

# 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: <b>37</b>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr	FIRST William	MI T	<b>OFFICE USE ONLY</b>  Date Received  <b>JAN 4 2022 RCVD</b>
	NICKNAME Bill	LAST Rickert	SUFFIX Jr	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>1934 Crisfield Dr, Sugar Land, TX 77479</b>			
	Date Hand-delivered or Date Postmarked			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE ( 713 )	PHONE NUMBER 377-1149	EXTENSION	Receipt #
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr	FIRST Jeffery	MI C	Amount \$
	NICKNAME Jeff	LAST McClellan	SUFFIX	Date Processed
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>6519 Dutch John Cir, Richmond, TX 77469</b>			Date Imaged
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE ( 281 )	PHONE NUMBER 725-6085	EXTENSION	
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b>	Month    Day    Year 7 / 1 / 21		THROUGH	Month    Day    Year 12 / 31 / 21
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year 11 / 8 / 22		ELECTION TYPE Primary    Runoff    Other Description General    Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Fort Bend County Treasurer</b>		<b>13 OFFICE SOUGHT (if known)</b> <b>Fort Bend County Treasurer</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
<b>GO TO PAGE 2</b>				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

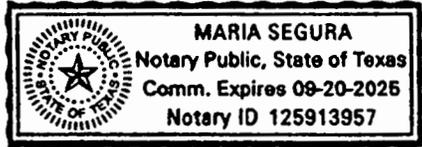
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Bill Rickert		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ None
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,184.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,351.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 61,500.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by William T Rickert, Jr. this the 4<sup>th</sup> day of January 20 22, to certify which, witness my hand and seal of office.

Maria Segura Signature of officer administering oath  
Maria Segura Printed name of officer administering oath  
Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Bill Rickert	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,425.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ None
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ None
4. SCHEDULE E: LOANS	\$ 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. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,176.24
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ None
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
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.64

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12</b>
2 FILER NAME <b>Bill Rickert</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/11/21</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Sandy &amp; John Carroll</b> 6 Contributor address; City; State; Zip Code <b>13923 Drakewood Drive, Sugar Land, TX 77498</b>	7 Amount of contribution (\$)  <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>7/11/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mike Kahn</b> Contributor address; City; State; Zip Code <b>35 Laurel Wreath Trail, Sugar Land, TX 77498</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/13/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brenda &amp; Greg Cauthen</b> Contributor address; City; State; Zip Code <b>4727 Sugar Maple Court, Fulshear, TX 77441</b>	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/15/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Phillip Andrews</b> Contributor address; City; State; Zip Code <b>1802 Maidenhair Lane, Sugar Land, TX 77479</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>12</b>
2 FILER NAME <b>Bill Rickert</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/15/21</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Barbie &amp; Bill Benton</b> 6 Contributor address; City; State; Zip Code <b>1509 GEORGINA ST, ROSENBERG, TX, 77471</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>7/16/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Christopher Meyer</b> Contributor address; City; State; Zip Code <b>1418 Lake Pointe Parkway, Sugar Land, TX 77478</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/16/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Corina Ruiz</b> Contributor address; City; State; Zip Code <b>6311 Graham Bend Ln, Richmond, TX, 77469</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/19/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Llarance Turner</b> Contributor address; City; State; Zip Code <b>3014 Avenue I, Rosenberg, TX 77471</b>	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Bill Rickert</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/19/21</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Pat &amp; Bob Hebert</b> 6 Contributor address; City; State; Zip Code <b>1303 Foster Creek Rd, Richmond, TX 77406</b>	7 Amount of contribution (\$) <b>250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>7/22/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Allen Boone Humphries Robinson LLP</b> Contributor address; City; State; Zip Code <b>3200 Southwest Freeway, Suite 2600, Houston TX 77027</b>	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/22/21</b>	Full name of contributor out-of-state PAC (ID#: <u>C00506733</u> ) <b>Cadence Bank, NA PAC</b> Contributor address; City; State; Zip Code <b>17 North 20th Street, Birmingham, AL 35203</b>	Amount of contribution (\$) <b>2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>7/26/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Julia Kassay</b> Contributor address; City; State; Zip Code <b>150 Sabine Street, 416, Houston, TX 77007</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Bill Rickert</b>		3 Filer ID (Ethics Commission Filers)
4 Date  <b>7/27/21</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Rainey Webster</b> <hr/> 6 Contributor address; City; State; Zip Code <b>21114 Idle Wind Drive, Richmond, TX 77406</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  <b>7/27/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jason Jackson</b> <hr/> Contributor address; City; State; Zip Code <b>25602 FosterBridge Lane, Katy, TX 77494</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  <b>7/28/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Joe Walz</b> <hr/> Contributor address; City; State; Zip Code <b>1115 Honey Rose Ct, Richmond, TX 77406</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  <b>7/29/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lynne Humphries</b> <hr/> Contributor address; City; State; Zip Code <b>1515 Savannah Drive, Richmond, TX, 77406</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Bill Rickert</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/1/21</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Cathy Haverstock</b> 6 Contributor address; City; State; Zip Code <b>1766 Rockledge Drive, Carlise, PA, 17015</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>8/2/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Doris Gurecky</b> Contributor address; City; State; Zip Code <b>1820 Allen St Rosenberg TX 77471</b>	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/3/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Stokes</b> Contributor address; City; State; Zip Code <b>1662 Creekside Dr., Sugar Land, TX 77478</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/3/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Steve Rogers</b> Contributor address; City; State; Zip Code <b>9525 Roesler Road, Needville, TX 77461</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# SCHEDULE A1

