CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 24 MS / MRS / MR 3 CANDIDATE/ FIRST OFFICE USE ONLY **OFFICEHOLDER** Mr William T NAME **Date Received** NICKNAME LAST SUFFIX Bill Rickert Jr JUL 15 2012 RCVD 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **OFFICEHOLDER** 1934 Crisfield Dr. Sugar Land, TX 77479 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (713)377-1149 PHONE Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN MI **TREASURER Jeffery** Mr C Date Processed NAME NICKNAME LAST SHEELY Date Imaged Jeff McClellan STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN TREASURER 6519 Dutch John Cir, Richmond, TX 77469 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN **EXTENSION TREASURER** PHONE (281 725-6085 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Year Month Year Month COVERED 30 22 6 22 /1/ THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Day General Special 22 11 / 8 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Fort Bend County Treasurer Fort Bend County Treasurer 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Bill Rickert	16 File	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,650.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,805.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,197.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 61,500.00
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true and c	orrect and includes all information
rec	quired to be reported by me under Title 15, Election Code.	7
		The same of the sa
	Signature of Candidate	or Officeholder
	Places complete sither entire heleve	
	Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEA	LORI M. PICKETT My Notary ID # 7522068 Expires September 1, 2023	
	before me by William T. Richart Jr this the 15th	day of July
20 23, to certify	which, withess my hand and seal of office. I cheff for M. Pickett	
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	and my date of birth is	
My address is		•
	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on the day of	. 20
	(month)	(year)
	Signature of Candidate/Office	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE Bill Ri		er ID (Ethics Commis	sion Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		2,650.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$	8,805.18
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIL	BUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	3,607.90
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	SS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE TO FILER	STURNED \$	0.62

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDM:) Robert G Holloway	7 Amount of contribution (\$)
05/19/2022	6 Contributor address; City; State; Zip Code 427 Spindrift Cir, Richmond, TX 77469-1983	100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
05/24/2022	William E Ferguson Contributor address; City; State; Zip Code	100.00
	7723 Green Path Ct Sugar Land TX 77479	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (IDII:)	Amount of contribution (\$)
05/31/2022	Contributor address; City; State; Zip Code	100.00
	5603 Mimosa Lane Richmond TX 77406	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	dions)
Date	Full name of contributor out-of-state PAC (IDIN:)	Amount of contribution (\$)
06/26/2022	Charles Swihart Contributor address; City; State; Zip Code	1,000.00
	6031 Marie Lane Richmond TX 77406	1,000.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (IDIR:	7 Amount of contribution (\$)
06/26/2022	6 Contributor address; City; State; Zip Code 1300 Post Oak Blvd Suite 1300 Houston TX 7705	200.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
06/26/2022	Contributor address; City; State; Zip Code 5402 Oban Terrace Ln Sugar Land TX 7747	000.00
Principal occup	eation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (IDIF:	Amount of contribution (\$)
06/29/2022	Doris Gurecky Contributor address; City; State; Zip Code	100.00
	1820 Allen St Rosenberg TX 7747	
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (IDM:	Amount of contribution (\$)
06/29/2022	Mo Nehad	F00 00
0012312022	Contributor address; City; State; Zip Code	500.00
	8718 Grasswren Rd, Richmond, TX 7740	07
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE	AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a category not listed	above)
1 Total pages Schedule F1:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission	on Filers)
4 Date	5 Payee name		4	
01/18/2022	American Express			
6 Amount (\$)	7 Payee address;	City;	State; Zip Co	de
610.96	P.O. Box 650448 Dallas TX 75265-0450			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Credit Card Payment			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office hel	d
Date	Payee name			
01/18/2022	ABCommunications			
Amount (\$)	Payee address;	City;	State; Zip Co	de
50.00	9600 Glenfield Court Suite 148 Houston, Texas 7	7096		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office hel	d
Date	Payee name			
01/18/2022	Mr Ji Connections			
Amount (\$)	Payee address;	City;	State; Zip Co	xde
50.00	1706 Foxwood Ct, Missouri City, TX 7748	89		
	Category (See Categories listed at time top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he	ild
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bill Rickert 8 4 Date 5 Payee name 01/21/2022 Manish Seth 6 Amount (\$) 7 Payee address; City; Zip Code 25.00 46 Sullivans Lndg, Missouri City, TX 77459 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE Event Expense** Sienna Republicans Meeting EXPENDITURE (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 02/11/2022 **ABCommunications** Amount (\$) City; State; Zip Code Payee address; 9600 Glenfield Court Suite 148 Houston, Texas 77096 50.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Consulting Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 02/11/2022 Mr Ji Connections Amount (\$) Payee address; City; State: Zip Code 1706 Foxwood Ct, Missouri City, TX 77489 50.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Other (enter a category	not listed above)
1 Total pages Schedule F1:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics C	ommission Filers)
4 Date	5 Payee name			
02/15/2022	American Express			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
577.98	P.O. Box 650448 Dallas TX 75265-0448			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Credit Card Payment			
	(C) Check If travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
03/07/2022	ABCommunications			
Amount (\$)	Payee address;	City;	State;	Zip Code
50.00	9600 Glenfield Court Suite 148 Houston, Texas 7	77096		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	rpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
03/07/2022	Mr Ji Connections			
Amount (\$)	Payee address;	City;	State;	Zip Code
50.00	1706 Foxwood Ct, Missouri City, TX 774	89		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	репѕе
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

•	
3 Filer ID (E	thics Commission Filers)
State	Zip Code
Austin, TX, officeholder	living expense
t	Office held
State;	Złp Code
yard signs	
Austin, TX, officeholder I	lving expense
	Office held
	-
State;	Zip Code
Austin, TX, officeholder li	ving expense
t	Office held
h	Austin, TX, officeholder li

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries A The Instruction Guide explains how to	Vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04/06/2022	Mr Ji Connections		
50.00	7 Payee address; 1706 Foxwood Ct, Missouri City, TX 77489	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder tiving expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/15/2022	American Express		
Amount (\$)	Payee address;	City;	State; Zip Code
376.20	P.O. Box 650448 Dallas TX 75265-0	451	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Credit Card Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/02/2022	Millimo Reed		
Amount (\$)	Payee address;	City;	State; Zip Code
133.33	503 Summer Arbor Cir Rosenberg TX	X 77469	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Teacher Appre	eciation LCISD
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (orders and see the see t

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other ferrior a careg	ory from issued above)
1 Total pages Schedule F1:	2 FILER NAME Bill Rickert		3 Filer ID (Ethic	s Commission Filers)
4 Date 05/09/2022	5 Payee name ABCommunications		1	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
50.00	9600 Glenfield Court Suite 148 Houston, Texa	s 77096		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/09/2022	Mr Ji Connections			
Amount (\$)	Payee address;	City;	State;	Zip Code
50.00	1706 Foxwood Ct, Missouri City, TX 77489			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/16/2022	American Express			
Amount (\$)	Payee address;	City;	State;	Zip Code
496.49	P.O. Box 650448 Dallas TX 75265-0452			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check If Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)

	·	complete this form.	
Total pages Schedule F1:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
06/01/2022	Jaison Joseph		
Amount (\$)	7 Payee address;	City;	State; Zip Code
291.71	7718 Bayou Green LN Sugar Land T	X 77479	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Texting Services March	2022
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/03/2022	ABCommunications		
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	9600 Glenfield Court Suite 148 Hous	ton, Texas 770	96
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description	
PURPOSE OF			tin, TX, officeholder living expense
PURPOSE OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		tin, TX, officeholder living expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check If Aus	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check If Aus	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name H Payee name	Check If Aus	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 06/06/2022 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Mr Ji Connections	Check if Aus Office sought City;	Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 06/06/2022	Consulting Expense Check If travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Mr Ji Connections Payee address;	Check if Aus Office sought City;	Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date 06/06/2022 Amount (\$) 50.00 PURPOSE OF	Consulting Expense Check If travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Mr Ji Connections Payee address; 1706 Foxwood Ct, Missouri City, TX	Check If Aus Office sought City; 77489 Description	Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 8 Bill Rickert 4 Date 5 Payee name 06/09/2022 Kendleton Floral Club 6 Amount (\$) 7 Payee address; City; State; Zip Code Kendleton TX 100.00 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Contribution/Donations Scholarship Fund OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 06/14/2022 American Express Amount (\$) Payee address; City: State: Zip Code P.O. Box 650448 Dallas TX 75265-0453 753.27 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Credit Card Payement OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 06/30/2022 Anedot Amount (\$) Pavee address: State: Zip Code 1340 Poydras Street. Suite 1770. New Orleans LA 70112 79.50 Description Category (See Categories listed at the top of this schedule) PURPOSE **Fees** Online contributions fee OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATE	EGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)
4		and now to complete and form.	2 51 12 (51) 5
1 Total pages Schedule F4:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$
5 Date	6 Payee name		
01/21/2022	Facebook		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
75.99	Melno Park, CA		
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	(c) Check if travel outside of Texas. Complete	te Schedule T. Check If A	ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		The second secon
02/28/2022	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
100.00	Melno Park, CA		
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of the	this schedule) Description	
PURPOSE	Advertising Expense		
EXPENDITURE	Check if travel outside of Texas. Comple	ete Schedule T. Check If A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Loan Repaym Office Overhi Polling Exper Printing Exper Salaries/Wag	nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule F4:	2 FILER NAME		-	3 Filer ID (Ethics C	ommission Filers)
11	Bill Rickert			J Her ID (Ediles C	ommission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARG	EDTOACRE	DIT CARD	\$	
5 Date	6 Payee name			l	
03/24/2022	Facebook				
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
61.20	Melno Park, CA		3.31	J	2 p 3333
9 TYPE OF EXPENDITURE	Political	Non-Polit	ical		
10	(a) Category (See Categories listed at the top of	f this schedule)	(b) Description		
PURPOSE	Advertising Expense				
OF EXPENDITURE					
ZA. ZHOHOMZ	(C) Check if travel outside of Texas. Comp	olete Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Offi	ce sought	Office he	old
Date	Payee name				
04/30/2022	Facebook				
Amount (\$)	Payee address;		City;	State;	Zip Code
547.59	Melno Park, CA				
TYPE OF EXPENDITURE	Political	Non-Polit	ical		
	Category (See Categories listed at the top of	f this schedule)	Description		
PURPOSE	Advertising Expense				
OF EXPENDITURE					
		1			
	Check if travel outside of Texas. Comp	plete Schedule T.	Check If Au	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Comp		Check If Au ce sought	estin, TX, officeholder living	
		Offi	ce sought	Office he	

