# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

		complete this form.	1 Filer ID	) (Ethics Commis	ssion Filers)	2 Total pages		
The C/OH Instruction G	Suide explains how to o		1				37	· . 1
CANDIDATE / OFFICEHOLDER	ms/mrs/mr Mr	HRST William	· · ·	M1 T		OFFIC	E USE ONLY	
NAME	NICKNAME BIII	LAST Rickert	· · · · · · · · · · · · · · · · · · ·	su J	JFFIX	Date Received		
CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIF	CODE		JAN 4	2022
OFFICEHOLDER MAILING ADDRESS	1934 Crisfield I	Dr, Sugar Land	I, TX 7747	9				н. Мал
Change of Address			÷.		· · ·			
CANDIDATE/	AREA CODE	PHONE NUMBER	······································	EXTENSION		Date Hand-deliver	red or Date Postm	arked
OFFICEHOLDER PHONE	(713)	377-1149					· · · · · · · · · · · · · · · · · · ·	
CAMPAIGN TREASURER	MS/MRS/MR Mr	FIRST	·-· .			Receipt # Date Processed	Amount S	
NAME	NICKNAME	LAST	•••••		JFFIX	Date Processed	• •	
	Jeff	McClellan	•			Date Imaged		
CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE); APT	/ SUITE #	CITY:	<u>_</u>	STATE:	ZIP CODE	
TREASURER		hn Cir, Richmo			¢.,			
ADDRESS			ло, т <i>л</i> тт	403				
(Residence or Business)					·····	•	<u> </u>	
CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	1	EXTENSION				
							•	
PHONE	(281)	725-6085				-   -		
PHONE	(281)	725-6085	· · · · · · · · · · · · · · · · · · ·	Runoff	 	treasurer	rafter campaign rappointment lider Ontiv)	
PHONE			e election	Runoff Exceeded Reporting		(Officeho		
PHONE REPORT TYPE	January 15	30th day before	e election	Exceeded		(Officeho	r appointment Ider Only)	
PHONE REPORT TYPE	January 15	30th day before 8th day before Day Year	e election	Exceeded Reporting	Limit	L treasures (Officeho Final Rej Day Y	r appointment Ider Only) port (Attach C/OH - F	
PHONE REPORT TYPE 0 PERIOD COVERED	July 15 Month	30th day before 8th day before Day Year	e election	JGH	Limit Month	L treasures (Officeho Final Rej Day Y	r appointment Ider Only) port (Attach C/OH - F	
PHONE REPORT TYPE PERIOD COVERED	January 15     Judy 15     Month     7	30th day before 8th day before Day Year	e election	JGH ELEC	Month	L treasures (Officeho Final Rej Day Y	r appointment Ider Only) port (Attach C/OH - F	
PHONE REPORT TYPE	Image: Second system     January 15       Judy 15     Judy 15       Month     7       ELECTION DATE	30th day before       8th day before       Day     Year       1     21       Year	e election	JGH ELEC	Month 12 CTION TYPE Other	L treasures (Officeho Final Rej Day Y	r appointment Ider Only) port (Attach C/OH - F	
PHONE REPORT TYPE PERIOD COVERED	X     January 15       Judy 15       Month       7       ELECTION DATE       Month       Day       11     8       21       OFFICE HELD (if any)	30th day before       8th day before       Day     Year       1     21       Year     Primate       2     Gener	e effection	JGH ELEC off C ctal OFFICE SOUG	Month 12 CTION TYPE Other Description HT (If known)	Day Yo	r appointment Ider Only) port (Attach C/OH - F ear	
PHONE REPORT TYPE PERIOD COVERED 1 ELECTION	X     January 15       Juty 15       Month       7       ELECTION DATE       Month       Day       11     8	30th day before       8th day before       Day     Year       1     21       Year     Primate       2     Gener	e effection	JGH ELEC off C ctal OFFICE SOUG	Month 12 CTION TYPE Other Description HT (If known)	L treasures (Officeho Final Rej Day Y	r appointment Ider Only) port (Attach C/OH - F ear	
PHONE PREPORT TYPE PERIOD COVERED ELECTION COVERED POLITICE NOTICE FROM POLITICAL	X       January 15         Judy 15         Month         7         ELECTION DATE         Month         Day         11       8         OFFICE HELD (if any)         Fort Bend Col         THIS BOX IS FOR NOTICE OFFICEHCE	30th day before       8th day before       Day     Year       1     21       Year     Primate       2     Gener	e election  election  THROU  Ty Run  ry Run  ral Spec  13  F  Res MAY HAVE BEI	JGH ELEC off C ctal OFFICE SOUGH off Bend	Month 12 CTION TYPE Other Description HT (if known) COUNTY ENDITURES MAD NUT THE CANDID	Day You State of the second se	r appointment Hder Only) port (Attach C/OH - F ear ear	R)
PHONE REPORT TYPE PERIOD COVERED ELECTION 2 OFFICE	X       January 15         Judy 15         Month         7         ELECTION DATE         Month         Day         11       8         OFFICE HELD (If any)         Fort Bend Cou         THE CANDIDATE / OFFICEHCONE         CONSENT. CANDIDATE / OFFICEHCENC	30th day before 8th day before Day Year 1 21 Year Primate 2 Primate Gener 2 Unity Treasures	e election  election  THROU  Ty Run  ry Run  ral Spec  13  F  Res MAY HAVE BEI	JGH ELEC off C ctal OFFICE SOUGH off Bend	Month 12 CTION TYPE Other Description HT (if known) COUNTY ENDITURES MAD NUT THE CANDID	Day You State of the second se	r appointment Hder Only) port (Attach C/OH - F ear ear	R)
PHONE REPORT TYPE PERIOD COVERED ELECTION COVERED COVERED ELECTION	X       January 15         Judy 15         Month         7         ELECTION DATE         Month         Day         11       8         OFFICE HELD (If any)         Fort Bend Coll         THIS BOX IS FOR NOTICE OFFICE AND DATE / OFFICE AND DATE / OFFICE AND DATE	30th day before 8th day before Day Year 1 21 Year Primat 2 Primat Gener 2 Gener 1 Cener 1 Cener 2 Cene	e election  election  THROU  Ty Run  ry Run  ral Spec  13  F  Res MAY HAVE BEI	JGH ELEC off C ctal OFFICE SOUGH off Bend	Month 12 CTION TYPE Other Description HT (if known) COUNTY ENDITURES MAD NUT THE CANDID	Day You State of the second se	r appointment Hder Only) port (Attach C/OH - F ear ear	R)
PHONE REPORT TYPE PERIOD COVERED ELECTION COVERED POLITICAL COMMITTEE(S)	X       January 15         Judy 15         Month         7         ELECTION DATE         Month         Day         11       8         OFFICE HELD (If any)         Fort Bend Coll         THIS BOX IS FOR NOTICE OFFICE AND DATE / OFFICE AND DATE / OFFICE AND DATE	30th day before 8th day before Day Year 1 21 Year Primai 2 Primai Gener 2 Gener 1 1 Company 1 21	e election  election  THROU  Ty Run  ry Run  ral Spec  13  F  Res MAY HAVE BEI	JGH ELEC off C ctal OFFICE SOUGH off Bend	Month 12 CTION TYPE Other Description HT (if known) COUNTY ENDITURES MAD NUT THE CANDID	Day You State of the second se	r appointment Hder Only) port (Attach C/OH - F ear ear	R)
PHONE REPORT TYPE PERIOD COVERED ELECTION COVERED COVE	X       January 15         Judy 15         Month         7         ELECTION DATE         Month         Day         11       8         OFFICE HELD (If any)         Fort Bend Cou         THES BOX IS FOR NOTICE O         COMMITTEE TYPE       C         GENERAL       C	30th day before 8th day before Day Year 1 21 Year Primat 2 Primat Gener 2 Gener 1 Cener 1 Cener 2 Cene	e election election THROU Ty Run al Spec 13 F FO NS ACCEPTED OR F RES MAY HAVE BEI QUIRED TO REPORT	Cial Coffice SOUG OFFICE SOUG OFFICE SOUG OFFICE SOUG OFFICE SOUG THIS INFORMAT	Month 12 CTION TYPE Other Description HT (if known) COUNTY ENDITURES MAD NUT THE CANDID	Day You State of the second se	r appointment Hder Only) port (Attach C/OH - F ear ear	R)
PHONE         PRIOD         COVERED         1 ELECTION         2 OFFICE         4 NOTICE FROM         POLITICAL         COMMITTEE(S)	X       January 15         Juty 15         Month         7         ELECTION DATE         Month         Day         11       8         21         OFFICE HELD (If any)         Fort Bend Cou         THIS BOX IS FOR NOTICE O         THIS BOX IS FOR NOTICE O         THIS BOX IS FOR NOTICE O         COMMITTEE TYPE         COMMITTEE TYPE         GENERAL         SPECIFIC	30th day before 8th day before Day Year 1 21 Year 2 Priman Gener 2 Gener 2 Gener 1 0 OFFICEHOLDERS ARE RECO 0 OMMITTEE ADDRESS	e election  election  THROU  TY Runc al Spec  T  T  T  T  T  T  T  T  T  T  T  T  T	Exceeded Reporting UGH ELEC off C ctal OFFICE SOUGH OFFICE SOUGH OFFICE SOUGH OFFICE SOUGH THIS BIFORMAT	Month 12 CTION TYPE Other Description HT (if known) COUNTY ENDITURES MAD NUT THE CANDID	Day You State of the second se	r appointment Hder Only) port (Attach C/OH - F ear ear	R)
PHONE REPORT TYPE PERIOD COVERED ELECTION COVERED COVERED ELECTION CONTICE FROM POLITICAL COMMITTEE(S)	X       January 15         Juty 15         Month         7         ELECTION DATE         Month         Day         11       8         21         OFFICE HELD (If any)         Fort Bend Cou         THIS BOX IS FOR NOTICE O         THIS BOX IS FOR NOTICE O         THIS BOX IS FOR NOTICE O         COMMITTEE TYPE         COMMITTEE TYPE         GENERAL         SPECIFIC	30th day before 8th day before Day Year 1 21 Year Primar 2 Gener 2 Gener 1 21 Gener Community Treasures Dider, These Experiments DofficeHolders ARE REC OMMITTEE NAME	e election  election  THROU  TY Runc al Spec  T  T  T  T  T  T  T  T  T  T  T  T  T	Exceeded Reporting UGH ELEC off C ctal OFFICE SOUGH OFFICE SOUGH OFFICE SOUGH OFFICE SOUGH THIS BIFORMAT	Month 12 CTION TYPE Other Description HT (if known) COUNTY ENDITURES MAD NUT THE CANDID	Day You State of the second se	r appointment Hder Only) port (Attach C/OH - F ear ear	R)

