

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: 19								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST WILLIAM MI T NICKNAME BILL LAST RICKERT SUFFIX JR	OFFICE USE ONLY Date Received JUL 13 2026 RCVD									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1934 CRISFIELD DR, SUGAR LAND, TX 77479										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (713) PHONE NUMBER 377-1149 EXTENSION										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST JEFFERY MI C NICKNAME JEFF LAST MCCLELLAN SUFFIX		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6516 DUTCH JOHN CT, RICHMOND, TX 77469										
8 CAMPAIGN TREASURER PHONE	AREA CODE (281) PHONE NUMBER 725-6085 EXTENSION										
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 / 26 THROUGH Month Day Year 6 / 30 / 26										
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 26 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) COUNTY TREASURER	13 OFFICE SOUGHT (if known) COUNTY TREASURER									
14 NOTICE FROM POLITICAL COMMITTEE(S) 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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

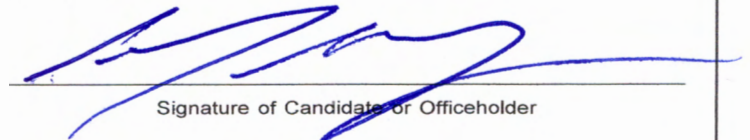
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

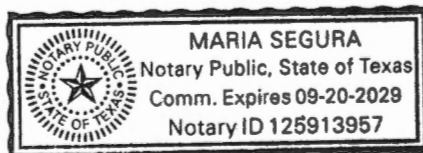
15 C/OH NAME BILL RICKERT		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,440.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,255.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,798.12
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. Rickert, Jr. this the 13th day of July, 2026, to certify which, witness my hand and seal of office.

Maria Segura Maria Segura Notary
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 RICKERT****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,440.22
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,255.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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	\$ 0.33

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: 5
2 FILER NAME BILL RICKERT		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2026	5 Full name of contributor out-of-state PAC (ID#: _____) BILL & SUSAN JAMESON 6 Contributor address; City; State; Zip Code 803 SAN MARINO ST, SUGAR LAND, TX 77478	7 Amount of contribution (\$) 521.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/11/2026	Full name of contributor out-of-state PAC (ID#: _____) MELISSA BLANSCET Contributor address; City; State; Zip Code 4604 WESTERDALE DR, WESTON LAKES, TX 77441	Amount of contribution (\$) 156.56
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/2026	Full name of contributor out-of-state PAC (ID#: _____) LOIS GREMMINGER Contributor address; City; State; Zip Code 1910 FAWN WAY CT, RICHMOND, TX 77406	Amount of contribution (\$) 52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2026	Full name of contributor out-of-state PAC (ID#: _____) MIKE & PHYLIS KARAS Contributor address; City; State; Zip Code 5514 DAVIDS BEND DR, SUGAR LAND, TX 77479	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.

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2 FILER NAME BILL RICKERT		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2026	5 Full name of contributor out-of-state PAC (ID#: _____) MICHAEL DELESDENIER 6 Contributor address; City; State; Zip Code 2728 ATHANA PKWY, METAIRIE, LA 70002	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/23/2026	Full name of contributor out-of-state PAC (ID#: _____) DAVID HAMILTON Contributor address; City; State; Zip Code 9419 SCANLAN HEIGHTS LN, MISSOURI CITY, TX 77459	Amount of contribution (\$) 521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/27/2026	Full name of contributor out-of-state PAC (ID#: _____) MICHEL MAKSOUD Contributor address; City; State; Zip Code 7510 HOLLY COURT EST, HOUSTON, TX 77095	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/27/2026	Full name of contributor out-of-state PAC (ID#: _____) EMILEY BARNES Contributor address; City; State; Zip Code 626 SAGUARO WAY, RICHMOND, TX 77469	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 5
2 FILER NAME BILL RICKERT		3 Filer ID (Ethics Commission Filers)
4 Date 05/27/2026	5 Full name of contributor out-of-state PAC (ID#: _____) STEVE ROGERS 6 Contributor address; City; State; Zip Code 9525 ROESLER ROAD, NEEDVILLE, TX 77461	7 Amount of contribution (\$) 104.48
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/28/2026	Full name of contributor out-of-state PAC (ID#: _____) ANDY MEYERS CAMPAIGN Contributor address; City; State; Zip Code 423 LONGVIEW DR, SUGAR LAND, TX 77478	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/28/2026	Full name of contributor out-of-state PAC (ID#: _____) JJ CLEMENCE CAMPAIGN Contributor address; City; State; Zip Code 4127 TURTLE TRAILS LN, SUGAR LAND, TX 77479	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/28/2026	Full name of contributor out-of-state PAC (ID#: _____) DONALD MCCALL Contributor address; City; State; Zip Code 4838 ZACARY LN, SUGAR LAND, TX 77479	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.		