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2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 8/3/21	5 Full name of contributor out-of-state PAC (ID#: _____) Greg Barnes 6 Contributor address; City; State; Zip Code 626 Saguaro Way, Richmond, TX 77469	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/3/21	Full name of contributor out-of-state PAC (ID#: _____) James Rice Contributor address; City; State; Zip Code 5402 Oban Terrace, Sugar Land, TX 77479	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/3/21	Full name of contributor out-of-state PAC (ID#: _____) Christina & Donald McCall Contributor address; City; State; Zip Code 4838 Zachary Ln Sugar Land TX 77479-5451	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/3/21	Full name of contributor out-of-state PAC (ID#: _____) Tina Michie Contributor address; City; State; Zip Code 9111 S Fitzgerald Way, Missouri City, TX 77459	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Bill Rickert</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/4/21</b>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Bolton Doggett</b> 6 Contributor address; <small>City; State; Zip Code</small> <b>201 S 11th St Richmond TX 77469</b>	7 Amount of contribution (\$)  <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>8/4/21</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Gary Pearson III</b> Contributor address; <small>City; State; Zip Code</small> <b>2350 West Creek Ln, Suite 1213, Houston, TX 77027</b>	Amount of contribution (\$)  <b>50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/4/21</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>TL &amp; CM Scott</b> Contributor address; <small>City; State; Zip Code</small> <b>16931 Ascot Meadow Dr, Sugar Land, TX 77479-3212</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/4/21</b>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <b>Judith Schmid</b> Contributor address; <small>City; State; Zip Code</small> <b>502 East Shadow Grove Lane Richmond TX 77406</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# SCHEDULE A1