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Bill Rickert		· ·	16 Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS		FICAL CONTRIBUTIONS (OTHER T ARANTEES OF LOANS, OR LECTRONICALLY)	THAN \$	100.00
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	TRIBUTIONS OANS, OR GUARANTEES OF LOA	ANS) 5	15,425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.	\$	None
	4. TOTAL POLITICAL EXPE	NDITURES	\$	4,184.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	ELAST DAY	16,351.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS A TING PERIOD	AS OF THE \$	61,500.00
18 SIGNATURE I SI	wear, or affirm, under penalty of perju	ry, that the accompanying report is	s true and correct and	includes all information
	uired to be reported by me under Title 1			
				-
	•		1000	2
		Signature o	of Candidate or Office	older
		· · · · · · · · · · · · · · · · · · ·		•
				÷.,
			_	2
	Please co	mplete either option be	elow:	:
(1) Affidavit	MARIA SEGURA Notary Public, State of Texas Comm. Expires 09-20-2025 Notary ID 125913957	· · · · · · · · · · · · · · · · · · ·		
NOTARY STAMP/SEA	<u> </u>	:		
	before me by William TR	uckert <u>Jr</u> this	the 4th day of	January_
20 22 to certify	which, witness my hand and seal of offic	e.		: .
Maria	neure Mari	a Segura	Notary	Public
Signature of officer administe	. <b>Э</b>	f officer administering oath	Title of o	fficer administering oath
		OR	· · · · · · · · · · · · · · · · · · ·	
(2) Unsworn Declaratio	on .			
My name is		, and my date of bi	rth is	
My address is	· · · · · · · · · · · · · · · · · · ·	: :		· · · · ·
	(street)	(city)	(state) (zip code	) (country)
Executed in	County, State of	, on the day of	(state) (2p code 20 nonth) (ye	<b>.</b>
		Ų	iiciiai) (ye	,
		Signature of C	andidate/Officeholder (	Declarant)

#### FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) Bill Rickert SUBTOTAL SCHEDULE SUBTOTALS 21 AMOUNT NAME OF SCHEDULE 15,425.00 \$ 1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. None -SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS з. \$ None SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS \$ 4. None 5. \$ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 4.184.67 6. \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS None 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ None 8. \$ 2,176.24 SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD None SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 9. \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ None 11. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS None SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$ 12. 0.64 TO FILER

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MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
	sted information is not applicable, DO NOT in	10 m	
In the reques			
The	Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1: 12
2 FILER NAME Bill Rickert	•	•	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Sandy & John Carroll	AC (ID#:)	7 Amount of contribution (\$)
7/11/21	6 Contributor address; City;	State; Zip Code	1,000.00
	13923 Drakewood Drive, Sugar Land,	TX 77498	
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)
7/11/21	Mike Kahn Contributor address; City;	State; Zip Code	500.00
	35 Laurel Wreath Trail, Sugar Land, T		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	· · · · · · · · · · · · · · · · · · ·		
Date		AC (ID#:)	Amount of contribution (\$)
7/13/21	Brenda & Greg Cauthen Contributor address; City;	State; Zip Code	500.00
	4727 Sugar Maple Court, Fulshear, T	TX 77441	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state P. Phillip Andrews	AC (ID#:)	Amount of contribution (\$)
7/15/21	Contributor address; City;	State; Zip Code	250.00
	1802 Maidenhair Lane, Sugar Land,	TX 77479	· .
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Ins		

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Revised 8/17/2020

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# MONETARY POLITICAL CONTRIBUTIONS

