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: 3	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Robert	MI	OFFICE USE ONLY	
IVAIVIE	NICKNAME	RiZO	SUFFIX	12/5/2025-JL 4:36pm	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT/SUITE #	CITY: STATE: ZIP CODE	4:3lepm	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Mary	Ä	Receipt # Amount \$ Date Processed	
	Mary Any	n Reyes	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); JAPT / S	SUITE #: CITY: KYLL, TX	STATE; ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year / 26	THROUGH 12	Day Year / 5 / 25	
11 ELECTION	Month Day	Year Primary	Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEL(O)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	FINANCE REPORT		COVER SHEET PG 2
15 C/OH NAME R	obert Rizo	16	5 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL COM- PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONI	S OF LOANS, OR	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIO (OTHER THAN PLEDGES, LOANS, OR		\$ 22,637
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	ENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURE	S	\$ 30,074
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS IN OF REPORTING PERIOD	MAINTAINED AS OF THE LAST D	DAY \$4,827
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL C LAST DAY OF THE REPORTING PERI		* S
	Planer constitution		idate or Officeholder
	Please complete	either option below:	
(1) Affidavit			
NOTARY STAMP/SEA			m.t.
Sworn to and subscribed	pefore me by <u>Robert Rizo</u>	this the	5th day of December,
20 <u>25</u> , to certify	which, witness my hand and seal of office.		
Jennifer hir	bland Jennifer Hin	kland	notary Public

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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FI	RUBERT RIZO 20 Filer ID (Ethics Co		mmission Filers)
-	CHEDULE SUBTOTALS IAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$22,637
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	TONS	s Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 8
4.	SCHEDULE E: LOANS	\$ 8	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s Ø	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	\$ 6	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s Ø	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	\$ 0	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	\$ Ø	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITI	\$ Ø	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CON TO FILER	\$ 0	

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME ROBERT Rizo	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor O 2925 City; State; Zip Code Waco, TX 74710	7 Amount of contribution (\$) 4 500
Principal occupation / Job title (See Instructions) See Instructions) 9 Employer (See Instructions)	ructions)
Date Full name of contributor O 30 25 ROJANDO BARRERA Contributor address: Corpus Christi, T. 18413	Amount of contribution (\$) Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 0.500
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date Full name of contributor Out-of-state PAC (ID#: Out-of-state PAC (ID#: Contributor address: City: State: Zip Code HOUSTON, TX 77042	Amount of contribution (\$) \$5,246 00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	

SCHEDULE A1

The Instruction Cuide aurilaine have to complete this form	1 Total pages Schedule A1:
The Instruction Guide explains how to complete this form. 2 FILER NAME ROBERT RIZO	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (IDE:	7 Amount of contribution (\$)
HR Director	
Date Full name of contributor out-of-state PAC (ID#:) Jor dan E. Villarreal Contributor address: City: State; Zip Code Den ton, TX 74208	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Partner	
Stephen Drenner Contributor address: City: State; Zip Code Spicewood, TX 78449	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)	ctions)
Full name of contributor Out-of-state PAC (ID#) Kara Buffington State; Zip Code Buda, TX 78 Ve 10	Amount of contribution (\$) \$\alpha\ \00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	zions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS It is contributor is out-of-state PAC, please see Instruction guide for additional Forms provided by Texas Ethics Comm Reset Form s.sta Reset Page	reporting requirements.

SCHEDULE A1

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 1	5 Full name of contributor Out-of-state PAC (ID#: Terry Mitchell G Contributor address; City; State; Zip Cod. AuStin, TX 78703 Dation / Job title (See Instructions) 9 Employer (See	
Date 115/25 Principal occup	Full name of contributor Terry Mitchell Centributor address: City; State; Zip Cod Austin, TX 78703 ation / Job title (See Instructions) Employer (See	3
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) \$\approx 2000000000000000000000000000000000000
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Armount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See	: Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	
oms provided by		t Page Revised 8/17/2

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:
FILER NAME ROBERT RIZO	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Patrick Rose 6 Contributor address; City; State; Zip Code San Marcos, TX 781646	7 Amount of contribution (\$) \$ 25000
Principal occupation / Job title (See Instructions) 9 Employer (See In Real Estate	nstructions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) # 2 4 20
Principal occupation / Job title (See Instructions) Employer (See In Susiness Person	nstructions)
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date Full name of contributor Out-of-state PAC (ID#: MAYK BOUSEY City; State; Zip Code HOUSTON, TX 77064	Amount of contribution (\$) $2, 023 = 0$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	nstructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for addit	
Forms provided by Texas Ethics Comm Reset Form s.sta Reset	Dovined 047/

SCHEDULE A1

	1 Total pages Schedule A1:
The Instruction Guide explains how to complete this form.	
2 FILER NAME ROBERT RIZO	3 Filer ID (Ethics Commission Filers)
Pamela Madere State; Zip Code Austin, TX 1870	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	etions)
Pate Full name of contributor Heather Aidala Contributor address: City; State; Zip Code KYLL, TX 78640	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor Paul Hill Contributor address: City: TX 78640	Amount of contribution (\$) \$500 00
Principal occupation / Job title (See Instructions) Candidate Paul Hill Fo	
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional oms provided by Texas Ethics Comm Reset Form S.Sta Reset Pag	reporting requirements.

SCHEDULE A1

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 (\$)
8 Principal occupation / Job title (See Instructions) S Employer (See Consultant	e Instructions)
Date Full name of contributor Out-of-state PAC (IDIR:	
Principal occupation / Job title (See Instructions) Employer (See	a Instructions)
Pate Full name of contributor out-of-state PAC (IDIK	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)
Pate Full name of contributor out-of-state PAC (ID#: 25 25	Amount of contribution (\$) # 500 = 5
Principal occupation / Job title (See Instructions) Employer (See	e Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDU If contributor is out-of-state PAC, please see Instruction guide for ad	ditional reporting requirements.
Forms provided by Texas Ethics Comm Reset Form s.sta Reset	Revised 8/17

SCHEDULE A1

	•
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 (\$) 50000
8 Principal occupation / Job title (See Instructions) 9 Employer (See In	estructions)
Date Full name of contributor Out-of-state PAC (IDIR: EVIK Range) Contributor address; City: State: Zip Code AuStin TX 78748-1022	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See In	structions)
Date Full name of contributor Cardinal MF LLC Contributor address: City State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	estructions)
Date Full name of contributor 12 2 25	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	structions)
ATTAQUI ADDITIONAL CODIFE AF TUIS COUEDIU E	ASNEEDED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for additi	onal reporting requirements.
Forms provided by Texas Ethics Comm	Revised 8/17/20

SCHEDULE A1

### FILER NAME ### ROBERT RICE ### RICE ### ROBERT RIC	The	Instruction Guide exp	lains how to complete	this form.	1 Total pages Schedule A1:	
RICHARD E. Sheldon & List. L. Sheldon & 1500 ac State: Zip Code Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Date Full name of contributor Castidbutor address: City: State: Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor City: State: Zip Code Full name of contributor City: State: Zip Code San Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor City: State: Zip Code San Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (\$) Amount of contribution (\$)	1/12/25	Full name of contributor out-of-state PAC (ID#:			\$1,50000	
Principal occupation / Job title (See Instructions) Date Full name of contributor City: State; Zip Code Full name of contributor City: State; Zip Code San Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor City: State; Zip Code San Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Zip Code San Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions)		(000				
Date Pull name of contributor PAPL - DAWSON Engineers City: State: Zip Code San Amtonio, TX T8813 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code Full name of contributor Out-of-state PAC (IDIR. 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	. 1 1	0	ategies		Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Principal occup	pation / Job title (See Ins	structions)	Employer (See Instru	ctions)	
Date Full name of contributor out-of-state PAC (ID#	11/1/25	Pape - Daw Contributor address	Son Engine San 782	State; Zip Code Antonio, TX 213	\$500∞	
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	, mope. coasp				,	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Date	***************************************	• • • • • • • • • • • • • • • • • • • •		Amount of contribution (\$)	
	Principal occup	pation / Job title (See In	structions)	Employer (See Instru	actions)	
if contributor is out-of-state PAO, please see insulation gaide for additional reporting requirements.						

