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: 7

OFFICE USE ONLY

Date Received: RECEIVED JAN 15 2010 CITY OF FORT WORTH CITY SECRETARY

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 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

- [x] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded $500 limit
- [ ] Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 7 / 01 / 2008 THROUGH Month / Day / Year: 12 / 31 / 2008

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

** 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

OFFICIAL RECORD CITY SECRETARY FT. WORTH, TEX

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 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

☐ 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	$ 142
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 5359.07
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1583.69
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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.

Signature of Candidate or Officeholder

NANCY L. PURSER
Notary Public
STATE OF TEXAS
Comm. Exp. 05/17/2009

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clyde Picht, this the 15th day of January, 2009, to certify which, witness my hand and seal of office.

Nancy L. Purser	Nancy L. Purser	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1/5

2 FILER NAME: Clyde Picht

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/1/08	Costco 5300 Overton Ridge Ft Worth TX 76132	118.93

8 Purpose of payment (See instructions regarding type of information required.): Office equip Telephone Repl.

(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 ($)
8/9/08	Ft Worth Business Press 3509 Hulen St Suite 201 Ft Worth TX 76107	135

Purpose of payment (See instructions regarding type of information required.): Business Publication Subscr.

(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 ($)
8/13/08	Costco 5300 Overton Ridge Ft Worth TX 76132	100

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

(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 ($)
8/16/08	AT&T 4801 Bryant Irvin Rd Fort Worth TX 76132	86.59

Purpose of payment (See instructions regarding type of information required.): Office Equip. Modem Repl.

(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: 2/5

2 FILER NAME: CLYDE PICHT

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/22/08	BEST BUY 5700 SW LOOP 820 FORT WORTH TX 76132	75.76

8 Purpose of payment (See instructions regarding type of information required.): OFFICE EQUIP MOUSE-REPL

(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 ($)
8/24/08	COSTCO 5300 OVERTON RIDGE BLVD FORT WORTH TX 76132	140.70

Purpose of payment (See instructions regarding type of information required.): OFFICE EQUIP. ROUTER

(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 ($)
9/4/08	RANCH HAND VIETNAM ASSOC 4245 SO ROME WAY HURRICANE UT 84737	200

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION 501C3

(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 ($)
9/8/08	RNC MCCAIN CAMPAIGN 310 FIRST ST WASHINGTON DC 20005	1000

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3/5

2 FILER NAME: CLYDE PICHT

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/24/08	SOUSA MEMORIAL ACCT 8850713849 WASHINGTON MUTUAL BANK FORT WORTH TX	500

8 Purpose of payment (See instructions regarding type of information required.): CHARITABLE 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 ($)
10/10/08	Ft Worth Symph Orch 330 E 4th ST. FORT WORTH TX 76102	500

Purpose of payment (See instructions regarding type of information required.): 501C3
(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 ($)
10/10/08	SALVATION ARMY 2901 NE 28th ST FORT WORTH TX 76111	200

Purpose of payment (See instructions regarding type of information required.): NON PROFIT 501C3
(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 ($)
11/1/08	TX REPUB PARTY 900 CONGRESS STE 100 AUSTIN TX 78701	100

Purpose of payment (See instructions regarding type of information required.): CAMPAIGN CONTR.
(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: 4/5

2 FILER NAME: CLYDE PICHT

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
11/1/08	HARRIS MEDTH HEALTH FOUND. 6100 WESTERN PL FORT WORTH TX	1000

8 Purpose of payment (See instructions regarding type of information required.): 501C3
(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 ($)
11/1/08	BOTANIC RESEARCH INST. 509 PECAN ST FORT WORTH TX 76102	200

Purpose of payment (See instructions regarding type of information required.): 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	Payee name / Payee address, City, State, Zip Code	Amount ($)
11/1/08	VAN CLIBURN FOUNDATION 2525 RIDGMAR BLVD STE 307	200

Purpose of payment (See instructions regarding type of information required.): 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	Payee name / Payee address, City, State, Zip Code	Amount ($)
11/1/08	UTAH STATE UNIV. 1400 OLD MAIN HILL LOGAN UT	250

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5/5

2 FILER NAME: CLYDE PICHT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/1/2008	ST MARY'S SCHOOL 1101 E 5TH ST NATCHITOCHES LA	100

8 Purpose of payment (See instructions regarding type of information required.): NON-PROFIT CONTRIB
(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 ($)
12/18/08	COSTCO 5300 OVERTON RIDGE BLVD FORT WORTH TX 76132	205.64

Purpose of payment (See instructions regarding type of information required.): OFFICE SUPPLIES PRINTER INK/PAPER
(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 ($)
12/19/08	VENDING NUT 2222 MONTGOMERY ST FORT WORTH TX 76107	104.45

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

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