(If travel outside of Texas, complete Schedule T)

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

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)
4/18/07	DINESH MOHAN 7445 SWEET MEADOWS DR. FORT WORTH TX 76123	500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

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)
4/18/07	BARBARA CORMACK 3936 ANGWIN WAY FORT WORTH TX 76133	200	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RET.

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)
4/18/07	PATRICK BUCCIERI 7913 COLFAX LANE FORT WORTH TX 76134	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ELECTRICIAN

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)
4/18/07	MODEAN BARRY 6508 LOCKE AVE FORT WORTH TX 76116	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RET

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4/6

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)
4/18/07	WILLIAM W. COLLINS 2733 COLONIAL PKWY FORT WORTH TX 76109	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)
5/2/07	MARCH OIL PO BOX 782257 WICHITA KS	500	

(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)
5/2/07	LOIS J. DUNNE 1400 COLORADO ST NO. C. BOULDER CITY NV 89005	500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RET.

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)
5/02/07	FT WORTH CITIZENS FOR REP. GOV. PO BOX 185042 FORT WORTH TX 76181	150	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): PAC

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)
5/02/07	NEIL ISBELL 2800 NW 30th ST FORT WORTH TX 76106	100	

(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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5/6

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)
5/2/07	BRIAN ROWE 3401 AMHERST CR. #118 BEDFORD TX 76021	4000	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): RET.

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)
5/2/07	STEMMONS PROPERTY PO BOX 782257 WICHITA KS 67278	500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): PROP DEV

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)
5/2/07	GERALD KEITH PO BOX 16224 FORT WORTH TX 76162	250	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ATTORNEY

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)
5/2/07	WM B ATKINS 7005 SPARROW PT FORT WORTH TX 76133	75	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RET.

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)
5/2/07	HAMMER & NAILS CLUB 6464 BRENTWOOD STAIR RD FORT WORTH TX 76112	500	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): HOME BLDG. PAC

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 6/6

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)
5/2/07	HULEN PARK ASSOC. PO BOX 782257 WICHITA KS 67278	500	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): PROP. DEV.

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)
5/2/07	JIM CICOTTE 2712 LARKIN AVE FORT WORTH TX 76133	100	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RET.

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):

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):

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 ($)
4/3/07	AT&T PO BOX 93070 DALLAS TX 75393	57.76

8 Purpose of payment (See instructions regarding type of information required.): TEL. LINES.
(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 ($)
4/17/07	TRAVIS PARMER CONSULT. PO BOX 11517 FORT WORTH TX 76110	2500.00

Purpose of payment (See instructions regarding type of information required.): CONSULTING
(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 ($)
4/20/07	GRAPHICS II 507 S MAIN ST FORT WORTH TX 76104	2634.17

Purpose of payment (See instructions regarding type of information required.): POLITICAL MAILER
(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 ($)
4/20/07	PRINT TEAM 4916 RIVERBEND DR. FORT WORTH TX 76109	884.84

Purpose of payment (See instructions regarding type of information required.): POLITICAL MATERIAL
(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: 2/3

2 FILER NAME: CLYDE PICHT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/23/07	COSTCO 5300 OVERTON RIDGE FORT WORTH TX 76132	185

8 Purpose of payment (See instructions regarding type of information required.): OFFICE SUPPLIES
(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 ($)
4/27/07	WEDGWOOD SHOPPER 6001 GRANBURY RD FORT WORTH TX 76133	300

Purpose of payment (See instructions regarding type of information required.): ADVERTISEMENT
(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 ($)
5/1/07	GRAPHICS II 507 S MAIN ST FORT WORTH TX 76104	1862.78

Purpose of payment (See instructions regarding type of information required.): POLITICAL MAILER
(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 ($)
5/2/07	GEOFFREY MITCHELL 300 FLUSHING QUAIL DR. ARLINGTON TX 76002	200

Purpose of payment (See instructions regarding type of information required.): SIGN LABOR
(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 ($)
5/2/07	MASTER WEBS PO BOX 2652 LUFKIN TX 75902	213.50

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

WEB CHANGES

(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