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

Forms provided by Texas Ethics Com

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

Reset Form

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

Travel In District Travel Out Of District Other (enter a category not listed above)

Transportation Equipment & Related Expense

Revised 8/17/2020

Solicitation/Fundraising Expense

Credit Card Payment

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) Flavor Franch Association

7 Payee address; Crossing Kyle, TX 4 Date 10/27/25 6 Amount (\$) \$2000 (a) Category (See Categories listed at the top of this schedule) (b) Description Donation Made By **PURPOSE** Donation OF candidate EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Ryle Law Enforcement Association

Payee address; 1700 Kohlers Chossing Kyle, TX 78440 Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE Donation Made By Donation OF EXPENDITURE Candidate Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Back Swing Golf Events

Payee address;
Flob Kohlers Crossing Kyw, TX 78640 10 28 25 Amount (\$) Category (See Categories listed at the top of this schedule) Donation Kyle Law Donation Made By **PURPOSE** randidate EXPENDITURE Chack if travel outside of Toxas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Reset Form

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)

Credit Card Payment	The instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME ROBERT RIZO	3 File	er ID (Ethics Commission Filers)	
4 Date 10 29 25	Amelie Juarez			
#418 15	7 Pavee address:	nMarcos, TX	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOY	(b) Description CanvaSin	3	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, off	eck if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 10 30 25	Payee name Jose Alcala			
Amount (\$) \$ 337 50	Pavee address:	Austin, TX	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Canvasina	3	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, off	iceholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 10 30 25	Payee name Hettor Corona			
Amount (\$) 254	Austin,	TX 78753	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Canvasno)	
	Check if travel outside of Taxas. Complete Schedule T.	Check If Austin, TX, off	Social der living expense	
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder neme	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		
Forms provided by Texas Eth	nics Com Paget Form cs.s	Poset Page	Revised 8/17/2020	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

Credit Card Payment	The instruction Guide explains how to c	omplete this form.	,
1 Total pages Schedule F1:	2 FILER NAME ROBERT RIZO		3 Filer ID (Ethics Commission Filers)
4 Date 10/31/25	6 Payee name Minami Krem	1105	
6 Amount (\$)	7 F	M	state; Zip Code USTIN TX 78705
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LADOY (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Can Va S Check if Austin	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 10 30 a 5	Payee name Minami Krembs		
Amount (\$)	Payee address;	city; Aust	State; Zip Code in, TX 18705
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Canvas	
Complete ONLY if direct expenditure to benefit C/OI-	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, Office sought	TX, officeholder living expense Office held
Date 25	Payee name Minami Krembs		
# 100°E	Payee address:	Aust 7870	in TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Con tract Labor Chock if travel outside of Texas. Complete Schedule T.	Can Vasi	NG TX, official object living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED
Forms provided by Texas Eth	nics Com Reset Form cs.st	Reset Page	Revised 8/17/2020