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		CORJES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name	· · · · · · · · · · · · · · · · · · ·	
05/31/2022	Facebook		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
351.62	Melno Park, CA		
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE	Advertising Expense		
OF	rictorioning Expenses		
EXPENDITURE			
	(C) Check if travel outside of Texas. Complete S	Schedule T. Check if a	Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/30/2022	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
189.10	Melno Park, CA		
TYPE OF EXPENDITURE	Political	Non-Political	
•	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE	Advertising Expense		
OF	7 to to tioning Exponio		
EXPENDITURE			
	Check if travel outside of Texas, Complete:	Schedule T. Check if	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	E TUIO COUEDUM E A O M	FEDER

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.					
EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Event Expense Loa Accounting/Banking Fees Offi Consulting Expense Food/Beverage Expense Pol Contributions/Donations Made By Gift/Awards/Memorials Expense Pri Candidate/Officeholder/Political Committee Legal Services Sal		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
5 Date 01/16/2022	6 Payee name Rosenberg Railroad Museum				
7 Amount (\$) 500.00	8 Payee address; 1921 Ave F Rosenberg TX	City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising Expense	chedule) (b) Description			
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11					
Date 03/05/2022	Payee name Paypal Exchange Club Missou	ıri City			
Amount (\$) 125.00	Payee address; 2880 La Quinta, Missouri City,	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this and Advertising Expense	schedule) Description			
	Check if travel outside of Texas. Complete S	chedule T. Check if Au	ustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED		

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense I Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Other (enter a category not listed above)
4 Total annua Cabadala Edi	2 FILER NAME	no now to complete time form	2 Files 19 /Ethias Commission Files)
1 Total pages Schedule F4:	Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		1
02/02/2022	Sticker Mule		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
31.32	Amsterdam NY		
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE	Advertising Expense		
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete	Schedule T. Check If A	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/05/2022	Sticker Mule		
Amount (\$)	Payee address;	City;	State; Zip Code
9.72	Amsterdam NY		
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	s schedule) Description	
PURPOSE	Advertising Expense		
OF EXPENDITURE			
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
11	Bill Rickert		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
03/29/2022	Sticker Mule		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
28.08	Amsterdam NY		
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	(C) Check if travel outside of Texas. Complete S	Schedule T. Check if Au	estin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/25/2022	Sticker Mule		
Amount (\$)	Payee address;	City;	State; Zip Code
9.72	Amsterdam NY		
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE	Advertising Expense		
EXPENDITURE	Check if travel outside of Texas. Complete S	Schedule T. Check if Au	estin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORIES	FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office C Food/Beverage Expense Polling Glft/Awards/Memorials Expense Printing	spayment/Reimbursement overhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)
4 =		Complete una form.	2 5th a ID (5th to Complete Silver)
1 Total pages Schedule F4:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A C	CREDIT CARD	\$
5 Date	6 Payee name		
04/14/2022	Branding Matters		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
438.41	1646 BLAISDALE RD SUITE 2500,	Richmond, TX	
9 TYPE OF EXPENDITURE	Political Non-	-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/17/2022	Branding Matters		
Amount (\$)	Payee address;	City;	State; Zip Code
205.68	1646 BLAISDALE RD SUITE 2500	, Richmond, TX	
TYPE OF EXPENDITURE	Political Non	-Political	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check If A	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

