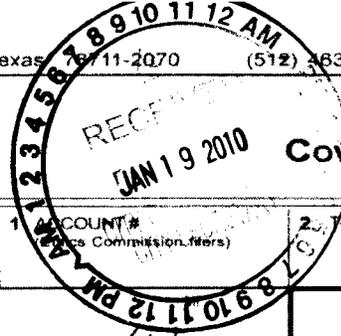


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**



The C/OH Instruction Guide explains how to complete this form. 1. ACCOUNT # (Texas Ethics Commission, fees) 2. Total pages filed: 4

**3 CANDIDATE / OFFICEHOLDER NAME**  
 MS / MRS / MR MR FIRST CLYDE LAST PICHT  
 NICKNAME SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
 ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
5016 MONARDA WAY  
FORT WORTH TX 76123  
 Change of Address

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

**6 CAMPAIGN TREASURER NAME**  
 MS / MRS / MR MR FIRST HARRY LAST PURSER  
 NICKNAME SUFFIX

**7 CAMPAIGN TREASURER ADDRESS (Residence or business)**  
 STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE  
3312 DENTON 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  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 THROUGH Month Day Year  
7 / 01 / 09 12 / 31 / 09

**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

**OFFICE USE ONLY**  
 Date Received  
**OFFICIAL RECORD**  
 Date and time received or Date of Filing  
**CITY SECRETARY**  
 Date Processed  
**FT. WORTH, TEX**  
 Date Imaged

**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

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

\$ *N/A*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *N/A*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *31.34*

4. TOTAL POLITICAL EXPENDITURES

\$ *1033.91*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *1934.04*

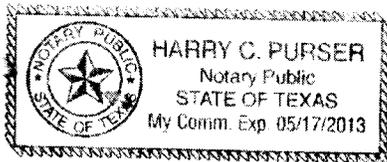
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *N/A*

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 *15<sup>th</sup>* day of *JANUARY*, 20 *10*, to certify which, witness my hand and seal of office.

*Harry C. Purser*  
Signature of officer administering oath

*Harry C. Purser*  
Printed name of officer administering oath

*Notary Public*  
Title of officer administering oath

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F.

2 FILER NAME *CLYDE RICHT* 3 ACCOUNT # (Ethics Commission files)

4 Date <i>8/31/09</i>	5 Payee name <i>912 PROJECT FORT WORTH</i>	7 Amount (\$)  <i>250</i>
6 Payee address: City, State, Zip Code <i>405 KENSHIRE DR FORT WORTH TX 76126</i>		

8 Purpose of payment (See instructions regarding type of information required.) <i>CONTRIBUTION 501(C)3</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

Date <i>9/1/09</i>	Payee name <i>COSTCO</i>	Amount (\$)  <i>100</i>
Payee address: City, State, Zip Code <i>5300 OVERTON RIDGE BLVD FORT WORTH TX 76132</i>		

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

Date <i>10/21/09</i>	Payee name <i>LEAGUE OF WOMEN VOTERS</i>	Amount (\$)  <i>80</i>
Payee address: City, State, Zip Code <i>3212 COLLINGSWORTH ST FORT WORTH TX 76107</i>		

Purpose of payment (See instructions regarding type of information required.) <i>CONTRIBUTION 501(C)3</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <b>-- Complete if direct expenditure to benefit C/OH --</b> Candidate / Officeholder name Office sought Office held
--	--

Date <i>10/22/09</i>	Payee name <i>COSTCO</i>	Amount (\$)  <i>343.11</i>
Payee address: City, State, Zip Code <i>5300 OVERTON RIDGE BLVD FORT WORTH TX 76132</i>		

Purpose of payment (See instructions regarding type of information required.) <i>OFFICE SUPPLIES/EQUIP</i> <small>(If travel outside of Texas, complete Schedule T)</small>	9 <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**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>CLYDE RICHT</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>12/16/09</i>	5 Payee name <i>COSTCO</i> 6 Payee address; City; State; Zip Code <i>5300 OVERTON RIDGE BLVD FORT WORTH TX 76132</i>	7 Amount (\$) <i>89.82</i>
8 Purpose of payment (See instructions regarding type of information required.) <i>GIFT TO CAMPAIGN WORKERS (If travel outside of Texas, complete Schedule T)</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held
Date <i>12/18/09</i>	Payee name <i>APPLE STORE</i> Payee address; City; State; Zip Code <i>1620 SO. UNIVERSITY DR FORT WORTH TX 76107</i>	Amount (\$) <i>139.64</i>
Purpose of payment (See instructions regarding type of information required.) <i>OFFICE EQUIP (If travel outside of Texas, complete Schedule T)</i>		-- 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

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