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: 12	
CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST William	мі Т	OFFIC	E USE ONLY	
NAME	NICKNAME BIII	LAST Rickert	SUFFIX Jr	Date Received		
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #; (d Dr, Sugar Land,	CITY; STATE; ZIP CODE TX 77479		JAN 11 2023 RC	
Change of Address						
OFFICEHOLDER PHONE	(713)	377-1149	EXTENSION		ed or Date Postmarked	
CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
TREASURER NAME	MR	Jeffery	С	Date Processed		
TVAVIL	NICKNAME Jeff	LAST McClellan	SUFFIX	Date Imaged		
CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S John Cir, Richmon		STATE;	ZIP CODE	
(Residence or Business)						
CAMPAIGN TREASURER PHONE	(281)	725-6085	EXTENSION			
REPORT TYPE	January 15	30th day before e	election		after campaign appointment	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)	
PERIOD COVERED	Month 10	Day Year / 30 / 22	THROUGH 12	Day Ye / 2.		
1 ELECTION	ELECTION DA	TE	ELECTION TYP	E		
	Month Day	Year	Runoff Other Description			
	11 / 8 /	22 General	Special			
2 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know			
	Fort Bend C	County Treasurer	Fort Bend Count	ty Treasurer		
NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE					
	GENERAL COMMITTEE ADDRESS					
Additional Pages		SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Bill Rickert			16 Filer	r ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS		ITICAL CONTRIBUTIONS (OTHER UARANTEES OF LOANS, OR ELECTRONICALLY)	R THAN	\$	
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	ITRIBUTIONS LOANS, OR GUARANTEES OF L	OANS)	\$	850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPI	ENDITURES		\$ 7	,068.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF T	HE LAST DAY	\$ 4	,631.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	NT OF ALL OUTSTANDING LOANS RTING PERIOD	S AS OF THE	\$ 61	,500.00
	wear, or affirm, under penalty of perju		t is true and co	rrect and incl	ludes all information
Teq	uned to be reported by the under Title	15, Election Code.			
		S ignature	e of Candidat	or Officehold	er
	Please co	mplete either option b	elow:		
(1) Affidavit	MARIA SEG Notary Public, Stat Comm. Expires 09 Notary ID 1259	e of Texas 3-20-2025			
NOTARY STAMP/SEAL	-				
Sworm to and subscribed	before me by william T E	rickert Ir. th	is the 11th	day of)	arubru.
	which, witness my hand and seal of offic)
, , , (_	aria Seeura	_	note	ery
Signature of officer administer	ring oath Printed name o	of officer administering oath		Title of office	r adm in stering oath
		OR			
(2) Unsworn Declaration	on				
My name is		, and my date of	birth is		*
	(street)	(city)	` '	(zip code)	(country)
Executed in	County, State of	, on theday of _	(month)	, 20	_
			((3001)	
		Signature of	Candidate/Offic	eholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmiss	ion Filers)
Bi	Il Rickert			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	1		SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	850.00
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 CO	NTRIBUTIONS	\$	4,798.86
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	2,269.34
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	0.14

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Joy Williams	7 Amount of contribution (\$)
11/02/2022	6 Contributor address; City; State; Zip Code 7019 Greatwood Trails Court, Sugar Land, TX 77479	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) James Rice	Amount of contribution (\$)
11/02/2022	Contributor address; City; State; Zip Code	250.00
Principal occup	5402 Oban Terrace, Sugar Land, TX 77479 ation / Job title (See Instructions) Employer (See Instructions)	cions)
Date	Full name of contributor out-of-state PAC (ID#:) Christopher Malone	Amount of contribution (\$)
11/02/2022	Contributor address; City; State; Zip Code 23630 Rivoli Drive, Richmond, TX, 77406	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Jeffery McClellan	Amount of contribution (\$)
11/02/2022	Contributor address; City; State; Zip Code	100.00
Discipal	830 3rd Street, Rosenberg, TX, 77471	
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	sted information is not applicable, DO NOT incl	
The	Instruction Guide explains how to complete this fo	rm. 1 Total pages Schedule A1: 2
2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID	#:
11/02/2022	6 Contributor address; City; 2430 Chestnut Drive, Rosenber	State; Zip Code g, TX, 77471
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID	#Amount of contribution (\$)
11/02/2022	Quartus Graves III Contributor address; City; 18818 FM442, Needville,	State; Zip Code TX 77461
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID:	Amount of contribution (\$)
11/10/2022		200.00 and, TX 77479
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	Contributor address; City; 5	state; Zip Code
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

