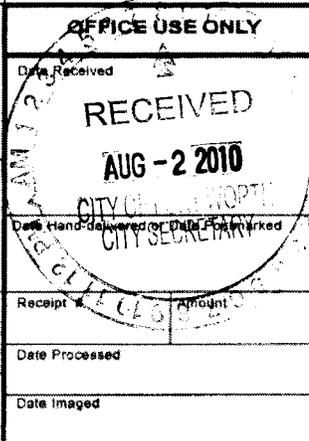


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI  NICKNAME LAST SUFFIX <i>CHYDE W RICHT</i>	<b>OFFICE USE ONLY</b> 	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>5016 MONARDA WAY FORT WORTH TX 76123</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 2940396</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI  NICKNAME LAST SUFFIX <i>HARRY C PUNSER</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>3312 DENBURY DR FORT WORTH TX 76133</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 294 8381</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" 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)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>01/01/2010    THROUGH    06/30/2010</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>  /  /  </i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	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:		

GO TO PAGE 2

**OFFICIAL RECORD**  
**CITY SECRETARY**  
**FT. WORTH, TEX**

# 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 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 117.80

4. TOTAL POLITICAL EXPENDITURES

\$ 1144.34

CONTRIBUTION BALANCE

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

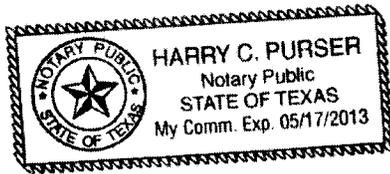
\$ 789.70

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.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clyde Picher, this the 30<sup>th</sup> day of JULY, 2010, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Harry C. Purser  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: <i>1/2</i>	2 FILER NAME <i>CLYDE PIGHT</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>2/15/10</i>	5 Payee name <i>BETA TAU LAMBDA CHAR. FOUND.</i>	
6 Amount (\$) <i>60</i>	7 Payee address; City; State; Zip Code <i>PO BOX 3142 FORT WORTH TX 76113</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRIBUTION</i>	(b) Description (See instructions regarding type of information required.) <i>NON-PROFIT</i>
Date <i>2/18/10</i>	Payee name <i>FORT WORTH GYMNASIUM ORCH</i>	
Amount (\$) <i>275</i>	Payee address; City; State; Zip Code <i>330 E 4TH ST, STE 200 FORT WORTH TX 76102</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRIBUTION</i>	Description (See instructions regarding type of information required.) <i>NON-PROFIT</i>
Date <i>3/10/10</i>	Payee name <i>TEXAS HEALTH RESOURCES FOUND.</i>	
Amount (\$) <i>250</i>	Payee address; City; State; Zip Code <i>6100 WESTERN PLAC, STE 1001 FORT WORTH TX 76107</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRIBUTION</i>	Description (See instructions regarding type of information required.) <i>NON-PROFIT</i>
Date <i>3/10/10</i>	Payee name <i>NATIONAL REPUBLICAN CONGR. COM.</i>	
Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>320 FIRST ST. SE WASHINGTON DC 20003</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRIBUTION</i>	Description (See instructions regarding type of information required.) <i>PAC</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: <i>2/2</i>	<b>2</b> FILER NAME <i>Clyde Picht</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <i>3/10/10</i>	<b>5</b> Payee name <i>UTAH STATE UNIV.</i>	
<b>6</b> Amount (\$) <i>100</i>	<b>7</b> Payee address; City; State; Zip Code <i>160 OLD MAIN AILL LOGAN UT 84332</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <i>CONTRIBUTION</i>	<b>(b)</b> Description (See instructions regarding type of information required.) <i>NON-PROFIT</i>
Date <i>4/4/10</i>	Payee name <i>FRUE &amp; STRONG AMERICA</i>	
Amount (\$) <i>100</i>	Payee address; City; State; Zip Code <i>LEXINGTON MA 02421</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>CONTRIBUTION</i>	Description (See instructions regarding type of information required.) <i>PAC</i>
Date <i>4/19/10</i>	Payee name <i>COSTCO</i>	
Amount (\$) <i>141.54</i>	Payee address; City; State; Zip Code <i>5300 OVERTON RIDGE FORT WORTH TX 76132</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>OFFICE SUPPLIES</i>	Description (See instructions regarding type of information required.) <i>PRINTER INK</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED