

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:** 2

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	

Clyde W Picht

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
	<input type="checkbox"/> Change of Address

5016 Monarda Way Ft Worth TX 76123

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION
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(817) 294 0396

6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI
	NICKNAME LAST SUFFIX

Harry C Purser

7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
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3312 Denbury Dr Fort Worth TX 76133

8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION
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(817) 294 8381

9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year
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01/01/2009 THROUGH 04/09/2009

11 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year	

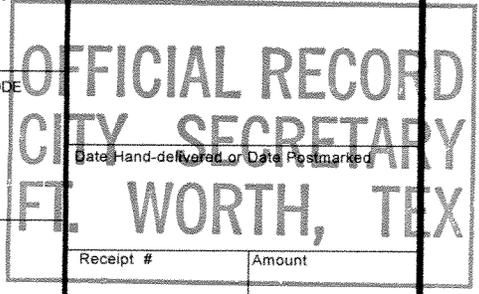
05/09/2009 Primary Runoff General Special

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
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Mayor

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



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)

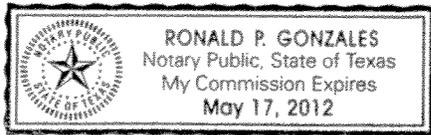
•• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE <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	\$ 290
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4090
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 187
	4. TOTAL POLITICAL EXPENDITURES	\$ 1889.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3884.67
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.



Clyde Picht
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clyde Picht, this the 9th day of April, 2009, to certify which, witness my hand and seal of office.

Ronald P. Gonzales
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:

3

2 FILER NAME

Clyde Picht

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/23/09

5 Full name of contributor out-of-state PAC (ID# _____)

Conway Snipes

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

6808 Trinity Landing Dr N
FTW TX 76132

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Ret.

10 Employer (See Instructions)

Date

2/23/09

Full name of contributor out-of-state PAC (ID# _____)

Stan Hiatt

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4100 shadow Dr
FTW TX 76116

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Ret.

Employer (See Instructions)

Date

2/23/09

Full name of contributor out-of-state PAC (ID# _____)

Reta Sage

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO Box 1654
Colleyville TX 76034

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Ret.

Employer (See Instructions)

Date

3/3/09

Full name of contributor out-of-state PAC (ID# _____)

Carl Flores

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8700 Country Rd 107
Grandview TX 76050

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Ret.

Employer (See Instructions)

Date

3/3/09

Full name of contributor out-of-state PAC (ID# _____)

Don & Wanda Woodward

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3921 Stonehenge Rd
FTW TX 76109

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Insurance Broker

Employer (See Instructions)

self. Woodward Ins Gr

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:

2 FILER NAME

Clyde Picht

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/11/09

5 Full name of contributor out-of-state PAC (ID#: _____)

WA Moncrief Jr.

7 Amount of contribution (\$)

2000

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*950 Commerce St.
FTW TX 76102*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Oil & Gas Production

10 Employer (See Instructions)

Moncrief Oil

Date

3/11/09

Full name of contributor out-of-state PAC (ID#: _____)

Jerry Horton

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2608 Carter Av
FTW 76103*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Ret.

Employer (See Instructions)

Date

3/16/09

Full name of contributor out-of-state PAC (ID#: _____)

Elloie Leary

Amount of contribution (\$)

75

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4459 Homestead Cir
FTW 76133*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Ret.

Employer (See Instructions)

Date

3/16/09

Full name of contributor out-of-state PAC (ID#: _____)

Chris Hatley

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*406 Fall Cedar Dr
FTW 76108*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Ret.

Employer (See Instructions)

Date

3/26/09

Full name of contributor out-of-state PAC (ID#: _____)

Jearl Walker

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*6917 Bal Lake Dr.
FTW TX 76116*

(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:

2 FILER NAME

Clyde Picht

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/26/09

5 Full name of contributor out-of-state PAC (ID# _____)

Bernard Smith

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*5010 Crown Rd
FTW TX 76114*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

Ret.

10 Employer (See Instructions)

Date

3/26/09

Full name of contributor out-of-state PAC (ID# _____)

Margaret Thomas

Amount of contribution (\$)

175

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*5005 Cockrell
FTW TX 76133*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Ret.

Employer (See Instructions)

Date

3/30/09

Full name of contributor out-of-state PAC (ID# _____)

Dr Jack & Barbara Turner

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2420 Winton Terrace W
FTW TX 76109*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Ret.

Employer (See Instructions)

Date

4/2/09

Full name of contributor out-of-state PAC (ID# _____)

Luther L Marshall

Amount of contribution (\$)

150

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*4116 Trail Lake Dr.
FTW TX 76109*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Ret.

Employer (See Instructions)

Date

4/2/09

Full name of contributor out-of-state PAC (ID# _____)

Charlie Williams

Amount of contribution (\$)

200

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*2413 White Settlement Rd.
FTW TX 76107*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retail & salvage sales

Employer (See Instructions)

Self - Omaha

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: 3

2 FILER NAME Clyde Picht

3 ACCOUNT # (Ethics Commission filers)

4 Date
1/15/09

5 Payee name
Greenwood Floral

7 Amount (\$)
106.03

6 Payee address; City; State; Zip Code
3100 Whitesettlement Rd
RTW TX 76107

8 Purpose of payment (See instructions regarding type of information required.)
Contribution Vet Funeral
(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
2/11/09

Payee name
Avons Frames

Amount (\$)
74.68

Payee address; City; State; Zip Code
4701 W Freeway
FTW TX 76109

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

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

Date
2/23/09

Payee name
City Secretary

Amount (\$)
100

Payee address; City; State; Zip Code
1000 Throckmorton
FTW TX 76102

Purpose of payment (See instructions regarding type of information required.)
campaign filing fee
(If travel outside of Texas, complete Schedule T)

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

Date
2/26/09

Payee name
Staples

Amount (\$)
205.68

Payee address; City; State; Zip Code
5650 Overton Ridge
FTW TX 76132

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

3/11/09

5 Payee name

Victory Graphics

7 Amount (\$)

150

6 Payee address; City; State; Zip Code

*2333 delante Ave
FTW TX 76117*

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

*Campaign window sign
(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

3/16/09

Payee name

Suzette Watkins Campaign

Amount (\$)

200

Payee address; City; State; Zip Code

*4608 Kemble St
FTW TX 76103*

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

*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

3/16/09

Payee name

Staples

Amount (\$)

417.81

Payee address; City; State; Zip Code

*5680 Overton Ridge
FTW 76132*

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

*Campaign printing
(If travel outside of Texas, complete Schedule T)*

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

Date

3/17/09

Payee name

My Campaign Store

Amount (\$)

272.83

Payee address; City; State; Zip Code

*PO Box 596
Jeffersonville IN 47131*

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

*Bumper Stickers
(If travel outside of Texas, complete Schedule T)*

** Complete if direct expenditure to benefit C/OH **
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:

2 FILER NAME

Clyde Picht

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/28/09

5 Payee name

Troy Knight

7 Amount (\$)

175

6 Payee address; City; State; Zip Code

*5808 Roselyn
Arlton City TX*

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

Video production

(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

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)

** 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.)

(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

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)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED