

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:

15

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR

WILLIAM

T

NICKNAME

LAST

SUFFIX

BILL

RICKERT

JR

OFFICE USE ONLY

Date Received

JUL 15 2025 RUD

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1934 CRISFIELD DR SUGAR LAND TX 77479

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713)

377-1149

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR

JEFFERY

C

NICKNAME

LAST

SUFFIX

JEFF

MCCLELLAN

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

6516 DUTCH JOHN CT

RICHMOND

TX

77469

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281)

725-6085

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1

1

25

THROUGH

Month

Day

Year

6

30

25

11 ELECTION

ELECTION DATE

Month

Day

Year

3

3

26

ELECTION TYPE



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

COUNTY TREASURER

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

Additional Pages

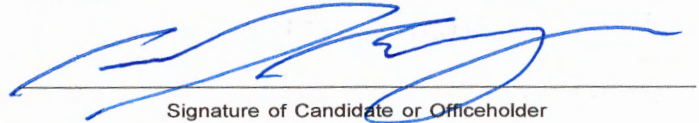
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

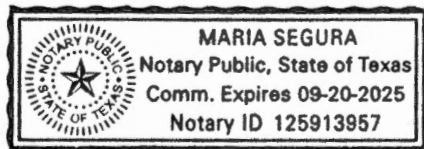
15 C/OH NAME BILL RICKERT		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 45.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,059.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 294.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,798.18
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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by William T. "Bill" Rickert Jr. this the 15th day of July, 2025, to certify which, witness my hand and seal of office.

Maria Segura Maria Segura
Signature of officer administering oath Printed name of officer administering oath 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****19 FILER NAME***Bill Rickett***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,014.54
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 20,000.00
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 294.16
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,167.91
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.19

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: 7
2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Rick Garcia 6 Contributor address; City; State; Zip Code 20122 Pebble Hollow Richmond TX 77407	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Heath Rosenstein Contributor address; City; State; Zip Code 810 Rugby Lane Whitehouse TX 75791	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Stewart Jacobson Contributor address; City; State; Zip Code 3323 Winnsboro CT Sugar Land TX 77478	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Marie Moffett Contributor address; City; State; Zip Code 1718 Teal Brook LN Sugar Land TX 77479	Amount of contribution (\$) 52.40
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**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: 7
2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 06/24/2025	5 Full name of contributor out-of-state PAC (ID#: _____) James Rice 6 Contributor address; City; State; Zip Code 125 Willamette Way Kyle TX 78640	7 Amount of contribution (\$) 1,041.98
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: _____) William W Johnson Contributor address; City; State; Zip Code 3314 Palm Desert LN Missouri City TX 77459	Amount of contribution (\$) 325.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Malla Mekala Contributor address; City; State; Zip Code 1038 Shirley Oaks ST Columbus TX 78934	Amount of contribution (\$) 260.73
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Dennis Spellman Contributor address; City; State; Zip Code 3226 Bend Willow LN Katy TX 77450	Amount of contribution (\$) 260.73
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**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: 7
2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 06/26/2025	5 Full name of contributor out-of-state PAC (ID#: _____) William Ferguson 6 Contributor address; City; State; Zip Code 7723 Green Path Court Sugar Land TX 77479	7 Amount of contribution (\$) 512.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Kristin Morris Contributor address; City; State; Zip Code 1307 Lamplight Trail Dr Katy TX 77450	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Daryl Segura Contributor address; City; State; Zip Code 2527 Live Oak Dr Rosenberg TX 77471	Amount of contribution (\$) 52.50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Kenneth Omoruyi Contributor address; City; State; Zip Code 1102 Swallow Cir Sugar Land TX 77478	Amount of contribution (\$) 521.15
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**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: 7
2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 06/26/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Leah Hagan 6 Contributor address; City; State; Zip Code 2111 Canyon Crest Dr Sugar Land TX 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Cynthia Adkins Contributor address; City; State; Zip Code 2118 Shadow Grove Ln Richmond TX	Amount of contribution (\$) 78.44
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: _____) Gary Gates for RRC Contributor address; City; State; Zip Code 2205 Avenue I Suite 117 Rosenberg TX 77471	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: _____) Daniel Wong Contributor address; City; State; Zip Code 1 Big Trail Missouri City TX 77459	Amount of contribution (\$) 1,000.00
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**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: 7
2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 06/26/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Katie S Neely 6 Contributor address; City; State; Zip Code 904 Winston Dr Richmond TX 77469	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Judith S Schmid Contributor address; City; State; Zip Code 502 East Shadow Grove Lane Richmond TX 77406	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Robert G Holloway Gail D Duncan Contributor address; City; State; Zip Code 427 Spindrift Cir Richmond TX 77469	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: _____) HAWA Foundation Contributor address; City; State; Zip Code PO Box 741964 Houston TX 77274	Amount of contribution (\$) 250.00
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**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: 7
2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 06/23/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Richard L Patrick 6 Contributor address; City; State; Zip Code 21310 Lochmere Lane Katy TX 77450	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Dean Hrbacek Contributor address; City; State; Zip Code 130 Industrial Blvd Suite 110 Sugar Land TX 77478	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Michael Moore Contributor address; City; State; Zip Code 6026 Rawlings Rd Needville TX 77461	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code 3200 Southwest Freeway Suite 2600 Houston TX 77027	Amount of contribution (\$) 1,000.00
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**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: 7
2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)
4 Date 06/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) William Benton 6 Contributor address; City; State; Zip Code 1110 Miles St Rosenberg TX 77471	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Kenneth Omoruyi Contributor address; City; State; Zip Code 1102 Swallow Cir Sugar Land TX 77478	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Robert G Holloway Gail D Duncan Contributor address; City; State; Zip Code 427 Spindrift Cir Richmond TX 77469	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Craig Letulle Contributor address; City; State; Zip Code 403 Insurance Rd Richmond 77469	Amount of contribution (\$) 100.00
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.		