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,,,
1 Total pages Schedule F1:	2 FILER NAME ROBERT RIZO		3 Filer ID (Ethics Commission Filers)
4 Date 10 28 25	5 Payee name Minami Krem	105	
6 Amount (\$) \$ \$\ 25	7 Pavee address:	City;	State; Zip Code STIN, TX 18705
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description	9
Complete ONLY if direct expenditure to benefit C/OF	Cendidate / Officeholder name	Office sought	Office held
Date 10 31 25	Payee name Wal-Mart Superce Payee address; 5754 kyle PKWY Kyle,	enter	
415161	Fayee address; 5754 kyle PKWY Kyle,	TX 780	State; Zip Code
PURPOSE OF EXPENDITURE	EVENT EXPENSE		draiser
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	n, TX, officeholder living expense Office held
Date 1 1 25	Payee name Austin Budget Sign		
Amount (\$) \$11258	Payee address; 209 E. Ben White Blvd A	ustin'i TX	State; Zip Code 78745
PURPOSE OF EXPENDITURE	Printing Expense	Description (ampargy	n Sighs Stickers
	Chock if travel outside of Tascas. Complete Schedulo T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

Forms provided by Texas Ethics Com

Reset Form

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Reset Page

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME ROBERT RIZO		3 Filer ID (Ethics Commission Filers)
4 Date 112125	6 Payee name BUST BUY		
6 Amount (\$) \$ 21214	7 Payee address: 1050 McKinley Pl Dr Stc	280 San	State; Zip Code Manos, TX 78444
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Printer	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/3/25	Mano Perez		
Amount (\$)	Payer address:	City;	State; Zip Code
\$ 200 <u>∞</u>		Austin, T	X 78705
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Canva	sing
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 10/28/25	Payee name (TYAN+	ilker	
\$87 <u>50</u>	Austin	TX 787	State; Zlp Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Canvas	sing
	Chack if travel outside of Toxas. Complete Schedule T.	Chock if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED
Forms provided by Texas Eth	nics Com Reset Form cs.s	Reset Page	Revised 8/17/2020

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME ROBERT RIZO	3 Filer ID (Et	hics Commission Filers)
4 Date 11 3 as	6 Payee name Mano Perez		
6 Amount (\$) \$25U 25	7 Payee address;	Austin, TX 78709	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor (b) Category (See Categories listed at the top of this schedule)	(b) Description (anvasing	
9 Complete ONLY if direct expenditure to benefit C/Oh	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder in	Office held
Date 11 4 25	Payee name Printing Solu	tions	
Amount (\$) 48 2,453 48	321 W. Ben white Blvd F Austin, TX 78704	rontage Rd Ste 102	Zip Code
PURPOSE OF EXPENDITURE	Printing Explined Printing Explined	Door Hangers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder lin	ving expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held
Date 4 25	Home Deput		
Amount (\$)	Payee address; 3730 Dry Hole Rd Ku	JU, TX 78440	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	T-POST	
	Chack if travel outside of Toxas. Complete Schedule T.	Chock if Austin, TX, officeholder in	ving expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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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

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

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

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

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME ROBER RIZO		3 Filer ID (Ethics Commission Filers)
4 Date 1 4 25	6 Payee name Williels Grill	i Ice Hu	use
6 Amount (\$) \$294 45	7 Payee address; 19200 S. 1-35 Frontag	City:	State: Zin Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description Watch	Darty
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/5/25	Plum Creek HOA		
Amount (\$) \$ 40.00	Payee address; 450 Haupt Kyle, 7	X 7864	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EV UN + EXPUN Se	EVUNT SY	Pace
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/6/25	Genco Stragies		
Amount (\$)	Payee address;	City;	State; Zip Code
3,500.00	3810 Medical PKW/#	245 Aust	1. TX 78756
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Consulta	nt
	Chack if travel outside of Toxas. Complete Schedule T.		n, TX, offiocholder living expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held
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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

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

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

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

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME ROBERT RIZO		3 Filer ID (Ethic	es Commission Filers)
4 Date 11/07/25	6 Payee name			
6 Amount (\$)	7 Payer address;	City;	State;	Zip Code
51,95	5188 Kyle Center Dr	Kyle	TX	78490
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	INKP	rinter	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/07/25	Target			
Amount (\$)	Payee address;	City;	State;	Zip Code
51.95	5188 Kyle Center Dr	Kyle	TX	78/e40
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Inkfr	inter	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/08/25	Best Buy			
Amount (\$)	Payee address; 1050 MCKINLU DI DY	Ste 280	State;	Zip Code
51.84	San Marcos, TX 78UL	ile		
2.022.502	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Printer.	Ink	
	Ctrocket travel outside of Toxas. Complete Schodule T.		n, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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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