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SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$	
5 Date	6 Payee name			
03/07/2022	Republican Womens Club of k	Katy		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
20.00	9550 SPG GRN BLVD			
9 TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this a Event Expense	chedule) (b) Description		
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if A	ustin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
06/15/2022	Pamela Printing			
Amount (\$)	Payee address;	City;	State; Zip Code	
134.23	550 JULIE RIVERS DR 310, S		,	
TYPE OF EXPENDITURE	Political	Non-Political		
	Category (See Categories listed at the top of this s	schedule) Description		
PURPOSE OF EXPENDITURE	Advertising Expense			
	Check If travel outside of Texas. Complete S	chedule T. Check if A	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	al Committee Lagal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)
		ns how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
05/23/2022	Mailchimp		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
61.95	675 PONCE DE LEON AVE NORTH EAST STE 5	500, Atlanta GA	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE	Advertising Expense		
OF EXPENDITURE			
	(C) Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/23/2022	Mailchimp		
Amount (\$)	Payee address;	City;	State; Zip Code
61.95	675 PONCE DE LEON AVE NO		
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE	Advertising Expense		
OF EXPENDITURE			
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica		e Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
11	Bill Rickert	C The ID (Cane Commission There)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
5 Date	6 Payee name			
06/15/2022	Microsoft Ads			
7 Amount (\$)	8 Payee address; City;	State; Zip Code		
14.91	111 WALL STREET, New York, NY	5.5.5, 2, 5.5.5		
9 TYPE OF EXPENDITURE	Political Non-Political			
10	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE	Advertising Expense			
OF EXPENDITURE				
	(C) Check if travel outside of Texas. Complete Schedule T. Check it	Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held		
Date	Payee name			
03/07/2022	GiGi's Sugar Land			
Amount (\$)	Payee address; City;	State; Zip Code		
100.00	14015 SOUTH WEST FWY, Sugar Land, TX			
TYPE OF EXPENDITURE	Political Non-Political			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE	Contributions/Donations			
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T. Check if	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED		

SCHEDULE F4

it the requested inform	nation is not applicable, DO NOT in		oort.
	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor nins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
		inis now to complete this form.	0.5119.(54:0
1 Total pages Schedule F4:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGEI	D TO A CREDIT CARD	\$
5 Date	6 Payee name	,,	
06/06/2022	The Big Dogs		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
419.00	223 SUMMER GATE CT, Ho	ouston, TX	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of the	is schedule) (b) Description	
PURPOSE OF	Consulting Expense	Consulting, \	Nebsite, Printing
EXPENDITURE	(C) Check if travel outside of Texas. Complete	te Schedule T. Check if Ai	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/15/2022	Google Ads		
Amount (\$)	Payee address;	City;	State; Zip Code
130.11	1600 AMPHITHEATRE PKWY,	, Mountian View CA	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of the	his schedule) Description	
PURPOSE OF	Advertising Expense		
EXPENDITURE	Check if travel outside of Texas. Comple	te Schedule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K: 2
² FILER NAME Bill Rickert		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	Chase Bank		
01/24/2022	6 Address of person from whom amount is received; City; Sta P O Box 659754 San Antonio TX 78265-9754	te; Zip Code	0.14
	7 Purpose for which amount is received Check if Bank Account Interest	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Chase Bank		
02/22/2022	Address of person from whom amount is received; City; Sta P O Box 659754 San Antonio TX 78265-9754	ite; Zip Code	0.12
	Purpose for which amount is received Check if Bank Account Interest	political contribution	returned to filer
Date	Name of person from whom amount is received Chase Bank		Amount (\$)
03/21/2022	Address of person from whom amount is received; City; Star P O Box 659754 San Antonio TX 78265-9754	te; Zip Code	0.11
	Purpose for which amount is received Check if Bank Account Interest	political contribution	returned to filer
Date	Name of person from whom amount is received Chase Bank		Amount (\$)
04/21/2022	Address of person from whom amount is received; City; Sta P O Box 659754 San Antonio TX 78265-9754	ite; Zip Code	0.10
	Purpose for which amount is received Check if Bank Account Interest	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K: 2
² FILER NAME Bill Rickert		3 Filer ID (Ethica	Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	Chase Bank		
05/20/2022	6 Address of person from whom amount is received; City; Sta P O Box 659754 San Antonio TX 78265-9754	te; Zip Code	0.07
	7 Purpose for which amount is received Check if	political contribution	returned to filer
	Bank Account Interest		
Date	Name of person from whom amount is received		Amount (\$)
	Chase Bank		
00/00/0000	Address of person from whom amount is received; City; Str	ate; Zip Code	0.08
06/22/2022	P O Box 659754 San Antonio TX 78265-9754		0.00
	Purpose for which amount is received Check if	political contribution	returned to filer
	Bank Account Interest		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	