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SCHEDULE A1

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

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The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1: 12
2 FILER NAME			· · · · ·	3 Filer ID (Ethics Commission Filers)
Bill Rickert				· · · · · · · · · · · · · · · · · · ·
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
	Barbie & Bill Benton		.	
7/15/21	6 Contributor address;	City;	State: Zip Code	250.00
•	1509 GEORGINA ST, RO	SENBERG,	TX, 77471	
8 Principal occu	pation / Job title (See Instructions)	e 1.	9 Employer (See Instruction	ons)
·	-			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Christopher Meyer		1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 -	
7/16/21	· · · · · · · · · · · · · · · · · · ·	Ċity;	State; Zip Code	050.00
		-		250.00
	1418 Lake Pointe Parkwa	y, Sugar Lai	IU, IX//4/0	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruction	ons)
		÷ .		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Comina Ruiz		• •	
7/16/21		City;	State; Zip Code	250.00
	6311 Graham Bend Ln, R	ichmond, T	(, 77469	
Principal occup	bation / Job title (See Instructions)		Employer (See Instruction	ons)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Llarance Turner			·
7/19/21	Contributor address;	City;	State: Zip Code	250.00
	3014 Avenue I, Rosenber	g, TX 77471		
Principal occup	bation / Job title (See Instructions)	· .	Employer (See Instruction	ons)
	· · · ·			· · · · · · · · · · · · · · · · · · ·
	· ·	· · · · · · · · · · · · · · · · · · ·	·.	·. .3
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	ATTACH ADDITIO If contributor is out-of-state PAC, p		OF THIS SCHEDULE AS NE ruction guide for additional re	

MONET	ARY POLITICAL CO	NTDIDI		
	ART POLITICAL CC			SCHEDULE A1
If the reque	sted information is not applicable	, DO NOT in	clude this page in the	report.
. The	Instruction Guide explains how to	complete this	i form.	1 Total pages Schedule A1: 12
2 FILER NAME Bill Rickert		•		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Pat & Bob Hebert	out-of-state PAC	) (ID#:)	7 Amount of contribution (\$)
7/19/21	6 Contributor address; 1303 Foster Creek Rd, Ric	City: hmond, TX 7	State: Zip Code 7406	250.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG		Amount of contribution (\$)
7/22/21	Allen Boone Humphries R Contributor address:	City;	State; Zip Code	500.00
	3200 Southwest Freeway	, Suite 2600	, Houston TX 77027	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Cadence Bank, NA PAC	out-of-state PA	c (ID#:C00506733	Amount of contribution (\$)
7/22/21	Contributor address;	City;	State; Zip Code	2,500.00
Principal occu	17 North 20th Street, Bim upation / Job title (See Instructions)	ningnam, AL	352U3 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
7/26/21	Julia Kassay Contributor address;	City;	State; Zip Code	100.00
	150 Sabine Street, 416, H		1	
	upation / Job title (See Instructions)		Employer (See Instruc	xions)
			· · · · · · · · · · · · · · · · · · ·	
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	ATTACH ADDITIC If contributor is out-of-state PAC,		OF THIS SCHEDULE AS N ruction guide for additional	

MONET	ARY POLITICAL CO	ONTRIBUTIONS	S	
	ted information is not applicable		· .	
			ige in the leport.	
The	Instruction Guide explains how to	o complete this form.	- 1 Total pages	Schedule A1: 12
2 FILER NAME Bill Rickert	· · · · · · · · · · · · · · · · · · ·	•	3 Filer 1D (Eth	ics Commission Filers)
4 Date	5 Full name of contributor Rainey Webster	out-of-state PAC (ID#:	7 Amount of c	contribution (\$)
7/27/21	6 Contributor address;		Code	100.00
	21114 Idle Wind Drive, Ri		•	
8 Phncipal occu	pation / Job title (See Instructions)	9 Employer	(See Instructions)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor Jason Jackson	out-of-state PAC (ID#:	) Amount of c	contribution (\$)
7/27/21	Contributor address;	City; State; Zip	Code	100.00
	25602 FosterBridge Lan	e, Katy, TX 77494		
Principal occup	ation / Job title (See Instructions)	Employer	(See Instructions)	: 
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of a	contribution (\$)
7/28/21	Contributor address; 1115 Honey Rose Ct, F		Code	100.00
Principal occup	ation / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	(See Instructions)	· ·
Date	Full name of contributor	out-of-state PAC (ID#:	) Amount of d	contribution (\$)
7/29/21	Contributor address;	City; State; Zip	Code	250.00
	1515 Savannah Drive, R	Richmond, TX, 77406		
Principal occup	pation / Job title (See Instructions)	Employer	(See Instructions)	• • •
	· · . ·		· · · · · · · · · · · · · · · · · · ·	
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	ATTACH ADDITIC If contributor is out-of-state PAC,	NAL COPIES OF THIS SCHE		ments.

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Forms provided by Texas Ethics Commission

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MONET	ARY POLITICAL CO	ONTRIBU	TIONS	SCHEDULE A	 1. ··
If the reques	ted information is not applicable	e, DO NOT in	clude this page in the	e report.	
The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 12	
2 FILER NAME		. `		3 Filer ID (Ethics Commission Filers)	)
Bill Rickert					•
4 Date	5 Full name of contributor Cathy Haverstock	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	··· ·
8/1/21	6 Contributor address;	City;	State; Zip Code	100.00	÷
	1766 Rockledge Drive,	Carlise, PA,	17015		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	uctions)	
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)	
	Doris Gurecky				
8/2/21	Contributor address:	City;	State; Zip Code	200.00	:
· · ·	1820 Allen St Rosenbe	•			••••
Principal occur	pation / Job title (See Instructions)		Employer (See Instru	uctions)	÷;
•	іх			· ·	* . •
Date	Full name of contributor	out-of-state PAC	; (ID#:	) Amount of contribution (\$)	•
8/3/21	James Stokes		· · · ·		
0/0/21	Contributor address;	City;	State; Zip Code	25.00	
	1662 Creekside Dr., Su	igar Land, T	X 77478		*
Principal occu	bation / Job title (See Instructions)		Employer (See Instru	uctions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:	) Amount of contribution (\$)	
	Steve Rogers			i i	
8/3/21	Contributor address;	City;	State; Zip Code	25.00	
	9525 Roesler Road, Ne	edville, TX 7	7461		
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	uctions)	• •
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	• •			• •	•
			OF THIS SCHEDULE AS		
	If contributor is out-of-state PAC,	please see Instr	uction guide for additiona	al reporting requirements.	