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2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 8/4/21	5 Full name of contributor out-of-state PAC (ID#: _____) Diane & Tobin Englet 6 Contributor address; City; State; Zip Code 4634 Bermuda Dr, Sugar Land, TX 77479-2132	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/4/21	Full name of contributor out-of-state PAC (ID#: _____) RE & EB Furman Contributor address; City; State; Zip Code 2930 Oakland Dr, Sugar Land, TX 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/4/21	Full name of contributor out-of-state PAC (ID#: _____) Dominic J Cashiola Contributor address; City; State; Zip Code 8406 Havens Glade Ct, Richmond, TX 77406	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/4/21	Full name of contributor out-of-state PAC (ID#: _____) Earl M Hersh Contributor address; City; State; Zip Code 1010 Kern St, Houston, TX 77009-2922	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME <b>Bill Rickert</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/4/21</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Jingjing Clemence</b> 6 Contributor address; City; State; Zip Code <b>4127 Turtle Trails Ln, Sugar Land, TX 77479</b>	7 Amount of contribution (\$)  <b>200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>8/4/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mary &amp; William Johnson</b> Contributor address; City; State; Zip Code <b>3314 Palm Desert Ln, Missouri City, TX 77459-2506</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/4/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Hrbacek Law Firm, PC</b> Contributor address; City; State; Zip Code <b>130 Industrial Blvd, Ste 110, Sugar Land, TX 77478</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>8/4/21</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jim Russ</b> Contributor address; City; State; Zip Code <b>10011 Medowglen Lane, Houston, TX, 77042</b>	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 8/4/21	5 Full name of contributor out-of-state PAC (ID#: _____) Phylis & Michael Karas 6 Contributor address; City; State; Zip Code 5514 Davids Bend Dr, Sugar Land, TX 77479	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/4/21	Full name of contributor out-of-state PAC (ID#: _____) Sharon Leal Contributor address; City; State; Zip Code 12015 Meadowdale Dr, Stafford, TX 77477-1511	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/5/21	Full name of contributor out-of-state PAC (ID#: _____) Mo Nehad Contributor address; City; State; Zip Code 8718 Grasswren Rd, Richmond, TX 77407	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/5/21	Full name of contributor out-of-state PAC (ID#: _____) Bach Williams Contributor address; City; State; Zip Code 8505 Graceful Oak Xing, Katy, TX 77494	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 8/5/21	5 Full name of contributor out-of-state PAC (ID#: _____) Barbara & Mike Rozell 6 Contributor address; City; State; Zip Code 8518 Chipping Rock Dr, Sugar Land, TX 77479	7 Amount of contribution (\$) 125.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/6/21	Full name of contributor out-of-state PAC (ID#: _____) Marian P Pezant Contributor address; City; State; Zip Code 744 Brooks St Apt 3203, Sugar Land, TX 77478-4610	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/8/21	Full name of contributor out-of-state PAC (ID#: _____) Linda & Richard Zoll Contributor address; City; State; Zip Code 1111 Hermann Drive, 22E, Houston, TX 77004	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/9/21	Full name of contributor out-of-state PAC (ID#: _____) Robert Douds Contributor address; City; State; Zip Code 1803 Auburn Trails Sugar Land TX 77479	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 8/17/21	5 Full name of contributor out-of-state PAC (ID#: _____) Bill Cafarelli 6 Contributor address; City; State; Zip Code 4706 Kings Landing Lane, Katy, TX 77494	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/21	Full name of contributor out-of-state PAC (ID#: _____) DEC PAC Contributor address; City; State; Zip Code 1 Greenway Plaza, STE 225	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/21	Full name of contributor out-of-state PAC (ID#: _____) The William T Rickert & MaryLou S Rickert Living Trust Contributor address; City; State; Zip Code 744 Brooks St Apt 1302, Sugar Land, TX 77478	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8		2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)	
4 Date 7/6/21		5 Payee name Mr Ji Connections			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code 9600 Glenfield Court, Suite 148, Houston, TX 77096			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/15/21		Payee name American Express			
Amount (\$) 147.67		Payee address; City; State; Zip Code PO Box 650448, Dallas, TX 75265-0453			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment		Description		
	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 7/28/21		Payee name ABCommunications			
Amount (\$) 50.00		Payee address; City; State; Zip Code 9600 Glenfield Court, Suite 148, Houston, TX 77096			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description		
	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	

