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: Mr. | FIRST: Robert | MI:

NICKNAME: | LAST: Rizo | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE:

Kyle, TX, 78640

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER: [redacted] | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. | FIRST: Mary | MI: A

NICKNAME: MaryAnn | LAST: Reyes | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: Kyle | STATE: TX | ZIP CODE: 78640

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER: [redacted] | 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 07 / Day 01 / Year 2025 THROUGH Month 09 / Day 25 / Year 2025

11 ELECTION

ELECTION DATE: Month 11 / Day 04 / Year 2025

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any): District 2 council member

13 OFFICE SOUGHT (if known): City of Kyle Mayor

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.

COMMITTEE TYPE: GENERAL / SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received: RECEIVED OCT 06 2025 Time: 4:37 AM/PM By: [signature]

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	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)	$ 16,522.39
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ Ø
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 5,305.84
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 10,677.88
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ Ø

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

JENNIFER KIRKLAND
Notary Public, State of Texas
Comm. Expires 02-17-2029
Notary ID 126805359

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Robert Rizo this the 16th day of October, 20 25, to certify which, witness my hand and seal of office.

Jennifer Kirkland Jennifer Kirkland Notary Public

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Robert Rizo	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 15,983.72
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ Ø
4.	SCHEDULE E: LOANS	$ Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 5,305.84
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ Ø

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: MK 7

2 FILER NAME: Robert Rizo

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)
8/21/25	Cash Canfield [redacted] Austin, TX 78746	$2,000.00
8 Principal occupation / Job title (See Instructions)	[redacted]	9 Employer (See Instructions) [redacted]
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address / City / State / Zip Code	Amount of contribution ($)
8/23/25	Katherine W. Johnson [redacted] Kyle, TX 78640	$750.00
Principal [redacted] title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address / City / State / Zip Code	Amount of contribution ($)
8/19/25	Christopher Avalos [redacted] San Marcos, TX 78666	$2,500.00
Principal occupation / Job title (See Instructions) [redacted]		Employer (See Instructions)
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address / City / State / Zip Code	Amount of contribution ($)
8/28/25	Jose D. Borjon [redacted] Brownsville, TX 78520	$1,000.00
Principal occupation / Job title (See Instructions) [redacted]		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:

2 FILER NAME: Robert Rizo

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/4/25	Michael A. Schroeder [redacted] Austin, TX 78735	$1500.00
8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)	
[redacted]		

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/4/25	John B. Sanford [redacted] Kyle, TX 78640	$300.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
[redacted]		

Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/17/25	Gwen Grey Stegall [redacted] Kyle, TX 78640	$250.00
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 ($)
9/5/25	Edward Coleman [redacted] Austin, TX 78735	$1,500.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
[redacted]		

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:

2 FILER NAME: Robert Rizo

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____))	7 Amount of contribution ($)
9/11/25	Michelle R. Diaz 6 Contributor address: [redacted] City: Kyle, TX State: Zip Code 78640	$120.00
8 Principal occupation / Job title (See Instructions): [redacted]	9 Employer (See Instructions):	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
9/01/25	David L. Peterson Contributor address: [redacted] City: San Marcos, TX State: Zip Code 78666	$200.00
Principal occupation / Job title (See Instructions): [redacted]	Employer (See Instructions):	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
9/11/25	Alex and Toni Abadi Contributor address: [redacted] City: Austin, TX State: Zip Code 78701	$300.00
Principal occupation / Job title (See Instructions): [redacted]	Employer (See Instructions):	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
9/22/25	Sylvia Caraway Jung Contributor address: [redacted] City: Austin, TX State: Zip Code 78734	$1,000.00
Principal occupation / Job title (See Instructions): [redacted]	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:

2 FILER NAME: Robert Rizo

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address: / City: / State: / Zip Code	7 Amount of contribution ($)
9/6/25	Lucy Johnson; [redacted]; San Marcos, TX 78666	$525.12
8 Principal occupation / Job title (See Instructions): [redacted]	**9** Employer (See Instructions):	
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address: / City: / State: / Zip Code	Amount of contribution ($)
9/9/25	Mark Littlefield; [redacted]; Austin, TX 78735	$262.82
Principal occupation / Job title (See Instructions): [redacted]	Employer (See Instructions):	
Date	Full name of contributor / out-of-state PAC (ID#:) / Contributor address: / City: / State: / Zip Code	Amount of contribution ($)
9/11/25	Carlos Rangel; [redacted]; Bastrop, TX 78602	$315.28
Principal occupation / Job title (See Instructions): [redacted]	Employer (See Instructions):	
Date	Full name of contributor / out-of-state PAC (ID#:) / City: / State: / Zip Code	Amount of contribution ($)
9/12/25	Gregg Reyes; [redacted]; Houston, TX 77042	$2,623.53
Principal occupation / Job title (See Instructions): [redacted]	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:
2 FILER NAME Robert Rizo	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address: / City: / State: / Zip Code	7 Amount of contribution ($)
9/12/25	Adam French	[redacted] Kyle, TX 78640	$525.12
8 Principal occupation / Job title (See Instructions)	[redacted]	9 Employer (See Instructions)	[redacted]
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address: / City: / State: / Zip Code	Amount of contribution ($)
9/15/25	Terry Mitchell	[redacted] Austin, TX 78703	$262.82
Principal occupation / Job title (See Instructions)	[redacted]	Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address: / City: / State: / Zip Code	Amount of contribution ($)
9/17/25	John Sanford	[redacted] Kyle, TX 78640	$200.00
Principal occupation / Job title (See Instructions)	[redacted]	Employer (See Instructions)	
Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address: / City: / State: / Zip Code	Amount of contribution ($)
9/18/25	Peggy Jansen	[redacted] Kyle, TX 78640	$210.36
Principal occupation / Job title (See Instructions)	[redacted]	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:

2 FILER NAME: Robert Rizo

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor (out-of-state PAC (ID#:_____)) / **6** Contributor address; City; State; Zip Code	**7** Amount of contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
9/12/25	Robert Canales; [redacted]; Kyle, TX 78640	$105.43	[redacted]	
9/11/25	Susie Ishibashi; [redacted]; Kyle, TX 78640	$52.97	[redacted]	
9/9/25	Zachary Barton; [redacted]; Kyle, TX 78640	$105.43	[redacted]	
9/7/25	Eric Castillo; [redacted]; Kyle, TX 78640	$52.97	[redacted]	

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:

2 FILER NAME: Robert Rizo

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor (out-of-state PAC (ID#:_____))	**7** Amount of contribution ($)
9/16/25	Lauralee Harris **6** Contributor address: [redacted] City: Kyle, TX State: Zip Code 78640	$105.43

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
[redacted]	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
9/16/25	Chelsea Flores Contributor address: [redacted] City: Kyle, TX State: Zip Code 78640	$105.43

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
[redacted]	[redacted]

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
9/1/25	Mary Ann Reyes Contributor address: [redacted] City: Kyle, TX State: Zip Code 78640	$11.01

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
[redacted]	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
	Contributor address: City: State: Zip Code	

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 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	Robert Rizo	

4 Date	5 Payee name
8/21/25	Super Cheap Signs

6 Amount ($)	7 Payee address:	City:	State:	Zip Code
428 41	12800 Anderson Mill Rd	Cedar Park,	TX	78613

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Printing Expense	Signs

(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	Payee name
8/23/25	Austin Budget Signs

Amount ($)	Payee address:	City:	State:	Zip Code
225 16	209 E. Ben White Blvd	Austin,	TX	78745

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Printing Expense	Signs

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

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name | Office sought | Office held

Date	Payee name
8/26/25	Super Cheap Signs

Amount ($)	Payee address:	City:	State:	Zip Code
319 77	12800 Anderson Mill Rd	Cedar Park,	TX	78613

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Printing Expense	Signs

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

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 FILER NAME: Robert Rizo	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date: 8/24/25	5 Payee name: Hays County Democratic Party	
6 Amount ($): 1700.00	7 Payee address: 215 W. San Antonio St.	City: San Marcos. State: TX Zip Code: 78666
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Event Sponsorship
	(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

Expenditure 2

Date: 8/31/25	Payee name: United States Service Dogs	
Amount ($): 50.00	Payee address: 107 Veterans Dr.	City: Kyle, TX State: Zip Code: 78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Donation Made By Canidate	Description: VFW Donation
	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

Expenditure 3

Date: 8/27/25	Payee name: VAN	
Amount ($): 530.00	Payee address: P.O. Box 15707	City: Austin, TX State: Zip Code: 15707
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Other	Description: Technology
	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

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 FILER NAME: Robert Rizo	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date: 9/3/25	5 Payee name: Genco Strategies	
6 Amount ($): 500.00	7 Payee address: 3810 Medical Pkwy #245	City: Austin, TX 78756 State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Website
	(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

Expenditure 2

Date: 9/10/25	Payee name: Costco Warehouse	
Amount ($): 254.75	Payee address: 19086 I-35	City: Kyle, TX State: Zip Code 78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense	Description: Campaign Kickoff
	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

Expenditure 3

Date: 9/10/25	Payee name: Kyle Chevron	
Amount ($): 19.92	Payee address: 175 N. Old Stagecoach Rd	City: Kyle, TX State: Zip Code 78640
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense	Description: Campaign Kickoff ice
	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

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 FILER NAME: Robert Rizo	3 Filer ID (Ethics Commission Filers)
4 Date: 9/11/25	5 Payee name: Costco Warehouse	
6 Amount ($): 95.98	7 Payee address: 19086 I-35 Kyle, TX 78640 City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Event Expense	(b) Description: campaign kickoff food
	(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: 9/13/25	Payee name: Printing Solutions	
Amount ($): 1116.00	Payee address: 321 W. Ben White City: Austin, TX State: Zip Code 78704	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Printing Expense	Description: Door Hanger
	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: 9/12/25	Payee name: Judah Rice	
Amount ($): 200.00	Payee address: 500 E. Stassney Lane Apt #226 Austin, TX 78745 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Event Expense	Description: capaign kickoff photography
	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

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 FILER NAME: Robert Rizo	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name	
9/6/25	Buda Vo Ag	
6 Amount ($)	**7 Payee address:**	City: / State: / Zip Code
218.00	3817 Jack C. Hays Trail #3579	Buda, TX 78610

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Donation Made By Canidate	Donation

(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

Expenditure 2

Date	Payee name	
9/23/25	Austin Budget Signs	
Amount ($)	**Payee address:**	City: / State: / Zip Code
320.85	209 E. Ben White Blvd	Austin, TX 78745

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Printing Expense	Signs

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

Expenditure 3

Date	Payee name	
9/25/25	Donateway	
Amount ($)	**Payee address:**	City: / State: / Zip Code
27.00	P.O. Box 301267	Austin, TX 78703

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Fees	Transaction Fees

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