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B: 1	
2 FILER NAME Bill Rickert		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date 06/26/2025	6 Full name of pledgor ☐ out-of-state PAC (ID#: _____) William T. Rickert Jr. 7 Pledgor address; City; State; Zip Code 1934 Crisfield Dr Sugar Land TX 77479	8 Amount of Pledge \$ 20,000.00	9 In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor ☐ out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
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.			

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.

1 Total pages Schedule F1: 2	2 FILER NAME Bill Rickert	3 Filer ID (Ethics Commission Filers)
4 Date 06/27/2025	5 Payee name Anedot	
6 Amount (\$) 163.16	7 Payee address; City; State; Zip Code 130 Poydres Street Suite 1770 New Orleans LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Contribution Credit Card Transaction Fees for the filing period
	(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		
Date 01/14/2025	Candidate / Officeholder name American Express	
Amount (\$) 56.00	Office sought Office held	
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/27/2025	Candidate / Officeholder name Justin Schiro 23521578358 Zelle	
Amount (\$) 75.00	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Portion for seat at table
	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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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: 2	2 FILER NAME Bill Rickert	3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2025	5 Payee name American Express	
6 Amount (\$) 34.53	7 Payee address; City; State; Zip Code PO Box 650448 Dallas TX 75265	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(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		
Date 06/25/2025	Payee name Mr Ji Connections	
Amount (\$) 100.00	Payee address; City; State; Zip Code 1706 Foxwood Ct Missouri City 77489	
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		
Date 06/26/2025	Payee name Never Surrender Productions	
Amount (\$) 300.00	Payee address; City; State; Zip Code 1007 Mill Shadow Ct 77498	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Video
	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		
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
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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME Bill Rickert	3 FILER ID (Ethics Commission Filers)
---------------------------------	------------------------------	---------------------------------------

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
---	---------

5 CREDIT CARD ISSUER	Name of financial institution American Express
-------------------------	---

6 PAYMENT	(a) Amount Charged \$ 87.18	(b) Date Expenditure Charged 05/31/2025	(c) Date(s) Credit Card Issuer Paid 5/31/2025
-----------	--------------------------------	--	--

7 PAYEE	(a) Payee name FACEBK *BVX5CS8EK2	(b) Payee address; City, State, Zip Code 1 Hacker Way Menlo Park CA 94025
---------	--------------------------------------	--

8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ads
	(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
--	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$ 680.20	(b) Date Expenditure Charged 06/26/2025	(c) Date(s) Credit Card Issuer Paid 6/26/2025
---------	---------------------------------	--	--

PAYEE	(a) Payee name BJS RESTAURANTS 442	(b) Payee address; City, State, Zip Code 2231 Hwy 6 Sugar Land TX 77478
-------	---------------------------------------	--

PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Fundraising Event
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
--	-------------------------------	---------------	-------------

PAYMENT	(a) Amount Charged \$ 400.53	(b) Date Expenditure Charged 06/30/2025	(c) Date(s) Credit Card Issuer Paid 6/30/2025
---------	---------------------------------	--	--

PAYEE	(a) Payee name FACEBK *5VJ7BUYDK2	(b) Payee address; City, State, Zip Code 1 Hacker Way Menlo Park CA 94025
-------	--------------------------------------	--

PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ads
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
--	-------------------------------	---------------	-------------

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: 1

2 FILER NAME

Bill Rickert

3 Filer ID (Ethics Commission Filers)

4 Date

06/23/2025

5 Name of person from whom amount is received

Chase Bank

6 Address of person from whom amount is received; City; State; Zip Code

PO Box 659754 San Antonio TX 78265

8 Amount (\$)

0.19

7 Purpose for which amount is received

Check if political contribution returned to filer

Checking Account Interest for the filing period

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

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; State; 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; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED