CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed: 13
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST William	MI T	OFFIC	E USE ONLY
NAME	NICKNAME Bill	LAST Rickert	SUFFIX Jr	Date Received	001 91 9695 S
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	: APT / SUITE #; CI	TX 77479	4	OCT 31 2022 R
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(713)	377-1149	EXTENSION	Date Hand-delivere	ed or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	Mr.	Jeffery	С	Date Processed	
	Jeff	McClellan	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU John Cir, Richmond		STATE;	ZIP CODE
(Residence or Business)					
CAMPAIGN TREASURER PHONE	(281)	725-6085	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before elec	tion Exceeded Modified	(Officehok	after campaign appointment ler Only) ort (Attach C/OH - FR)
10 PERIOD	Month	Dav Year	Reporting Limit Month	Day Yea	ar
COVERED	10		THROUGH 10	/ 29 / 22	
H ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary 22 General	Runoff Other Description Special		
IS OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
2 OFFICE		County Treasurer	Fort Bend County		
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	CCEPTED OR POLITICAL EXPENDITURES MANY HAVE BEEN MADE WITHOUT THE CAND ED TO REPORT THIS INFORMATION ONLY IF TO	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
4 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	CCEPTED OR POLITICAL EXPENDITURES MAMAY HAVE BEEN MADE WITHOUT THE CANDED TO REPORT THIS INFORMATION ONLY IF TO	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
POLITICAL	THE CANDIDATE / OFFICE CONSENT. CANDIDATES	EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRE	MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE NAME	MAY HAVE BEEN MADE WITHOUT THE CAND ED TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME Bill Rickert		16 Filer 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)	\$ 50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,436.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 10,849.08
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 61,500.00
	ewear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
(1) Affidavit	MARIA SEGURA Notary Public, State of Texas Comm. Expires 09-20-2025 Notary ID 125913957	v:
NOTARY STAMP/SEA		A-
Sworn to and subscribed	before me by Bill Ricker + this the	31 St day of October.
20 22 , to certify	which, witness my hand and seal of office.	
maria	Japune Maria Segura	Notary
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	(street) (city) (5	state) (zip code) (country)
Executed in	County, State of , on the day of (month	, 20 (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics	Commiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	50.00
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 CONTRIBUTIONS	\$	3,036.37
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	3,399.93
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.11

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 th	nis form.	1 Total pages Schedule A1:		
2 FILER NAME Bill Rickert			3 Filer ID (Ethics Commission Filers)		
4 Date 10/18/2022	Bolton Doggett		7 Amount of contribution (\$)		
	6 Contributor address; City; 201 S 11th St Richmond	50.00			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state P	PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	Dation / Job title (See Instructions)	tions)			
Date	Full name of contributor out-of-state P.	PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	 pation / Job title (See Instructions)	Employer (See Instructi	tions)		
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	tions)		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME Bill Rickert		3 Filer ID (Ethics Com	mission Filers)		
4 Date 10/03/2022	5 Payee name ABCommunications					
6 Amount (\$)	7 Payee address;	City;	State; Zi	p Code		
300.00	9600 Glenfield Court Suite 148 Houst	ton, Texas 7709	96			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Consulting Expense	rvices				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expen-	se		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	e held		
Date	Payee name					
10/03/2022	Mr Ji Connections					
Amount (\$)	Payee address;	City;	State; Zi	p Code		
500.00	1706 Foxwood Ct, Missouri City, TX 77489					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Consulting Expense Campaign Services					
	Check if travel outside of Texas. Complete Schedule T.	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	Candidate / Officeholder name	Office sought	Office	held		
Date	Payee name					
10/17/2022	American Express					
Amount (\$)	Payee address;	City;	State; Zij	p Code		
1,911.37	P.O. Box 650448 Dallas TX 75265-04	53				
	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 Austir	n, TX, officeholder living expens	ie .		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Offic	e held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