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/Magnes/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.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
2	Bill Rickert		
4 Date	5 Payee name		
11/07/2022	ABCommunications		
6 Amount (\$)	7 Payee address;	City;	State; Zip 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	Campaign Ser	vices
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/07/2022	Mr Ji Connections		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	1706 Foxwood Ct, Missouri City, TX	77489	
l i i i i i i i i i i i i i i i i i i i			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Campaign Sei	vices
OF		Campaign Sei	Vices n, TX, officeholder living expense
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Campaign Sei	
OF EXPENDITURE Complete ONLY if direct	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Campaign Sei	n, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Campaign Sei	n, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name	Campaign Sei	n, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/15/2022	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name American Express	Campaign Sei Check if Austin Office sought City;	n, TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/15/2022 Amount (\$)	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name American Express Payee address;	Campaign Sei Check if Austin Office sought City;	n, TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 11/15/2022 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name American Express Payee address; P.O. Box 650448 Dallas TX 75265-04	Campaign Sei Check if Austin Office sought City;	n, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OH Date 11/15/2022 Amount (\$) 1,873.62 PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name American Express Payee address; P.O. Box 650448 Dallas TX 75265-04 Category (See Categories listed at the top of this schedule)	Check if Austin Office sought City; Description	n, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/OH Date 11/15/2022 Amount (\$) 1,873.62 PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name American Express Payee address; P.O. Box 650448 Dallas TX 75265-04 Category (See Categories listed at the top of this schedule) Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin Office sought City; Description	n, TX, officeholder living expense Office held State; Zip Code

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 I enal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (extra a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
2	Bill Rickert		
4 Date	5 Payee name		
12/15/2022	American Express		
6 Amount (\$) 4,362.78	7 Payee address;P.O. Box 650448 Dallas TX 75265-04	City; 149	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Credit Card Payment		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·
12/31/2022	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
31.80	1340 Poydras Street. Suite 1770. Ne	w Orleans LA 7	0112
	Catogory (Can Catogorian listed at the ten of this exhadula)	T 5	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Anedot Fees	
OF		Anedot Fees	n, TX, officeholder living expense
OF	Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Anedot Fees	n, TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct	Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Anedot Fees Check if Austi	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Anedot Fees Check if Austi	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date	Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name	Anedot Fees Check if Austin Office sought	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address;	Check if Austin Office sought City; Description	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin Office sought City; Description	Office held State; Zip Code

SCHEDULE F4

		EXPENDITURE	CATEGOR	NES F	OR BOX 10(a)	- V	AND CONTRACTOR CONTRACTOR AND
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	•	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Lo Off Po pense Pri Sa	an Repay fice Over olling Exp inting Exp laries/Wa	/ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F4:	2 FILER	NAME				3 Filer ID (Ethics	Commission Filers)
4	Bill Ricke	rt					
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHAI	RGED TO	ACR	EDIT CARD	\$	
5 Date	6 Payee	name					
10/31/2022	Faceboo	ok					
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
161.95	1 HACK	ER WAY, MENL	.O PARK	, CA	94025		
9 TYPE OF EXPENDITURE	The second secon	Political		Non-Po	litical		
10	(a) Categor	y (See Categories listed at the	top of this sched	lule)	(b) Description		
PURPOSE OF Expenditure	Adverti	sing Expense					
	(c)	Check if travel outside of Texas.	Complete Sched	u l e T.	Check if Au	ıstin, TX, officeholder livi	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder na	ame	OI	ffice sought	Office	held
Date	Payee	name					
11/01/2022	Google						
Amount (\$)	Payee	address;			City;	State;	Zip Code
288.88	1600 A	MPHITHEATRE	PKWY, I	MOU	NTAIN VIEW,	CA 94043-13	351
TYPE OF EXPENDITURE	Revisioner of the last of the	Political	- Assertantia	Non-Po	litical		
	Categor	y (See Categories listed at the	top of this schee	dule)	Description		
PURPOSE	Adverti	sing Expense					
OF Expenditure							
		Check if travel outside of Texas.	. Complete Sched	lule T.	Check if Au	ustin, TX, officeholder liv	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder na	ame	Of	ffice sought	Office	held
	ATTAC	CH ADDITIONAL CO	PIES OF T	HIS S	CHEDULE AS NE	EDED	

SCHEDULE F4

		EXPENDITURE	CATEGO	RIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Kpense P	office Overlolling Experinting Experinting Experinting Experint	pense ages/Contract Labor	Travel In District Travel Out Of Distri	oment & Related Expense
1 Total pages Schedule F4:	2 FILERN	AME				3 Filer ID (Ethics	Commission Filers)
4	Bill Ricker	t					
4 TOTAL OF UNITEM	IZED EXPE	NDITURES CHA	RGEDTO	ACRI	EDIT CARD	\$	
5 Date	6 Payee n	ame					
11/08/2022	Faceboo	k					
7 Amount (\$)	8 Payee a	ddress;			City;	State;	Zip Code
900.00	1 HACKE	ER WAY, MENI	LO PARI	K, CA	94025		
9 TYPE OF EXPENDITURE	Р	olitical	Turansatan	Non-Pol	itical		
10	(a) Category	(See Categories listed at the	e top of this sche	edu l e)	(b) Description		
PURPOSE OF EXPENDITURE	Advertis	ing Expense					
	(c)	Check if travel outside of Texas	s. Complete Sche	dule T.	Check if Au	ustin, TX, officeholder livi	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Cano	idate / Officeholder n	name	Of	fice sought	Office	held
Date	Payee r	ame					
11/07/2022	Google						
Amount (\$)	Payee a	address;			City;	State;	Zip Code
500.00	1600 AM	IPHITHEATRE	PKWY,	MOU	NTAIN VIEW	, CA 94043-13	351
TYPE OF EXPENDITURE	P	olitical	A STATE OF THE STA	Non-Po	litical		
	Category	(See Categories listed at th	ne top of this sch	edule)	Description		
PURPOSE OF EXPENDITURE	Advertis	ing Expense					
		Check if travel outside of Texa	as. Complete Sch	edule T.	Check if A	ustin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Cano	lidate / Officeholder r	name	Ot	ffice sought	Office	held
						· · · · · · · · · · · · · · · · · · ·	
	ATTAC	H ADDITIONAL CO	OPIES OF	THIS S	CHEDULE AS NE	EEDED	