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Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Reset Form

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

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Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Revised 8/17/2020

Legal Services Other (enter a category not listed above) Credit Card Pays The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 6 Amount (\$) Zip Code Pr Kyle, TX 7864C (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) eck if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name City; Amount (\$) Payee address; State: Zip Code isted at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) Pavee address: City; State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** s. Complete Schodule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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EXPENDITUR	ECATEGORIES	FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME ROBERT RIZO	3 F	Filer ID (Ethics Commission Filers)
4 Date	6 Payee name Porcz		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
500.00	Aus	tin/TX 78705	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Canvasing	
	(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/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/13/25	Hector Corona		
Amount (\$)	Payee address;	City;	State; Zip Code
862,50	Aust	in, TX 7875	3
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Canvasine	2
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/17/25	Mia Alva		
Amount (\$)	Payee address;	City;	State; Zip Code
100.00		SanMarco	STX 7810lde
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Canvasino	1
	Check if travel outside of Toxos. Complete Schedule T.	Chook if Austin, To	Officoholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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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

Printing Expense Travel
Salaries/Wages/Contract Labor Other (

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

Credit Card Payment	The Instruction Guide explains how to o		
1 Total pages Schedule F1:	2 FILER NAME ROBERT RIZO	3	Filer ID (Ethics Commission Filers)
4 Date 11/18/25	6 rant Gilker		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
125.00		Austin, T	TX 78751
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	contract Labor	Canvasing	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	K, 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		
11/18/25	Genco Strategies		
Amount (\$)	Payee address;	City;	State; Zip Code
750.00	3810 Medical PKW/#2	145 Austin, T.	x 78756
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Consultar	t
	Check if traver outside of Texas. Complete Schedule T.	Check if Austin, To	C, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/20/25	Amelia Juarez		
Amount (\$)	Payee address;	City;	State; Zip Code
215.63		Marcos, TX	78666
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Canvasia	3
	Chack if travel outside of Toxas. Complete Schodule T.	Chock if Austin, To	officaholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Event Expense	Loan Repayment/Reimbursement		

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

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)

Cradit Card Payment	The Instruction Guide explains how to co	omplete this form.	,	
1 Total pages Schedule F1:	2 FILER NAME ROBERT RIZO		3 Filer ID (Ethics Commission Fil	ers)
4 Date 11/21/25	At Credit Union			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
15.00	1204 Thrope Ln. San M	arcos, Tx	78 ldde	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	TA at a Dalia T	Tagana Alban	· V	
EXPENDITURE	tee Accounting & Bunking Expense	Temp une	XS	
	(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/Ol-	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/21/25	Hector Corona			
Amount (\$)	Payee address;	City;	State; Zip Code	
237.75	Austin	6. TX 78 15	3	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Canvasin	8	
	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			
11/22/25	Kyle Law Enforcement		m	
Amount (\$)	Palyee address;	City;	State; Zip Code	
150.00	1700 Kohlers Crossing Ki	ple, TX 78	e40	
SUDDOGE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Donation Made by Condidate	Parcaka-	Androis C	
EXPENDITURE	Check if travel outleide of Toxas, Complete Schodule T.	- william	TV affectables the	
0 14 0 1 1	Chack it travel outside of loxas, Complete schoolse I. Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/Ol-		Onice sought	Onice neta	
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SCHEDULE F1