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MONET	ARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
If the reques	ted information is not applicable, DO NOT incl	ude this page in the	report.
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 12
FILER NAME	· · · · · · · · · · · · · · · · · · ·	"···	3 Filer ID (Ethics Commission Filers)
Bill Rickert			
Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
	Greg Barnes		• • •
8/3/21	6 Contributor address; City;	State; Zip Code	25.00
•	626 Saguaro Way, Richmond, TX 774	469	· · ·
Principal occu		Employer (See Instruct	tions)
i micipai occo			
			· · ·
Date Full name of contributor out-of-state PAC (ID#:)			Amount of contribution (\$)
0/0/04	James Rice	1 <b>.</b> .	
8/3/21	Contributor address: City;	State; Zip Code	250.00
	5402 Oban Terrace, Sugar Land, TX	77479	•
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
8/3/21	Christina & Donald McCall		• • •
0/0/21	Contributor address; City;	State; Zip Code	100.00
:	4838 Zachary Ln Sugar Land TX 774	79-5451	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
۰.	Tina Michie		
8/3/21	Contributor address; City;	State; Zip Code	25.00
	9111 S Fitzgerald Way, Missouri City	, TX 77459	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	lions)
·	~ <b>_</b>		
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	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc		
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MONET	ARY POLITICAL CO	NTPIRI	ITIONS	
				SCHEDULE A1
If the reques	sted information is not applicable	e, do not in	iclude this page in the	героп.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1: 12
FILER NAME Bill Rickert				3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Bolton Doggett	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
8/4/21	6 Contributor address;	City;	State; Zip Code	50.00
	201 S 11th St Richmond	TX 77469		12
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
8/4/21	Gary Pearson III Contributor address;	Cibr	State; Zip Code	50.00
	2350 West Creek Ln, Si	-		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
•				
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
8/4/21	TL & CM Scott Contributor address;	City;	State; Zip Code	100.00
	16931 Ascot Meadow Dr	, Sugar Lan	nd, TX 77479-3212	. ·
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
8/4/21	Judith Schmid		• • • • • • • • • • • • • • • • • • • •	
	Contributor address;	City;	State; Zip Code	100.00
•	502 East Shadow Grov	e Lane Rich	nmond TX 77406	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	
	· · · · · · · · · · · · · · · · · · ·			4 93 
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MONE	TARY POLITIC	AL CONTRI	BUTIONS	SCHEDULE A1
If the reque	ested information is not a	applicable, DO NO	T include this page in the	report.
Th	e Instruction Guide explai	ns how to complete	this form.	1 Total pages Schedule A1: 12
FILER NAM		· · · · · · · · · · · · · · · · · · ·	·	3 Filer ID (Ethics Commission Filers)
Bill Ricker				
Date	5 Full name of contribute Diane & Tobin El		e PAC (ID#:)	7 Amount of contribution (\$)
8/4/21	6 Contributor address;	City;	State; Zip Code	100.00
	4634 Bermuda Di	r, Sugar Land, T	X 77479-2132	
Principal occ	cupation / Job title (See Instr	uctions)	9 Employer (See Instruc	tions)
Date	Full name of contribute	or out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
	RE & EB Furmai	n		
8/4/21	Contributor address;	City;	State; Zip Code	100.00
	2930 Oakland D	r, Sugar Land, T	X 77479	a de la construcción de la constru La construcción de la construcción d La construcción de la construcción d
Principal occi	upation / Job title (See Instru	ictions)	Employer (See Instruc	tions)
Date	Full name of contributo		e PAC (ID#:)	Amount of contribution (\$)
8/4/21	Dominic J Cashi	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	100.00
0/4/21	Contributor address; 8406 Havens Gla	сіту: ade Ct, Richmon	State; Zip Code id, TX 77406	100.00
Principal occ	upation / Job title (See Instru	uctions)	Employer (See Instruc	tions)
		•		·
Date	Full name of contribute	or out-of-state	e PAC (ID#:)	Amount of contribution (\$)
	Earl M Hersh		•	
8/4/21	Contributor address;	City:	State; Zip Code	100.00
	1010 Kern St, I	Houston, TX 770	09-2922	
Principal occ	upation / Job title (See Instru	ictions)	Employer (See Instruc	ctions)
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If the reque	ested information is not applicable	DO NOT in	clude this page in the r	eport.
The	e Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 12
FILER NAME Bill Ricker				3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
	Jingjing Clemence			
8/4/21	6 Contributor address;	City;	State: Zip Code	200.00
	4127 Turtle Trails Ln, Su	gar Land, T	X 77479	
Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
	Mary & William Johnson	· ·		
8/4/21	Contributor address;	City;	State; Zip Code	250.00
	3314 Palm Desert Ln, Mis			
			· · ·	
Principal occi	upation / Job title (See Instructions)	· . ·	Employer (See Instruct	ions)
			· · ·	<u></u>
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
8/4/21	Hrbacek Law Firm, PC			
0/4/21	Contributor address;	City;	State; Zip Code	250.00
	130 Industrial Blvd, Ste 1	10, Sugar I	_and, TX 77478	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor			
	Jim Russ	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
8/4/21	Contributor address;	City;	State; Zip Code	250.00
0/4/21	10011 Medowglen Lane,	:		200.00
Principal occ	upation / Job title (See Instructions)		Employer (See Instruct	ions)
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MONET	ARY POLITICAL C	ONTRIB	UTIONS	SCHEDULE A
If the reques	ted information is not applica	ble, DO NOT	include this page in the r	eport.
The	Instruction Guide explains how	v to complete t	his form.	1 Total pages Schedule A1: 12
2 FILER NAME Bill Rickert				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Phylis & Michael Kara		PAC (ID#:)	7 Amount of contribution (\$)
8/4/21	6 Contributor address;	••••••	State; Zip Code	1,000.00
0, 1/2 1	5514 Davids Bend Dr,	· · · · ·		1,000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Sharon Leal			
8/4/21	Contributor address:	City;	State; Zip Code	25.00
	12015 Meadowdale Di	-	X 77477-1511	25.00
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	,4 
Principal occup	ation / Job title (See Instructions)		Employer (See Instruction	ons)
	·			<u>``</u>
Date	Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
8/5/21	Mo Nehad			алан сайта. 1910 г. – Сайта Сайта Сайта (1910) г. – Сайта Сайта (1910) г. – Сайта (1910) г. – Сайта (1910) г. – Сайта (1910)
0/0/21	Contributor address;	City;	State; Zip Code	250.00
	8718 Grasswren Rd, F	Richmond, T	X 77407	· .
Principal occup	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state I	PAC (ID#	Amount of contribution (\$)
8/5/21	Bach Williams	· .	• •	
0/3/21	Contributor address;	City;	State; Zip Code	125.00
	8505 Graceful Oak X	-	K 77494	
Principal occup	ation / Job title (See Instructions)	1	Employer (See Instructi	ons)
		· .·		·····
			······································	······································
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MONET	ARY POLITICAL CO	ONTRIBU	TIONS	SCHEDULE A1
If the reques	ted information is not applicable	e, DO NOT inc	lude this page in the	report.
The	Instruction Guide explains how to	ocomplete this	form.	1 Total pages Schedule A1: 12
FILER NAME Bill Rickert	· · ·			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Barbara & Mike Rozell	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
8/5/21	6 Contributor address;	City;	State; Zip Code	125.00
	8518 Chipping Rock Dr, Su	gar Land, TX	77479	
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Marian P Pezant	out-of-state PAC	(ID#:)	Amount of contribution (\$)
8/6/21	Contributor address;	City;	State; Zip Code	100.00
	744 Brooks St Apt 3203,	Sugar Lanu, i	X //4/0-40 IU	
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Linda & Richard Zoll	out-of-state PAC	(ID#:)	Amount of contribution (\$)
8/8/21	Contributor address;	City;	State; Zip Code	100.00
	1111 Hermann Drive, 22E,	, Houston, TX	77004	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	stions)
Date	Full name of contributor Robert Douds	out-of-state PAC	(ID#:)	Amount of contribution (\$)
8/9/21	Contributor address; 1803 Aubum Trails Sugar	City: Land TX 774	State; Zip Code 79	500.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	
	• •			
				: 
	ATTACH ADDITIC If contributor is out-of-state PAC,		OF THIS SCHEDULE AS I uction guide for additional	

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	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reque	sted information is not applicable, <b>DO NOT include this page in the</b>	e report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 12
FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:) Bill Cafarelli	7 Amount of contribution (\$)
8/17/21	6 Contributor address; City; State; Zip Code	50.00
	4706 Kings Landing Lane, Katy, TX 77494	
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
12/10/21	DEC PAC Contributor address; City; State; Zip Code 1 Greenway Plaza, STE 225	500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
12/31/21	Contributor address;         City;         State;         Zip Code	3,000.00
	744 Brooks St Apt 1302, Sugar Land, TX 77478	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ictions)