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>		<b>2</b> FILER NAME Bill Rickert		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 8/2/21		<b>5</b> Payee name Mr Ji Connections			
<b>6</b> Amount (\$) 50.00		<b>7</b> Payee address; City; State; Zip Code 1706 Foxwood Ct, Missouri City, TX 77489			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense		<b>(b)</b> Description		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/2/21		Payee name Pressler, Inc			
Amount (\$) 250.00		Payee address; City; State; Zip Code PO Box 655, Bellaire, TX 77402-0655			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/4/21		Payee name Square			
Amount (\$) 17.73		Payee address; City; State; Zip Code 1455 Market St, Ste 600, San Francisco, CA 94103			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking		Description Transaction Fees		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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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 By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Bill Rickert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>8/16/21</b>	<b>5</b> Payee name <b>American Express</b>	
<b>6</b> Amount (\$) <b>31.28</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 650448, Dallas, TX 75265-0452</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Credit Card Payment</b>	
	<b>(b)</b> Description	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>8/17/21</b>	Payee name <b>Anedot</b>	
Amount (\$) <b>174.70</b>	Payee address; City; State; Zip Code <b>1340 Poydras St, Suite 1770, New Orleans, LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	
	Description <b>Transaction Fees</b>	
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>9/3/21</b>	Payee name <b>ABCommunications</b>	
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>9600 Glenfield Court, Suite 148, Houston, TX 77096</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	
	Description	
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:1: <b>8</b>		2 FILER NAME <b>Bill Rickert</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/7/21</b>		5 Payee name <b>Mr Ji Connections</b>			
6 Amount (\$) <b>50.00</b>		7 Payee address; <b>1706 Foxwood Ct, Missouri City, TX 77489</b>		City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>9/14/21</b>		Payee name <b>American Express</b>			
Amount (\$) <b>969.29</b>		Payee address; <b>PO Box 650448, Dallas, TX 75265-0451</b>		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Credit Card Payment</b>		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/5/21</b>		Payee name <b>Mr Ji Connections</b>			
Amount (\$) <b>50.00</b>		Payee address; <b>1706 Foxwood Ct, Missouri City, TX 77489</b>		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Bill Rickert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/5/21</b>	<b>5</b> Payee name <b>ABCommunications</b>	
<b>6</b> Amount (\$) <b>50.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>9600 Glenfield Court, Suite 148, Houston, TX 77096</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>10/15/2021</b>	Payee name <b>American Express</b>	
Amount (\$) <b>89.87</b>	Payee address; City; State; Zip Code <b>PO Box 650448, Dallas, TX 75265-0451</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Credit Card Payment</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>10/20/21</b>	Payee name <b>Fort Bend Education Foundation</b>	
Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>16431 Lexington Blvd, Sugar Land, TX 77479</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contributions/Donations</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>		2 FILER NAME <b>Bill Rickert</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/4/21</b>		5 Payee name <b>Mr Ji Connctions</b>			
6 Amount (\$) <b>50.00</b>		7 Payee address; City; State; Zip Code <b>1706 Foxwood Ct, Missouri City, TX 77489</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/4/21</b>		Payee name <b>ABCommunications</b>			
Amount (\$) <b>50.00</b>		Payee address; City; State; Zip Code <b>9600 Glenfield Court, Suite 148, Houston, TX 77096</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description		
	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 <b>11/15/21</b>		Payee name <b>Fort Bend Republican Party</b>			
Amount (\$) <b>1,250.00</b>		Payee address; City; State; Zip Code <b>PO Box 461, Sugar Land, TX 77487-0461</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Primary Filing Fee</b>		
	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	

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME <b>Bill Rickert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/15/21</b>	<b>5</b> Payee name <b>American Express</b>	
<b>6</b> Amount (\$) <b>420.14</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 650448, Dallas, TX 75265-0451</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Credit Card Payment</b>	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>12/07/21</b>	Payee name <b>Mr Ji Connecitions</b>	
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>1706 Foxwood Ct, Missouri City, TX 77489</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>12/7/21</b>	Payee name <b>ABCommunications</b>	
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>9600 Glenfield Court, Suite 148, Houston, TX 77096</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>8</b>	<b>2</b> FILER NAME Bill Rickert	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/14/21	<b>5</b> Payee name American Express	
<b>6</b> Amount (\$) 83.99	<b>7</b> Payee address; City; State; Zip Code PO Box 650448, Dallas, TX 75265-0451	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

<b>1</b> Total pages Schedule F4: 12	<b>2</b> FILER NAME Bill Rickert	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ None
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<b>5</b> Date 7/24/21	<b>6</b> Payee name MEWE Store
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<b>7</b> Amount (\$) 1.99	<b>8</b> Payee address; Culver City, CA	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/26/21	Payee name National Pen Co LLC
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Amount (\$) 294.71	Payee address; San Diego, CA	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

<b>1</b> Total pages Schedule F4: <b>12</b>	<b>2</b> FILER NAME <b>Bill Rickert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$ None</b>
<b>5</b> Date <b>7/31/21</b>	<b>6</b> Payee name <b>Facebook</b>	
<b>7</b> Amount (\$) <b>17.91</b>	<b>8</b> Payee address; City; State; Zip Code <b>Menlo Park, CA</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <b>8/4/21</b>	Candidate / Officeholder name <b>Pacific Coast Tacos</b>	
Amount (\$) <b>251.68</b>	Office sought <b>Office held</b>	
Payee address; City; State; Zip Code <b>1525 Lake Pointe Pkwy #600, Sugar Land, TX 77478</b>		
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Event Expense	
Check if travel outside of Texas, Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>		
Candidate / Officeholder name <span style="float: right;">Office sought <span style="float: right;">Office held</span></span>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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

# 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)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| 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.

<b>1</b> Total pages Schedule F4: 12	<b>2</b> FILER NAME Bill Rickert	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ None
<b>5</b> Date 8/6/21	<b>6</b> Payee name The Big Dogs	
<b>7</b> Amount (\$) 378.00	<b>8</b> Payee address; City; State; Zip Code 914 Fairgate Dr, Houston, TX 77094	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Website & Graphics
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 8/9/21	Payee name Highway 36A Coalition	
Amount (\$) 25.00	Payee address; City; State; Zip Code PO Box 16298, Sugar Land, TX 77496	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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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)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

<b>1</b> Total pages Schedule F4: <b>12</b>	<b>2</b> FILER NAME <b>Bill Rickert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> <b>None</b>
<b>5</b> Date <b>8/24/21</b>	<b>6</b> Payee name <b>US Postal Service</b>	
<b>7</b> Amount (\$) <b>55.00</b>	<b>8</b> Payee address; City; State; Zip Code <b>5560 FM1640, Richmond, TX 77469</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>8/24/21</b>	Payee name <b>MEWE</b>	
Amount (\$) <b>1.99</b>	Payee address; City; State; Zip Code <b>Culver City, CA</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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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)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| 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.

<b>1</b> Total pages Schedule F4: <b>12</b>	<b>2</b> FILER NAME <b>Bill Rickert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> <b>None</b>
<b>5</b> Date <b>8/31/21</b>	<b>6</b> Payee name <b>Facebook</b>	
<b>7</b> Amount (\$) <b>64.80</b>	<b>8</b> Payee address; City; State; Zip Code <b>Menlo Park, CA</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>11</b> Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>9/23/21</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>16.23</b>	Payee address; City; State; Zip Code <b>24212 Commercial Dr, Rosenberg, TX 77471</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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### EXPENDITURE CATEGORIES FOR BOX 10(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)
--	---	--	---

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: <b>12</b>	<b>2</b> FILER NAME <b>Bill Rickert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> <b>None</b>
<b>5</b> Date <b>9/24/21</b>	<b>6</b> Payee name <b>MEWE</b>	
<b>7</b> Amount (\$) <b>1.99</b>	<b>8</b> Payee address; City; State; Zip Code <b>Culver City, CA</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>9/30/21</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code <b>Menlo Park, CA</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

<b>1</b> Total pages Schedule F4: 12	<b>2</b> FILER NAME Bill Rickert	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ None
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<b>5</b> Date 10/3/21	<b>6</b> Payee name Parks Youth Ranch
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<b>7</b> Amount (\$) 95.00	<b>8</b> Payee address; 11614 FM 361 Rd, Richmond, TX 77469	City;	State;	Zip Code
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations	<b>(b)</b> Description
----------------------------------	--	------------------------

<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/13/21	Payee name Rosenberg Railroad Museum
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Amount (\$) 250.00	Payee address; 1921 Avenue F, Rosenberg, TX 77471	City;	State;	Zip Code
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations	Description
-------------------------------	---	-------------

Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

<b>1</b> Total pages Schedule F4: <b>12</b>	<b>2</b> FILER NAME <b>Bill Rickert</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> <b>None</b>
<b>5</b> Date <b>10/24/21</b>	<b>6</b> Payee name <b>MEWE</b>	
<b>7</b> Amount (\$) <b>1.99</b>	<b>8</b> Payee address; City; State; Zip Code <b>Culver City, CA</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date <b>10/29/21</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>27.00</b>	Payee address; City; State; Zip Code <b>Menlo Park, CA</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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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)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| 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.