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Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ROBERT RIZO		3 Filer ID (Ethics Commission Filers)
11/22/25	Custom Embroide A2	.7_	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
102.54	5488 SPID Corpus Chris	+1. TX 780	41)
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Em Printing Expense	Campaignt	tot Embroiden
	(c) Check if traveroutside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/24/25	Human Age Digital		
Amount (\$)	Payee address;	City;	State; Zip Code
1.400.00	2700 Post Oak Blvd 215	st floor Hou	iston, 1x 77056
PURPOSE OF EXPENDITURE	Advertising Experse	Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/24/25	Jose Alcala		
Amount (\$)	Payee address;	City;	State; Zip Code
243.75		Austin, T	X 78745
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Cortract Labor	Canvasi	77
	Check if travel outside of Toxas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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		EXPENDITURE CA	I EGORIES I	-OK BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a categ	ornent & Related Expense
Credit Card Payment		The Instruction Guide exp	plains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	ROBERT F	3120		3 Filer ID (Ethic	s Commission Filers)
4 Date 11/24/25	5 Payee na	o Strategie	5			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
3,500.00	38101	MedicalPKur	1#24	5 Austin,	TX 78750	0
8	(a) Categor	ry (See Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consu	Iting Expense		Consulta	nt	
	(c)	Check if travel outside of Texas. Comp	lete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
11/25/25	Jose	Alcala				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
243.75				Austi	n.TX 78.	745
	Categor	y (See Categories listed at the top of	this schedule)	Description		
PURPOSE OF EXPENDITURE	Contr	act Labor		Canvasi	na.	
		Check if travel outside of Texas. Compl	lete Schedule T.	Check if Aust	in, TX officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee n	amé				
11/26/25	Union	Direct Prin	it			
Amount (\$)	Payee a	a N Lamar	Blva	#E44	State;	Zip Code
1,565.30	Categor	(See Categories listed at the top of	55 this schedule)	Description		
PURPOSE OF EXPENDITURE	Print	ing Expunse		Doorhan	igers	
		Check if travel outside of Toxas. Compl	ete Schedule T.	Check if Aust	in TX, officeholder living	expense
Complete ONLY if direct		date / Officeholder name		Office sought		Office held

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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

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)

Cradit Card Payment	The Instruction Guide explains how to o	complete this form.	,	
1 Total pages Schedule F1:	2 FILER NAME ROBERT RIZO		3 Filer ID (Ethics	Commission Filers)
4 Date 11/26/25	Denee Barsalou			
6 Amount (\$)	7 Payoe address:	DE City;	State;	Zip Code
175.00		Tilaga	rille, 7x 18660	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor	Canvasi	ns	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, X officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/26/25	Hector Corona			
Amount (\$)	Payee address;	City;	State;	Zip Code
237.50	Austin;	TX 78753	3	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Canvasin	CX	
	Check if travel outside of Texas, Complete Schedule T.		nXx, officeholder living	
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
Date	Payse name			
11/27/25	Union Direct Printing	7		
Amount (\$)	Payee address;	City;	State;	Zip Code
1,614.41	8222 N Lamour Blvo	# E44 A	ustin, TX	1863
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Advertising Expense	Mail		
	Chack if travelentside of Toxato. Complete Schodule T.	Chook if Austin	n, TX, officeholder living	ехроляе
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
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SCHEDULE F1

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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	-	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Exp		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	•
Credit Card Payment		The Instruction Guide explain	ins how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	Robert Ri	10		3 Filer ID (Ethics Commission Filers)	
4 Date 11/27/25	5 Payee na	n Direct Print	ins			
6 Amount (\$) 2,153.20	Payee a	adress; N Lamar	130/10	#E44 78753	Austin, TX	
8	(a) Categor	ry (See Categories listed at the top of thi	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adver	rtising Expuns	X	Mail		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought	Office held	
Date	Payee na	ame				
11/27/25	Union	n Direct Prin	ting			
Amount (\$)	Payee a	ddress; 2 N Lamar (31vd =	EYY A	State; Zip Code USTN, TX 78753	
	Category	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Adver	HISING EXPEN	Schools	Mail		
			Scriedule I.		in, TX, officeholder living expense	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date / Officeholder name		Office sought	Office held	
Date 11/29/25	Payee n	redit Union	1			
7.50	1204 -	Thropeln. Si	an M	arcos, T	X 7866; Zip Code	
PURPOSE OF EXPENDITURE	Fees	y (See Categories listed at the top of this		Check f	ee.	
		Check if travel outside of Toxas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Ol		date / Officeholder name		Office sought	Office held	