SCHEDULE F4

		EXPENDITURE CA	ATEGORIES F	OR BOX 10(a)	/	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen- Legal Services	Office Ove Polling Exp se Printing Ex		Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
		The Instruction Guide e	xplains how to c	omplete this form.		
1 Total pages Schedule F4: 4	2 FILER Bill Ricke				3 Filer ID (Ethics (Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARG	GEDTOACR	REDIT CARD	\$	
5 Date	6 Payee	name				
11/21/2022	Microso	ft Bing				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
98.37	111 WA	LL STREET, NEW	YORK, N	7 10043		
9 TYPE OF EXPENDITURE		Political	■ Non-Po	olitical		
10	(a) Categor	y (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE	Adverti	sing Expense				
OF Expenditure						
	(c)	Check if travel outside of Texas. Con	mplete Schedule T.	Check if Au	ustin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder nam	e O	office sought	Office h	eld
Date	Payee	name				
11/30/2022	Facebo	ok				
Amount (\$)	Payee	address;		City;	State;	Zip Code
65.01	1 HACK	(ER WAY, MENLO	PARK, CA	A 94025		
TYPE OF EXPENDITURE	Design control of	Political	■ Non-Po	olitical		
	Catego	ry (See Categories listed at the top	o of this schedule)	Description		
PURPOSE	Adverti	sing Expense				
OF Expenditure						
		Check if travel outside of Texas. Co	mplete Schedule T.	Check if A	ustin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	ididate / Officeholder nam	e O	Office sought	Office h	eld
	ATTA	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NE	EDED	

SCHEDULE F4

		EXPENDITURE CA	ATEGORIES 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 Expens Legal Services	Office Ove Polling Exp se Printing Ex		Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
		The Instruction Guide e	xplains how to c	omplete this form.		
1 Total pages Schedule F4: 4	2 FILER Bill Ricke				3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARC	GEDTOACR	REDIT CARD	\$	
5 Date	6 Payee	name			A. 3 a 18 a	
12/01/2022	Google					
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
147.13	1600 AI	MPHITHEATRE PH	KWY, MOU	NTAIN VIEW,	CA 94043-135	1
9 TYPE OF EXPENDITURE	Annual of the state of the stat	Political	■ Non-Po	olitical		
10	(a) Catego	y (See Categories listed at the top	of this schedule)	(b) Description		
PURPOSE	Advert	ising Expense				
OF Expenditure						
	(c)	Check if travel outside of Texas. Con	mplete Schedule T.	Check if Au	ustin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate / Officeholder nam	e O	office sought	Office he	ld
Date	Payee	name				
12/05/2022	The Big	Dogs				
Amount (\$)	Payee	address;		City;	State;	Zip Code
108.00	223 SUI	MMER GATE CT, HO	OUSTON, T	X 77469		
TYPE OF EXPENDITURE	Reserved	Political	■ Non-Po	olitical		
	Catego	ry (See Categories listed at the top	o of this schedule)	Description		
PURPOSE	Event I	Expense				
OF Expenditure						
		Check if travel outside of Texas. Co	mplete Schedule T.	Check if A	ustin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder nam	ie C	Office sought	Office he	ld
				nganit assau kungganahan gandaban seperti (S. R. 1919)		
	ATTA	CH ADDITIONAL COPI	ES 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 Schee	dule K:
² FILER NAME Bill Rickert		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	Chase Bank		
11/22/2022	6 Address of person from whom amount is received; City; Star P O Box 659754 San Antonio TX 78265-9759	te; Zip Code	0.08
	7 Purpose for which amount is received Check if	political contribution	returned to filer
	Bank Account Interest		
Date	Name of person from whom amount is received		Amount (\$)
	Chase Bank		
12/21/2022	Address of person from whom amount is received; City; Sta	ate; Zip Code	0.06
12/21/2022	P O Box 659754 San Antonio TX 78265-9759		
	Purpose for which amount is received Check if	political contribution	returned to filer
	Bank Account Interest		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Star	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	