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	EXPENDITURES MADE			SCH	EDULE F1	
	ormation is not applicable, DO NOT in	clude t	his page in the r	eport.		
	EXPENDITURE CATEG					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/OfficeIncider/Politics Credit Card Payment		Office Over Polling Exp Printing Ex Salaries/W	pense lages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	ment & Related Expe	inse
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethic	s Commission Filer	rs)
4 Date	Bill Rickert 5 Payee name	. 1				
7/6/21	Mr Ji Connections			:	,	
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
50.00	9600 Glenfield Court, Suite 148,	Housto	on, TX 77096			
8	(a) Category (See Categories listed at the top of this se	chedule)	(b) Description			
PURPOSE OF EXPENDITURE	Consulting Expense					
*	(C) Check if travel outside of Texas. Complete Sch	rectulie T.	Check if Aus	tin, TX, officeholder livin	g expense	,
9 Complete: ONLY If direct expenditure to benefit C/OI	Candidate / Officeholder name H		Office sought		Office held	
Date	Payee name			••		
7/15/21	American Express					
Amount (\$)	Payee address;	:	City;	State;	Zip Code	
147.67	PO Box 650448, Dallas, TX 752	265-045	53			
· ·	Category (See Categories listed at the top of this so	hedule)	Description			
PURPOSE OF EXPENDITURE	Credit Card Payment	,				
	Check if travel outside of Texas, Complete Sci	nedule T.	Check if Aus	tin, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held	
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	······		
7/28/21	ABCommunications					
Amount (\$)	Payee address;		City;	State:	Zip Code	
50.00	9600 Glenfield Court, Suite 14	B, Hous	ton, TX 77096			·.
	Category (See Categories listed at the top of this so	hedule)	Description			-
PURPOSE OF EXPENDITURE	Consulting Expense			•		
	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Aus	tin, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED		

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Revised 8/17/2020

	EXPENDITURES MADE		SCHE	DULE F1
If the requested info	ormation is not applicable, DO NOT in	clude this page in the repo	rt.	
· ,	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Tr Polling Expense Tr Printing Expense Tr Salaries/Wages/Contract Labor O	olicitation/Fundraisir ansportation Equipr avel In District avel Out Of District ther (enter a categor	nent & Related Expense
Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		Filer ID (Ethics	Commission Filers)
Date 8/2/21	5 Payee name Mr Ji Connections	· · ·		
Amount (\$)	7 Payee address;	City;	State:	Zip Code
50.00	1706 Foxwood Ct, Missouri City,	TX 77489		
	(a) Category (See Categories listed at the top of this sc	hedule) (b) Description		
PURPOSE OF EXPENDITURE	Consulting Expense			•
	(C) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, T)	K, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	: •, •••	Office held
Date	Payee name			
8/2/21	Pressler, Inc			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	PO Box 655, Bellaire, TX 77402	2-0655	•	
	Category (See Categories listed at the top of this sch	edule) Description		· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Consulting Expense			
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin, D	, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
8/4/21	Square	с. 		
Amount (\$)	Payee address;	City;	State;	Zip Code
17.73	1455 Market St, Ste 600, San Fr	ancisco, CA 94103		
	Category (See Categories listed at the top of this sch	edule) Description	·	
PURPOSE OF EXPENDITURE	Accounting/Banking	Transaction Fe	ees	
. *	Check if travel outside of Texas, Complete Sche	dule T. Check if Austin, TX	, officeholder living	axpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	:	Office held

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FROM POLI	EXPENDITURES MADE TICAL CONTRIBUTIONS ormation is not applicable, DO NOT inc	ude this page in the re	SCHEDULE F1
	EXPENDITURE CATEGO		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Lo Fees O Food/Beverage Expense P y Gift/Awards/Memorials Expense P	van Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/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 F1: 8	2 FILER NAME Bill Rickert		<b>3</b> Filer ID (Ethics Commission Filers)
4 Date 8/16/21	5 Payee name American Express		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
31.28	PO Box 650448, Dallas, TX 7526	5-0452	
8	(a) Category (See Categories listed at the top of this sch	adule) (b) Description	
PURPOSE OF EXPENDITURE	Credit Card Payment		
-	(C) Check if travel outside of Texas. Complete Schere	tule T. Check if Aus	tin, TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	•	
8/17/21	Anedot		and the second s
Amount (\$)	Payee address;	City;	State; Zip Code
174.70	1340 Poydras St, Suite 1770, Ne	w Orleans, LA 70112	
	Category (See Categories listed at the top of this sche	dule) Description	· · · · ·
PURPOSE OF EXPENDITURE	Accounting/Banking	Transactio	on Fees
	Check if travel outside of Texas. Complete Scher	dule T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9/3/21	ABCommunications		·
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	9600 Glenfield Court, Suite 148, H	louston, TX 77096	
	Category (See Categories listed at the top of this sche	dule) Description	······································
PURPOSE OF EXPENDITURE	Consulting Expense		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
······································	ATTACH ADDITIONAL CODIES OF		EDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDE

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	EXPENDITURES MADE		SCHEDULE F1
· .	ormation is not applicable, DO NOT incl		eport.
	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	· ·
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense tling Expense nting Expense lanes/Wages/Contract Labor ow 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)
	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
Date 9/7/21	5 Payee name Mr Ji Connections		
S Amount (\$)	7 Payee address;	City;	State; Zip Code
50.00	1706 Foxwood Ct, Missouri City, T	X 77489	
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Consulting Expense	dule) (b) Description	
[	(C) Check if travel outside of Texas. Complete Schedu	le T. Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/14/21	American Express		
Amount (\$) 969.29	Payee address: PO Box 650448, Dallas, TX 7526	City; 5-0451	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Credit Card Payment		
	Check if traveloutside of Texas. Complete Schedu	Diffice sought	in, TX, officeholder living expense Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Chice sought	Onice neid
Date	Payee name		•
10/5/21	Mr Ji Connecitions		
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	1706 Foxwood Ct, Missouri City,	TX 77489	
PURPOSE	Category (See Categories listed at the top of this schedu	ne) Description	· · · · · · · · · · · · · · · · · · ·
	Consulting Expense		
	Check if travel outside of Texas. Complete Schedul	le T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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 B Candidate/Officeholder/Politics Credit Card Payment	Fees         Office           Food/Beverage Expense         Polling           y         Gift/Awards/Memorials Expense         Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense gs/Wages/Contract Labor 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 F1: 8	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/21	5 Payee name ABCommunications	· · · · · · · · · · · · · · · · · · ·	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
50.00	9600 Glenfield Court, Suite 148, H	louston, TX 77096	
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	м. 
PURPOSE	Consulting Exponse		
OF EXPENDITURE	Consulting Expense		
	(C) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX. officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	a	· · ·	
Date	Payee name		
10/15/2021	American Express		
Amount (\$)	Payee address:	City;	State; Zip Code
89.87	PO Box 650448, Dallas, TX 75265-0	0451	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Credit Card Payment		
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
			•
Date	Payee name		
10/20/21	Fort Bend Education Foundation		· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address;	City;	State; Zip Code
200.00	16431 Lexington Blvd, Sugar Land,	, TX 77479	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contributions/Donations		
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	Check if travel outside of Texas. Complete Schedule T.		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 TH	IS SCHEDULE AS NEE	EDED