<b>1</b> Total pages Schedule F4: 12	<b>2</b> FILER NAME Bill Rickert	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ None

<b>5</b> Date 11/02/21	<b>6</b> Payee name Katy Christian Chamber		
<b>7</b> Amount (\$) 30.00	<b>8</b> Payee address; City; State; Zip Code 650 West Bough, Ste 150, Houston, TX 77024		

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description
<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense

<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/03/21	Payee name Republican Womens Club of Katy		
Amount (\$) 25.00	Payee address; City; State; Zip Code 9550 Spring Green Blvd, Unit 40, Katy, TX 77494		

<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description
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
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(Empty section for additional information)
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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)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| 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.

<b>1</b> Total pages Schedule F4: 12	<b>2</b> FILER NAME Bill Rickert	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ None
<b>5</b> Date 11/24/21	<b>6</b> Payee name MEWE	
<b>7</b> Amount (\$) 1.99	<b>8</b> Payee address; City; State; Zip Code Culver City, CA	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11/24/21	Payee name Facebook	
Amount (\$) 125.00	Payee address; City; State; Zip Code Menlo Park, CA	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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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)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

<b>1</b> Total pages Schedule F4: 12	<b>2</b> FILER NAME Bill Rickert	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ None
<b>5</b> Date 11/30/21	<b>6</b> Payee name Facebook	
<b>7</b> Amount (\$) 68.80	<b>8</b> Payee address; City; State; Zip Code Menlo Park, CA	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 12/9/21	Payee name Facebook	
Amount (\$) 50.35	Payee address; City; State; Zip Code Menlo Park, CA	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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.

<b>1</b> Total pages Schedule F4: 12	<b>2</b> FILER NAME Bill Rickert	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ None
<b>5</b> Date 12/17/21	<b>6</b> Payee name Facebook	
<b>7</b> Amount (\$) 364.82	<b>8</b> Payee address; City; State; Zip Code Menlo Park, CA	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 12/24/21	Payee name MEWE	
Amount (\$) 1.99	Payee address; City; State; Zip Code Culver City, CA	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

**SCHEDULE K**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <b>2</b>
2 FILER NAME <b>Bill Rickert</b>		3 Filer ID (Ethics Commission Filers)
4 Date  <b>7/22/21</b>	5 Name of person from whom amount is received <b>Chase Bank</b>	8 Amount (\$)  <b>.05</b>
	6 Address of person from whom amount is received; City; State; Zip Code <b>PO Box 659754, San Antonio, TX 78265</b>	
	7 Purpose for which amount is received <b>Bank Interest</b>	
Date  <b>8/20/21</b>	Name of person from whom amount is received <b>Chase Bank</b>	Amount (\$)  <b>.11</b>
	Address of person from whom amount is received; City; State; Zip Code <b>PO Box 659754, San Antonio, TX 78265</b>	
	Purpose for which amount is received <b>Bank Interest</b>	
Date  <b>9/22/21</b>	Name of person from whom amount is received <b>Chase Bank</b>	Amount (\$)  <b>.14</b>
	Address of person from whom amount is received; City; State; Zip Code <b>PO Box 659754, San Antonio, TX 78265</b>	
	Purpose for which amount is received <b>Bank Interest</b>	
Date  <b>10/22/21</b>	Name of person from whom amount is received <b>Chase Bank</b>	Amount (\$)  <b>.12</b>
	Address of person from whom amount is received; City; State; Zip Code <b>PO Box 659754, San Antonio, TX 78265</b>	
	Purpose for which amount is received <b>Bank Interest</b>	

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

## SCHEDULE K

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <b>2</b>
2 FILER NAME <b>Bill Rickert</b>		3 Filer ID: (Ethics Commission Filers)
4 Date  <b>11/22/21</b>	5 Name of person from whom amount is received  <b>Chase Bank</b>	8 Amount (\$)  <b>.12</b>
	6 Address of person from whom amount is received; City; State; Zip Code  <b>PO Box 659754, San Antonio, TX 78265</b>	
	7 Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>  <b>Bank Interest</b>	
Date  <b>12/21/21</b>	Name of person from whom amount is received  <b>Chase Bank</b>	Amount (\$)  <b>.10</b>
	Address of person from whom amount is received; City; State; Zip Code  <b>PO Box 659754, San Antonio, TX 78265</b>	
	Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>  <b>Bank Interest</b>	
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 <span style="float: right;">Check if political contribution returned to filer</span>	
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 <span style="float: right;">Check if political contribution returned to filer</span>	

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