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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

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

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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)

Crudit Card Payment	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 2/1/25	Denel Bargalou			
6 Amount (\$)	7 Pavee address:	city:	State;	Zip Code
175.00		1		100000
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor	Canvasin	5	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	X, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/1/25	Bronko Stachura			
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00		Austin, TX	18739	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Canvasin	CA	
	Check if travel outside of Texas. Complete Schedule T.		TM, officeholder living	
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/1/25	Sameeha Lawal			
Amount (\$)	Payee address;	City;	State;	Zip Code
100.00		Sann	larcos,	X 78 dela
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Contract Labor	Canvasir	18	
	Check if trevel outside of Toxas. Complete Schedule T.	Check if Austin,	officeholder living	
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
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SCHEDULE F1

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

		EXPENDITURE CATI	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	-	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing Ex		Travel In District Travel Out Of Dist	uipment & Related Expense
Credit Card Payment		The Instruction Guide expla	ins how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N	ame Robert F	3120		3 Filer ID (Eth	ics Commission Filers)
4 Date 12/2/25	5 Payee na	redit Union				
6 Amount (\$) 15.00	7 Payee at	Thrope Lh.	San	Marcos,	5tate; 7X 780	Zip Code
8	(a) Categor	y (See Categories listed at the top of th	is schedule)	(b) Description		
PURPOSE	T.			1.10	O T	
EXPENDITURE	1-ee			Wiretra	nstert	ll
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
12/2/25	Hum	an Age Dia	ital			
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
1,400.00	2700	Post Oak Blv	1,215	St floor Hol	uston, TX	77056
PURPOSE OF EXPENDITURE	Adver	tising Exam	5C	Ads		
		Check if travel outside of Texas, Complete	Schedule T.	Check if Aust	in, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
12/2/25	Hom	e Depot				
81,57	3730		d ku	jle, TX 7	8440	Zip Gode
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Camp	agin Expense		Supplies	5	
		Chack if travel outside of Toxas. Complete	Schedule T.		in, TX, officeholder liv	
Complete ONLY if direct	Candio	late / Officeholder name		Office sought		Office held

Forms provided by Texas Ethics Com

expenditure to benefit C/OH

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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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ROBER RIZO		3 Filer ID (Ethics Commission Filers)
4 Date 12/2/25	6 Payee name Acala		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
100.00		Aus	stin, TX 78745
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Canvasin	5
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, th, 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		
12/2/25	Hector Corona		
Amount (\$)	Payee address;	City;	State; Zip Code
550.00	Austin	TX 7875	3
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Contract Labor	1(anv4511)	5
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
12/2/25	Denee Parsolou		
Amount (\$)	Payee address;	City;	State; Zip Code
200.00		Ptlugen	rille, TX 78660
PURPOSE		Description	
OF EXPENDITURE	Contract Labor	Canvasi	ny
	Check if travel outside of Texas. Complete Schedule T.		, 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 NEE	DED
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

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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)

Credit Card Payment	The Instruction Guide explains how to o	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 1	Filer ID (Ethics Commission Filers)
12/3/25	AMCIA JUATEZ		
525.00	7 Payee address; (a) Category (See Categories listed at the top of this schedule)	City;	State; Zip Code X 78 Idele
PURPOSE OF EXPENDITURE	Contract Labor	Canvasina	7
9 Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX	Officeholder living expense
expenditure to benefit C/Ol			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
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 ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Chack if travel outside of Taxas. Complete Schedule T.	Check if Austin, TX	, officoholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D
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