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 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) 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) 2 Bill Rickert 5 Payee name 4 Date 10/03/2022 Augusta Williams Jr. City; 6 Amount (\$) 7 Payee address; State: Zip Code The Dub Way Foundation, Missouri City, TX 100.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Contributions/Donations Foundation for Youth OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Pavee name Date Hometown Journal 10/28/2022 Amount (\$) Payee address; City; State: Zip Code 225.00 3115 School St Needville TX 77461 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Campaign Services 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 Payee name Date Zip Code City; State: Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

ense errage Expense s/Mernorials Expense rices truction Guide explain PRES CHARGED atre pkwy, Mou pories listed at the top of this s pense el outside of Texas. Complete S fficeholder name	Loan Repayment/Re Office Overhead/Re Polling Expense Printing Expense Salaries/Mages/Co is how to complete TO A CREDIT Intain view C Non-Political schedule) (b) E Bus	eimbursement ental Expense Transcription of the this form. CARD \$ City; CA, 94043 Description Check if Austin, T	ravel In District ravel Out Of District ther (enter a categor Filer ID (Ethics State;	ment & Related Expens t pry not listed above) Commission Filers) Zip Code	
atre pkwy, Mou	Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co Is how to complete TO A CREDIT Intain view C Non-Political schedule) Bus Schedule T.	city; CARD \$ City; CA, 94043 Check if Austin, T	ransportation Equipravel In District ravel Out Of District ravel Out Of District other (enter a categorither (enter a categorither ID (Ethics State;	ment & Related Expens t pry not listed above) Commission Filers) Zip Code	
atre pkwy, Mou	TOACREDIT Intain view C Non-Political schedule) (b) E Bus	City; CA, 94043 Cescription Siness Service Check if Austin, T	State; es	Zip Code	
atre pkwy, Mou	Non-Political schedule) (b) E Bus	City; CA, 94043 Description Siness Service Check if Austin, T	State; es	Zip Code	
atre pkwy, Mou	Non-Political schedule) (b) E Bus	City; CA, 94043 Description Siness Service Check if Austin, T	es x, officeholder living	g expense	
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Epense el outside of Texas. Complete S fficeholder name	Bus Schedule T.	Check if Austin, T	X, officeholder living		
Epense el outside of Texas. Complete S fficeholder name	Bus Schedule T.	Check if Austin, T	X, officeholder living		
el outside of Texas. Complete S fficeholder name	Schedule T.	Check if Austin, T	X, officeholder living		
fficeholder name					
	Office so	ought	Office h	eld	
Chamber House					
Chamber House					
Chambol House	ton				
		City;	State;	Zip Code	
gh Ln Ste 150-1	70, Houston	n TX, 77024			
	Non-Political				
gories listed at the top of this	schedule)	Description			
e	Ent	tertainment-A	ssociation	S	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
fficeholder name	Office so	ought	Office h	eld	
9	ories listed at the top of this	Non-Political ories listed at the top of this schedule) Ent	Description Entertainment-A el outside of Texas. Complete Schedule T. Check if Austin,	Non-Political Pories listed at the top of this schedule) Description Entertainment-Associations el outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder livin	