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	EXPENDITURES MAD		SCHEDULE F1
	ormation is not applicable, DO N		eport.
	EXPENDITURE C	ATEGORIES FOR BOX 8(a)	<u> </u>
Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor explains 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)
Total pages Schedule F1:	· · ·		3 Filer ID (Ethics Commission Filers)
8	Bill Rickert	·	. :
Date 11/4/21	5 Payee name Mr Ji Connecitions		
Amount (\$)	7 Payee address;	City;	State; Zip Code
50.00	1706 Foxwood Ct, Missou	ni City, TX 77489	
· · · · ·	(a) Category (See Categories listed at the top	p of this schedule) (b) Description	
PURPOSE OF EXPENDITURE	Consulting Expense		
	(C) Check if travel outside of Texas. Cor	mplete Schedule T. Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
11/4/21	ABCommunications		
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	9600 Glenfield Court, Suit	te 148, Houston, TX 77096	į.
	Category (See Categories listed at the top	of this schedule) Description	· ·
PURPOSE OF EXPENDITURE	Consulting Expense		
	Check if travel outside of Texas. Cor	mplete Schedule T. Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/15/21	Fort Bend Republican Par	ty	
Amount (\$)	Payee address;	City;	State: Zip Code
1,250.00	PO Box 461, Sugar Land,	TX 77487-0461	
	Category (See Categories listed at the top	of this schedule) Description	· · · · ·
PURPOSE OF EXPENDITURE	Fees	Primary Fil	ing Fee
	Check if travel outside of Texas. Con	nplete Schedule T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held

	EXPENDITURES MADE		· · ·	SCH	EDULE F1
If the requested info	ormation is not applicable, DO NOT in	nclude th	is page in the re	port.	
	EXPENDITURE CATEG	ORIES FO	DR BOX 8(a)	;	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment		Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraiss Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1: 8	2 FILER NAME Bill Rickert			3 Filer ID (Ethics	Commission Filers)
4 Date 11/15/21	5 Payee name		······		· .
6 Amount (\$)	American Express 7 Payee address;	i	City;	State;	Zip Code
420.14	PO Box 650448, Dallas, TX 752	265-0451			
8 PURPOSE	(a) Category (See Categories listed at the top of this	schedule)	(b) Description		
OF EXPENDITURE	Credit Card Payment			· .	
	(C) Check if travel outside of Texas. Complete So	chectule T.	Check if Austin	n, TX. officeholder living	
9 Complete <u>QNLY</u> If direct expenditure to benefit C/OI	Candidate / Officeholder name	· · · ·	Office sought	•	Office held
Date	Payee name	.`.			
12/07/21	Mr Ji Connecitions				
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 s	chedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense				-
	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	•	Office held
Date	Payee name				
12/7/21	ABCommunications			· ·	
Amount (\$)	Payee address;	•	City;	State;	Zip Code
50.00	9600 Glenfield Court, Suite 1	48, Hous	ton, TX 77096		
	Category (See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense				
	Check if travel outside of Texas. Complete St	chedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
	ATTACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEE	EDED	

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					SCH	EDULE	F1
	TICAL CONTRIBUTION						
If the requested info	ormation is not applicable, DO NC	DT include th	his page in the r	eport.			
	EXPENDITURE CA	TEGORIES F	OR BOX 8(a)				
dvertising Expense ccounting/Banking onsulting Expense ontributions/Donations Made B Candidate/Officeholder/Politica edit Card Payment		Office Over Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Trans Trave Trave	I In District Out Of Distric	oment & Related	
Total pages Schedule F1: <b>8</b>	2 FILER NAME Bill Rickert	•		3 File	er ID (Ethic	s Commission	Filers
Date	5 Payee name			· ·			:
12/14/21	American Express			:			
Amount (\$)	7 Payee address;		City;		State;	Zip Code	
83.99	PO Box 650448, Dallas, TX	75265-045	1			•	· · · · · · · · · · · · · · · · · · ·
	(a) Category (See Categories listed at the top o	f this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Credit Card Payment						
	(C) Check if travel outside of Texas. Comp	lete Schedule T.	Check if Aus	tin, TX, of	ficeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought			Office held	
Date	Payee name	•		1. 1. j. j.			
Amount (\$)	Payee address;		City;		State;	Zip Code	
		х. 1		.'			•
·							
PURPOSE	Category (See Categories listed at the top of	this schedule)	Description	•			•
EXPENDITURE	Check if travel outside of Texas, Compl	lete Schedule T.	Check if Aus	tin. TX. off	ficeholder living	Axpense	
Complete ONLY if direct	Candidate / Officeholder name		Office sought			Office held	
expenditure to benefit C/OH				. '			. •
Date	Payee name						
		:		• •			
:							
Amount (\$)	Payee address;		City;		State;	Zip Code	:•
				ň.,			۰.
							<u>, .</u>
	Category (See Categories listed at the top of t	this schedule)	Description				
PURPOSE				· .			
OF EXPENDITURE	41 T	Sec.					
LUCIUM					1		
	Check if travel outside of Texas, Comple	ere Schedule I.		un, 1X, off	iceholder living		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought			Office held	•

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EXPENDITUR	ES MADE BY CRE	DIT CARD	SCHEDULE F4
If the requested inform	nation is not applicable, DO NO	T include this page in the rep	port.
	EXPENDITURE C	ATEGORIES FOR BOX 10(a)	· .
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Inse Printing Expense Salaries/Wages/Contract Labor explains 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: 12	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHAR	GED TO ACREDIT CARD	\$ None
5 Date 7/24/21	6 Payee name MEWE Store		
7 Amount (\$) 1.99	8 Payee address;	City; Culver City, CA	State; Zip Code
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Advertising Expense	p of this schedule) (b) Description	
	(C) Check if travel outside of Texas. C	omplete Schedule T. Check if A	ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder nar	ne Office sought	Office held
Date 7/26/21	Payee name National Pen Co LLC	••••••••••••••••••••••••••••••••••••••	•
Amount (\$)	Payee address;	City;	State; Zip Code
294.71		San Dieg	jo, CA
TYPE OF EXPENDITURE	X Political	Non-Political	· ·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the t Advertising Expense	op of this schedule) Description	
- 1 <sup>1</sup>	Check if travel outside of Texas, (	Complete Schedule T. Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	me Office sought	Office held
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS N	EEDED

EXPENDITUR	RES MADE BY CREOI	T CARD	SCHEDULE F4
If the requested inform	nation is not applicable, DO NOT inc	lude this page in the re	port.
	EXPENDITURE CATEO	GORIES FOR BOX 10(a)	
Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling 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: 12	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TOACREDIT CARD	\$ None
5 Date 7/31/21	6 Payee name Facebook		
7 Amount (\$) 17.91	8 Payee address;	City; Menio Par	State; Zip Code k, CA
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Expense (C) Check if travel outside of Texas. Complete		
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Ustin, TX, officeholder living expense Office held
Date <b>8/4/21</b>	Payee name Pacific Coast Tacos		
Amount (\$) 251.68	Payee address; 1525 Lake Pointe Pkwy #600,	City; Sugar Land, TX 77478	State; Zip Code
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Event Expense	s schedule) Description	
	Check if travel outside of Texas, Complete	<u> </u>	urstin, 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 C	OF THIS SCHEDULE AS N	EEDED

EXPENDITUR	ES MADE BY CREDI	T CARD	SCHEDULE F4
If the requested inform	nation is not applicable, DO NOT inc	lude this page in the rep	port.
· · · ·	EXPENDITURE CATEC	GORIES FOR BOX 10(a)	
Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	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)
12	Bill Rickert		
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TOACREDITCARD	s None
5 Date 8/6/21	6 Payee name The Big Dogs		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
378.00	914 Fairgate Dr, Houston, TX 77	094	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedute) (b) Description	· · · ·
PURPOSE OF EXPENDITURE	Consulting Expense	Website & C	Graphics
· · · · · · · · · · · · · · · · · · ·	(C) Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/9/21	Highway 36A Coalition	,	
Amount (\$)	Payee address;	City;	State; Zip Code
25.00	PO Box 16298, Sugar Land, T		
TYPE OF EXPENDITURE	X Political	Non-Political	
	Category (See Categories listed at the top of thi	s schedule) Description	
PURPOSE	Event Expense	· · · ·	
OF EXPENDITURE			
	Check if travel outside of Texas, Complete	Schedule T, Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		······································	
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EXPENDITUR	ES MADE BY CREDIT	CARD	SCHEDULE <b>F4</b>
If the requested inform	nation is not applicable, DO NOT incl	lude this page in the rep	ort.
•:	EXPENDITURE CATEG	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politice		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/Wages/Contract Labor s 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: 12	2 FILER NAME Bill Rickert	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ None
5 Date 8/24/21	6 Payee name US Postal Service		
7 Amount (\$) 55.00	8 Payee address; 5560 FM1640, Richmond, TX 774	City; 69	State; Zip Code
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising Expense		
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete S Candidate / Officeholder name	check if Au	office held
Date 8/24/21	Payee name MEWE		
Amount (\$)	Payee address;	City;	State; Zip Code
1.99	:	Culver City, C	A
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Advertising Expense	schedule) Description	
	Check if travel outside of Texes, Complete S		ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

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EXPENDITUR	ES MADE BY	CREDIT	CAR	2 <b>D</b>	SCH	EDULE F4
If the requested inform	nation is not applicable	DO NOT incl	ude this	page in the rep	port.	
	EXPEND	DITURE CATEG	ORIES FO	DR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Expense morials Expense Non Guide explain	Office Overt Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundrais Transportation Equit Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F4: 12	2 FILER NAME Bill Rickert				3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	:	S CHARGED	TOACR	EDIT CARD	\$ Non	e
5 Date 8/31/21	6 Payee name Facebook					
7 Amount (\$)	8 Payee address;			City;	State;	Zip Code
64.80	· ·			Menio Park, C	A	
9 TYPE OF EXPENDITURE	X Political		Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories Advertising Expens		schedule)	(b) Description		
11		side of Texas. Complete S	·	·	ustin, TX, officeholder livir	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	noider name	Or	fice sought	Office	
Date 9/23/21	Payee name Office Depot					
Amount (\$)	Payee address;	÷		City;	State;	Zip Code
16.23	24212 C	ommercial Dr, Ro	osenberg, 7	TX 77471		·.·
TYPE OF EXPENDITURE	X Political		Non-Po	litical		
PURPOSE OF EXPENDITURE	Category (See Categories Printing Expense			Description		
	Candidate / Office	bolder name		fice sought	Office	
Complete ONLY if direct expenditure to benefit C/OH			0			
	· · · · · · · · · · · · · · · · · · ·					
	ATTACH ADDITIO	NAL COPIES O	F THIS SO	CHEDULE AS N	EEDED	

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#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gifl/Awards/Memorials Expense Travel In District Travel Out Of District Consulting Expense Polling Expense Contributions/Donations Made By Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 12 **Bill Rickert** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD s None 5 Date 6 Payee name 9/24/21 MEWE 7 Amount (\$) 8 Payee address; City; State: Zip Code Culver City, CA 1.99 9 TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE Advertising Expense OF EXPENDITURE (C) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 9/30/21 Facebook Zip Code City; State: Amount (\$) Payee address; 25.00 Menio Park, CA TYPE OF X Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITUR	ES MADE BY CREDI		RD .	SCHED	ULE <b>F4</b>
If the requested inform	nation is not applicable, DO NOT in	clude this	page in the rep	port.	:
	EXPENDITURE CATE	GORIES FO	DR BOX 10(a)		÷
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Cantilutions/Donations Made By Candidate/Officeholder/Political		Office Overt Polling Expe Printing Exp Salaries/Wa	ense ages/Contract Labor	Solicitation/Fundraising E Transportation Equipmer Travel In District Travel Out Of District Other (enter a category n	t & Related Expens
1 Total pages Schedule F4:	2 FILER NAME			3 Filer 1D (Ethics Con	mission Filers)
12	Bill Rickert			•	
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGE	TOACRI	EDITCARD	\$ None	
5 Date 10/3/21	6 Payee name Parks Youth Ranch	· · ·			
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
95.00	11614 FM 361 Rd, Richmond, TX	77469			• • •
9 TYPE OF EXPENDITURE	X Political	] Non-Pol	itical	,ee	· ·
10 🔩	(a) Category (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE	Contributions/Donations				
EXPENDITURE	(C) Check if travel outside of Texas. Complete			· · · · · · · · · · · · · · · · · · ·	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		fice sought	ustin, TX, officeholder living ex	·
Date	Payee name				
10/13/21	Rosenberg Railroad Museum				
Amount (\$)	Payee address;		City;	State;	Zip Code
250.00	1921 Avenue F, Rosenberg, TX 7	7471			
TYPE OF EXPENDITURE	Political	Non-Po	litical	· · · · · · · · · · · · · · · · · · ·	· · ·
	Category (See Categories listed at the top of th	is schedule)	Description		
PURPOSE	Contributions/Donations				
EXPENDITURE		: · · · · · · · · · · · · · · · · · · ·	L	<u>.</u>	
	Check if travel outside of Texas. Complet	e Schedule T.	Check if A	ustin, TX, officeholder living ex	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Of	fice sought	Office held	
27 201				2	·

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EXPENDITUR	RES MADE BY CREDIT CARD	SCHEDULE F4
If the requested inform	nation is not applicable, <b>DO NOT include this page in the</b>	report.
	EXPENDITURE CATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		e 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)
12	Bill Rickert	
4 TOTALOF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ None
5 Date 10/24/21	6 Payee name MEWE	
7 Amount (\$)	8 Payee address; City;	State; Zip Code
1.99	Culver C	ity, CA
9 TYPE OF EXPENDITURE	X Political Non-Political	
10	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
PURPOSE OF EXPENDITURE	Advertising Expense	
EAFENDITURE	(C) Check if travel outside of Texas. Complete Schedule T. Check	if Austin, TX, officeholder living expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
Date	Payee name	
10/29/21	Facebook	
Amount (\$)	Payee address; City;	State; Zip Code
27.00	Menio Pa	ark, CA
TYPE OF EXPENDITURE	X Political Non-Political	
	Category (See Categories listed at the top of this schedule) Description	n
PURPOSE OF	Advertising Expense	
EXPENDITURE	Check if travel outside of Texes, 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 OF THIS SCHEDULE AS	NEEDED

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EXPENDITUR	ES MADE BY CRED	T CARD	SCHEDULE F4
If the requested inform	nation is not applicable, DO NOT in	clude this page in the rep	port.
· · · ·	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Ins 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: 12	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$ None
5 Date 11/02/21	6 Payee name Katy Christian Chamber		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
30.00	650 West Bough, Ste 150, Ho	buston, IX //024	· · · ·
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the Event Expense	is schedule) (b) Description	
	(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 11/03/21	Payee name Republican Womens Club of Ka	aty	
Amount (\$)	Payee address;	City;	State; Zip Code
25.00	9550 Spring Green Blvd, Unit 40	), Katy, TX 77494	· .
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the Event Expense	his schedule) Description	
	Check if travel outside of Texes, Comple	te 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
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
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EXPENDITURE CATEG Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain NAME rt ENDITURES CHARGED name	SORIES FOR BOX Loan Repayment/Reim Office Overhead/Renta Polling Expense Selaries/Wages/Contra ns how to complete th TO A CREDIT C	t 10(a) bursement S al Expense Tri Tri act Labor O nis form. 3 F	olicitation/Fundraisin ransportation Equipm ravel In District ther (enter a categor iller ID (Ethics C None State;	nent & Related Expen
Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain NAME rt ENDITURES CHARGED name	Loan Repayment/Reim Office Overhead/Renta Poiling Expense Printing Expense Selaries/Wages/Contra is how to complete th TO A CREDIT C	bursement al Expense Tri act Labor O his form. ARD \$ City;	ransportation Equipm ravel In District ravel Out Of District ther (enter a categor iller ID (Ethics C None State;	nent & Related Experi y not listed above) commission Filers)
Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain NAME rt ENDITURES CHARGED name	Office Overhead/Renta Poiling Expense Selaries/Wages/Contra ns how to complete th TO A CREDIT C	ARD \$	ransportation Equipm ravel In District ravel Out Of District ther (enter a categor iller ID (Ethics C None State;	nent & Related Experi y not listed above) commission Filers)
NAME tt ENDITURES CHARGED name address;	TOACREDITC	ARD \$	None State;	
rt ENDITURES CHARGED name E address;		ARD \$	None State;	
name E address;		City;	State;	Zip Code
address;			·	Zip Code
			·	Zip Code
	C	ulver City, CA		
	·	•		- 14
Political	Non-Political		· .	
y (See Categories listed at the top of this :	schedule) (b) Des	scription		
tising Expense		2) 	•4 • •	
Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin, 1	X, officeholder living	expense
didate / Officeholder name	Office soug	ght .	Office he	<b>) 10</b>
name		· · ·		
address;		City;	State;	Zip Code
	N.	lenio Park, CA		
Political	Non-Political		· · · · · · · · · · · · · · · · · · ·	
y (See Categories listed at the top of this	s schedule) De	scription		
ertising Expense			1.:	· · · · · ·
Check if travel outside of Texas, Complete :	Schedule T.	Check if Austin,	TX, officeholder living	j expense
didate / Officeholder name	Office sou	ght	Office he	eld
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	· :			
	vertising Expense	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

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EXPENDITUR	ES MADE BY CREDI	T CARD	SCHEDULE F4
If the requested inform	nation is not applicable, DO NOT inc	lude this page in the re	port.
· · ·	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Committee 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)
•	··· · · · · · · · · · · · · · · · · ·	ns how to complete this form.	
1 Total pages Schedule F4: 12	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ None
5 Date 11/30/21	6 Payee name Facebook		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
68.80		Menlo Pa	ırk, CA
9 TYPE OF EXPENDITURE		Non-Political	•
10	(a) Category (See Categories listed at the top of this	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		
· · · · · · · · · · · · · · · · · · ·	(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 12/9/21	Payee name Facebook		· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address;	City;	State; Zip Code
50.35		Menio Park,	CA
	X Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi Advertising Expense	s schedule) - Description	
	Check if traveloutside of Texas. Complete	Schedule T. Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS N	EEDED

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EXPENDITUR	RES MADE BY CREDI	T CARD	SCHEDULE F4
If the requested inform	nation is not applicable, DO NOT in	clude this page in the re	port.
	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politice	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Ins 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: 12	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ None
5 Date 12/17/21	6 Payee name Facebook		
7 Amount (\$) 364.82	8 Payee address;	City; Menio Park,	State; Zip Code CA
9 TYPE OF EXPENDITURE	X Political	Non-Politica <b>i</b>	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Expense	a schedute) (b) Description	
·	(C) Check if travel outside of Texes. 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 12/24/21	Payee name MEWE		
Amount (\$) 1.99	Payee address;	City; Culver City,	State; Zip Code
TYPE OF EXPENDITURE	X Political	Non-Political	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi Advertising Expense	s schedule) Description	
	Check if travel outside of Texas, Complete	e Schedule T. Check if A	ustin, 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 (	OF THIS SCHEDULE AS N	EEDED

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Revised 8/17/2020

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	ST, CREDITS, GAINS, REFUNDS, A BUTIONS RETURNED TO FILER	ND	SCHEDULE K
	ted information is not applicable, DO NOT include thi	s page in the report.	. · ·
The	Instruction Guide explains how to complete this form.	1 Total pages Sch	edule K: 2
FILER NAME		3 Filer ID (Ethi	cs Commission Filers)
Date	5 Name of person from whom amount is received		8 Amount (\$)
	Chase Bank		
7/22/21	6 Address of person from whom amount is received; City;	State; Zip Code	.05
•	PO Box 659754, San Antonio, TX 78265		
. •	7 Purpose for which amount is received	Check if political contribution	n returned to filer
	Bank Interest		•
Date	Name of person from whom amount is received	· ·	Amount (\$)
	Chase Bank		
8/20/21	Address of person from whom amount is received; City;	State; Zip Code	11
	PO Box 659754, San Antonio, TX 78265		
	Purpose for which amount is received	Check if political contribution	n returned to filer
	Bank Interest	n an	
Date	Name of person from whom amount is received		Amount (\$)
	Chase Bank	'	
	Address of person from whom amount is received; City;	State; Zip Code	.14
9/22/21	PO Box 659754, San Antonio, TX 78265		
	Purpose for which amount is received	Check if political contribution	n returned to filer
	Bank Interest		
Date	Name of person from whom amount is received		Amount (\$)
	Chase Bank		
10/22/21	Address of person from whom amount is received; City;	State; Zip Code	.12
	PO Box 659754, San Antonio, TX 78265	- - -	
	Purpose for which amount is received	Check if political contribution	n returned to filer
	Bank Interest		

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INTERE CONTRI	ST, CREDITS, GAINS, REFUN IBUTIONS RETURNED TO FIL	IDS, ANC ER	)	SCHEDULE	ĸ
· · ·	sted information is not applicable, <b>DO NOT inc</b>	. ·	ge in the report.		
The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	Jule K: 2	•
<sup>2</sup> FILER NAME Bill Rickert	·	÷	3 Filer ID (Ethics	Commission Filers)	•
4 Date	5 Name of person from whom amount is received			8 Amount (\$)	
	Chase Bank			•	•
11/22/21	6 Address of person from whom amount is received;	City;	State; Zip Code	.12	
	PO Box 659754, San Antonio, TX 782	65			•
	7 Purpose for which amount is received	Chec	ck if political contribution	returned to filer	.:
	Bank Interest	: ·			 .::
Date	Name of person from whom amount is received			Amount (\$)	•
	Chase Bank		;-	.10	:
12/21/21	Address of person from whom amount is received: PO Box 659754, San Antonio, TX 7820		State; Zip Code		
	Purpose for which amount is received	· ·		the filer	
-	Bank Interest	Unex	ck if political contribution i	etumea to men	•
Date	Name of person from whom amount is received			Amount (\$)	
•		:			
	Address of person from whom amount is received;	City;	State; Zip Code		
-			• •		
	Purpose for which amount is received	Chec	k if political contribution r	returned to filer	
	· · · · · · · · · · · · · · · · · · ·				
Date	Name of person from whom amount is received			Amount (\$)	: .
	er Ste				
	Address of person from whom amount is received;	City;	State; Zip Code		
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	Purpose for which amount is received	Chec	k if political contribution r	returned to filer	
			· ·		
<b>_</b>	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED		

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