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: 5
2 FILER NAME BILL RICKERT		3 Filer ID (Ethics Commission Filers)
4 Date 05/28/2026	5 Full name of contributor out-of-state PAC (ID#: _____) BILL MINCHIE 6 Contributor address; City; State; Zip Code 9111 S FITZGERALD WAY, MISSOURI CITY, TX 77459	7 Amount of contribution (\$) 85.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/28/2026	Full name of contributor out-of-state PAC (ID#: _____) EDUARDO LOPEZ DE CASAS Contributor address; City; State; Zip Code 6014 ARTHINGTON ST, HOUSTON, TX 70053	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/27/2026	Full name of contributor out-of-state PAC (ID#: _____) JIM RICE Contributor address; City; State; Zip Code 125 WILLAMETTE WAY, KYLE, TX 75540	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/29/2026	Full name of contributor out-of-state PAC (ID#: _____) ROBERT HOLLOWAY Contributor address; City; State; Zip Code 427 SPINDRIFT CIR, RICHMOND, TX 77469	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME BILL RICKERT		3 Filer ID (Ethics Commission Filers)
4 Date 06/29/2026	5 Full name of contributor out-of-state PAC (ID#: _____) DAVID VRSHEK 6 Contributor address; City; State; Zip Code 1006 CLEISTES LN, RICHMOND, TX 77469	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 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)
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)
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)
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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.

1 Total pages Schedule F1: 9		2 FILER NAME BILL RICKERT		3 Filer ID (Ethics Commission Filers)	
4 Date 01/05/2026		5 Payee name MR JI CONNECTIONS			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code PO BOX 2982, MISSOURI CITY, TX 77459 Check if individual's residence address.			
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/05/2026		Payee name AB COMMUNICATIONS			
Amount (\$) 100.00		Payee address; City; State; Zip Code 9600 Glenfield CT, Suite 148, Houston, TX 77096 Check if individual's residence address.			
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 01/15/2026		Payee name AMERICAN EXPRESS			
Amount (\$) 1,192.54		Payee address; City; State; Zip Code PO BOX 650448, DALLAS, TX 75265 Check if individual's residence address.			
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		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 9	2 FILER NAME BILL RICKERT	3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2026	5 Payee name MR JI CONNECTIONS	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code PO BOX 2982, MISSOURI CITY, TX 77459 Check if individual's residence address.	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/03/2026	Payee name AB COMMUNICATIONS	
Amount (\$) 100.00	Payee address; City; State; Zip Code 9600 Glenfield CT, Suite 148, Houston, TX 77096 Check if individual's residence address.	
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 02/17/2026	Payee name AMERICAN EXPRESS	
Amount (\$) 490.88	Payee address; City; State; Zip Code PO BOX 650448, DALLAS, TX 75265 Check if individual's residence address.	
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	Candidate / Officeholder name	Office sought Office held
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
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: 9	2 FILER NAME BILL RICKERT	3 Filer ID (Ethics Commission Filers)
4 Date 03/02/2026	5 Payee name MR JI CONNECTIONS	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code PO BOX 2982, MISSOURI CITY, TX 77459 Check if individual's residence address.	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/02/2026	Payee name AB COMMUNICATIONS	
Amount (\$) 100.00	Payee address; City; State; Zip Code 9600 Glenfield CT, Suite 148, Houston, TX 77096 Check if individual's residence address.	
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 03/02/2026	Payee name META	
Amount (\$) 766.96	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK CA 94025 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FACEBOOK/INSTAGRAM ADS
	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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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: 9	2 FILER NAME BILL RICKERT	3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2026	5 Payee name FORT BEND IFTAR	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 6464 SAVOY DRIVE, HOUSTON, TX 77036 Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description SPONSORSHIP
	(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 03/31/2026	Payee name META	
Amount (\$) 176.56	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK CA 9402 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FACEBOOK/INSTAGRAM ADS
	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 04/03/2026	Payee name MR JI CONNECTIONS	
Amount (\$) 100.00	Payee address; City; State; Zip Code PO BOX 2982, MISSOURI CITY, TX 77459 Check if individual's residence address.	
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