SCHEDULE F4

Event Expense Fees Food/Beverage Expense gift/Awards/Memorials Expense Legal Services	Loan Repayment/Rei Office Overhead/Rei Polling Expense Printing Expense Salaries/Wages/Con	imbursement ntal Expense ntract Labor	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)	
IZED EXPENDITURES CHARGED	TOACREDIT	CARD	\$	
6 Payee name				
Masala Radio				
8 Payee address;		City;	State; Zip Code	
2721 Fieldstone St, Sugar Lar	nd, TX 77478			
Political	Non-Political			
(a) Category (See Categories listed at the top of this	schedule) (b) D	escription		
Advertising Evnence	. F	Sadio		
Advertising Expense	, '	laulo		
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Candidate / Officeholder name	Office sou	ught	Office held	
Pavee name				
Print Matters				
Payee address;		City;	State; Zip Code	
1646 BLAISDALE RD SUITE	2500, RICHN	(T DNON	X, 77406	
Political	Non-Political			
Category (See Categories listed at the top of this	schedule) D	escription		
Printing Expense	Mer	chandise	e & Supplies	
Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ustin, TX, officeholder living expense	
Candidate / Officeholder name	Office so	ught	Office held	
	Event Expense Fees Food/Beverage Expense Cift/Awards/Memorials Expense Legal Services The Instruction Guide explain 2 FILER NAME Bill Rickert ZED EXPENDITURES CHARGED 6 Payee name Masala Radio 8 Payee address; 2721 Fieldstone St, Sugar Lar Political (a) Category (See Categories listed at the top of this Advertising Expense (c) Check if travel outside of Texas. Complete S Candidate / Officeholder name Payee name Print Matters Payee address; 1646 BLAISDALE RD SUITE Political Category (See Categories listed at the top of this Printing Expense	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete 2 FILER NAME Bill Rickert ZED EXPENDITURES CHARGED TO A CREDIT (6 Payee name Masala Radio 8 Payee address; 2721 Fieldstone St, Sugar Land, TX 77478 Political Non-Political (a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee address; 1646 BLAISDALE RD SUITE 2500, RICHM Printing Expense Check if travel outside of Texas. Complete Schedule Deprinting Expense Check if travel outside of Texas. Complete Schedule Deprinting Expense Check if travel outside of Texas. Complete Schedule Deprinting Expense Check if travel outside of Texas. Complete Schedule Deprinting Expense Check if travel outside of Texas. Complete Schedule Deprinting Expense Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T.	Fees Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Printing Expense Printing Expense Printing Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 2 FILER NAME Bill Rickert ZED EXPENDITURES CHARGED TO A CREDIT CARD 6 Payee name Masala Radio 8 Payee address; City; 2721 Fieldstone St, Sugar Land, TX 77478 Political Non-Political (a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T. Check if Au Payee name Print Matters Payee address; City; 1646 BLAISDALE RD SUITE 2500, RICHMOND TO Printing Expense Check if travel outside of Texas. Complete Schedule T. Description Merchandise Check if travel outside of Texas. Complete Schedule T. Check if Au Political Non-Political Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Au Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Au Check if travel outside of Texas. Complete Schedule T. Check if Au	

SCHEDULE F4

		EXPENDITURE CA	TEGORIES F	OR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense Gift/Awards/Memorials Expense		Office Over Polling Exp Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide ex	plains how to co	omplete this form.	
1 Total pages Schedule F4: 6	2 FILER Bill Ricke				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARG	EDTOACR	EDIT CARD	\$
5 Date	6 Payee	name			
10/21/2022	Microso	ft Bing Ads			
7 Amount (\$)	8 Payee	address;		City;	State; Zip Code
261.15	111 Wal	I street, New York,	NY, 10043	3	
9 TYPE OF EXPENDITURE		Political	Non-Po	litical	
10	(a) Categor	(See Categories listed at the top of	of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Business Sei	rvices
EXPENDITORE	(c)	Check if travel outside of Texas. Com	plete Schedule T.	Check if Au	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	ffice sought	Office held
Date	Payee	name		de destace de la companya de la comp	
10/21/2022	Google				
Amount (\$)	Payee	address;		City;	State; Zip Code
350.00	1600 AM	IPHITHEATRE PK	(WY , MOL	JNTAIN VIEW	CA 94043-1351
TYPE OF EXPENDITURE		Political	Non-Po	olitical	
	Categor	y (See Categories listed at the top	of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Business Se	rvices
		Check if travel outside of Texas. Con	plete Schedule T.	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	9 01	ffice sought	Office held
	ATTAC	H ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NE	EDED

SCHEDULE F4

ii the requested infor	madon is no	ot applicable, DO r	NOT INCI	uae triis	page in the rep	oort.	
		EXPENDITURE	CATEG	ORIES F	OR BOX 10(a)		.,
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fees Office Offi		Office Overl Polling Exp Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule F4:	2 FILER					3 Filer ID (Ethics	Commission Filers)
6	Bill Ricker					O THE ID (Ellies	Commission Thers)
4 TOTAL OF UNITEM	IZED EXPI	ENDITURES CHA	RGED	OACR	EDIT CARD	\$	
5 Date	6 Payee r	name					
10/23/2022	Mailchim	np					
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
61.95	675 PON	ICE DE LEON	AVE N	ORTH I		0 , ATLANTA	GA 30308
9 TYPE OF EXPENDITURE	■ F	Political		Non-Pol	itical		
10	(a) Category	(See Categories listed at th	e top of this so	chedule)	(b) Description		
PURPOSE OF Expenditure	Advertising Expense e-blast						
	(c) 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	Cano	didate / Officeholder r	name	Of	fice sought	Office I	neld
Date	Payee r	name					
10/24/2022	Faceboo						
Amount (\$)	Payee a	address;			City;	State;	Zip Code
900.00	1 HACKER WAY, MENLO PARK CA 94025						
TYPE OF EXPENDITURE	■ P	olitical		Non-Pol	litical		
	Categor	(See Categories listed at th	ne top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense Business Services						
EXI ENDITORE		Check if travel outside of Texa	s. Complete S	chedule T.	Check if A	ustin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Cano	didate / Officeholder r	name	Of	fice sought	Office I	neld
	ATTAC	H ADDITIONAL CO	PIES OF	THIS SO	CHEDULE AS NE	EDED	

SCHEDULE F4

		EXPENDITURE CATI	EGORIES F	OR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	*	Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide expl	ains how to co	mplete this form.	
1 Total pages Schedule F4:	2 FILER Bill Ricke				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGE	DTOACR	EDIT CARD	\$
5 Date	6 Payee	name			
10/25/2022	Google				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
500.00	1600 AN	IPHITHEATRE PKW	/Y , MOU	NTAIN VIEW	CA 94043-1351
9 TYPE OF EXPENDITURE		Political	Non-Pol	itical	
10	(a) Categor	y (See Categories listed at the top of the	nis schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Business Ser	vices
	(c)	Check if travel outside of Texas, Comple	te Schedule T,	Check if Au	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought	Office held
Date	Payee	name			
10/26/2022	Fort Ber	nd Independent			
Amount (\$)	Payee	address;		City;	State; Zip Code
500.00	2623 ST	TONEBURY LN , SU	GAR LAN	ID TX 77479-	5492
TYPE OF EXPENDITURE		Political	Non-Pol	litical	
	Categor	y (See Categories listed at the top of t	nis schedule)	Description	
PURPOSE OF Expenditure	Ad	vertising Expe	ense	Newsp	paper
EXI ENDITORE		Check if travel outside of Texas. Comple	te Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought	Office held
	ATTAC	H ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NE	EDED

SCHEDULE F4

Advertising Expense		EXPENDITURE					
Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic				Solicitation/Fundraisi Transportation Equipo Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense		
		The Instruction Guide	explains how to	complete this form.			
1 Total pages Schedule F4: 6	2 FILER Bill Ricke				3 Filer ID (Ethics (commission Filers)	
4 TOTAL OF UNITEM	IIZED EXP	ENDITURES CHAF	RGEDTOACE	REDIT CARD	\$		
5 Date	6 Payee name						
10/26/2022	Absolute	Absolutely Focus Media					
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code	
200.00	4655 TE	CHNIPLEX DR S	STE 7, STA	FFORD TX 77	477		
9 TYPE OF EXPENDITURE		Political	Non-P	olitical			
10	(a) Categor	y (See Categories listed at the to	op of this schedule)	(b) Description			
PURPOSE	Adverti	sing Expense		Business Ser	vices		
OF EXPENDITURE							
	(c)	Check if travel outside of Texas. 0	Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder na	me C	Office sought	Office he	∍ld	
Date	Payee	name					
Amount (\$)	Payee	address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE		olitical of the second of the	Non-P	olitical		W 177 - 1 - 1	
	Categor	y (See Categories listed at the t	op of this schedule)	Description			
PURPOSE							
OF EXPENDITURE							
		Check if travel outside of Texas. 0	Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder na	me C	Office sought	Office he	ald	
	ATTAC	H ADDITIONAL COP	IES OF THIS S	CHEDULE AS NE	EDED		

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:		
² FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom amount is received Chase Bank	8 Amount (\$)		
10/24/2022	6 Address of person from whom amount is received; City; State P O Box 659754 San Antonio TX 78265-9759	ite; Zip Code 0.11		
	7 Purpose for which amount is received Check if pank Interest	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 p	political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; Stat	te; Zip Code		
	Purpose for which amount is received Check if p	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 p	political contribution returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		