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: 9	2 FILER NAME BILL RICKERT	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2026	5 Payee name AB COMMUNICATIONS	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 9600 Glenfield CT, Suite 148, Houston, TX 77096 Check if individual's residence address.	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/10/2026	Payee name FORT BEND COUNTY ELECTIONS	
Amount (\$) 20.00	Payee address; City; State; Zip Code 3730 Bamore Rd, Rosenberg, TX 77471 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER	Description VOTER DATA
	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 04/13/2026	Payee name FORT BEND REPUBLICAN WOMEN	
Amount (\$) 40.00	Payee address; City; State; Zip Code 7407 RAIN DROP CT RICHMOND TX 77407 Check if individual's residence address.	
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. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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: 9		2 FILER NAME BILL RICKERT		3 Filer ID (Ethics Commission Filers)	
4 Date 04/30/2026		5 Payee name META			
6 Amount (\$) 39.75		7 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK CA 9402 Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description FACEBOOK/INSTAGRAM ADS		
	(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 05/05/2026		Payee name MR JI CONNECTIONS			
Amount (\$) 100.00		Payee address; City; State; Zip Code PO BOX 2982, MISSOURI CITY, TX 77459 Check if individual's residence address.			
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 05/05/2026		Payee name AB COMMUNICATIONS			
Amount (\$) 100.00		Payee address; City; State; Zip Code 9600 Glenfield CT, Suite 148, Houston, TX 77096 Check if individual's residence address.			
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

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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: 9	2 FILER NAME BILL RICKERT	3 Filer ID (Ethics Commission Filers)
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4 Date 05/27/2026	5 Payee name BALLOONS BY MILLIE
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6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description DECORATIONS
	(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
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Date 05/27/2026	Payee name ANEDOT
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Amount (\$) 64.52	Payee address; 1340 Poydras St #1770, New Orleans, LA 70112 City; State; Zip Code Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CREDIT CARD 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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Date 06/01/2026	Payee name META
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Amount (\$) 11.33	Payee address; 1 HACKER WAY, MENLO PARK CA 9402 City; State; Zip Code Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FACEBOOK/INSTAGRAM ADS
	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.

1 Total pages Schedule F1: 9	2 FILER NAME BILL RICKERT	3 Filer ID (Ethics Commission Filers)
4 Date 06/04/2026	5 Payee name MR JI CONNECTIONS	
6 Amount (\$) 100.00	7 Payee address; PO BOX 2982, MISSOURI CITY, TX 77459 City; State; Zip Code Check if individual's residence address.	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/04/2026	Payee name AB COMMUNICATIONS	
Amount (\$) 100.00	Payee address; 9600 Glenfield CT, Suite 148, Houston, TX 77096 City; State; Zip Code Check if individual's residence address.	
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 06/15/2026	Payee name TEXAS GOP STORE	
Amount (\$) 1,818.60	Payee address; City; State; Zip Code Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description YARD SIGNS
	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

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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: 9		2 FILER NAME BILL RICKERT		3 Filer ID (Ethics Commission Filers)	
4 Date 06/30/2026		5 Payee name META			
6 Amount (\$) 684.49		7 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK CA 9402 Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description FACEBOOK/INSTAGRAM ADS		
	(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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code Check if individual's residence address.			
PURPOSE OF EXPENDITURE	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 Check if individual's residence address.			
PURPOSE OF EXPENDITURE	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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**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: **2****2** FILER NAME**BILL RICKERT****3** Filer ID (Ethics Commission Filers)**4** Date**5** Name of person from whom amount is received**CHASE BANK****8** Amount (\$)

01/23/2026

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

PO BOX 659754, SAN ANTONIO, TX 78265

0.07**7** Purpose for which amount is received

Check if political contribution returned to filer

CAMPAIGN ACCOUNT INTEREST

Date

Name of person from whom amount is received

CHASE BANK

Amount (\$)

02/23/2026

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

PO BOX 659754, SAN ANTONIO, TX 78265

0.06

Purpose for which amount is received

Check if political contribution returned to filer

CAMPAIGN ACCOUNT INTEREST

Date

Name of person from whom amount is received

CHASE BANK

Amount (\$)

03/20/2026

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

PO BOX 659754, SAN ANTONIO, TX 78265

0.04

Purpose for which amount is received

Check if political contribution returned to filer

CAMPAIGN ACCOUNT INTEREST

Date

Name of person from whom amount is received

CHASE BANK

Amount (\$)

04/21/2026

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

PO BOX 659754, SAN ANTONIO, TX 78265

0.05

Purpose for which amount is received

Check if political contribution returned to filer

CAMPAIGN ACCOUNT INTEREST

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: 2
2 FILER NAME BILL RICKERT		3 Filer ID (Ethics Commission Filers)
4 Date 05/21/2026	5 Name of person from whom amount is received CHASE BANK	8 Amount (\$) 0.05
	6 Address of person from whom amount is received; City; State; Zip Code PO BOX 659754, SAN ANTONIO, TX 78265	
	7 Purpose for which amount is received CAMPAIGN ACCOUNT INTEREST	
06/22/2026	5 Name of person from whom amount is received CHASE BANK	8 Amount (\$) 0.06
	6 Address of person from whom amount is received; City; State; Zip Code PO BOX 659754, SAN ANTONIO, TX 78265	
	7 Purpose for which amount is received CAMPAIGN ACCOUNT INTEREST	
Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	
Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	

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