

# 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: <div style="font-size: 1.5em; margin-left: 10px;">27</div>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <span style="border: 1px solid black; border-radius: 50%; padding: 0 2px;">MR</span> FIRST MI <div style="font-size: 1.5em; margin-left: 20px;">Robert</div>	<b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.5em; margin: 10px 0;">OCT 27 2025</div> Time: 2:38 AM/PM By: <i>[Signature]</i>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged			
	NICKNAME LAST SUFFIX <div style="font-size: 1.5em; margin-left: 20px;">Rizo</div>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="background-color: black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="font-size: 1.2em;">Fyle, TX 78640</div>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%; margin-bottom: 5px;"></div>				
6 CAMPAIGN TREASURER NAME	MS <span style="border: 1px solid black; border-radius: 50%; padding: 0 2px;">MRS</span> / MR FIRST MI <div style="font-size: 1.5em; margin-left: 20px;">Mary</div>				
	NICKNAME LAST SUFFIX <div style="font-size: 1.5em; margin-left: 20px;">Mary Ann Reyes</div>				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #: CITY: STATE: ZIP CODE <div style="background-color: black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <div style="font-size: 1.2em;">Fyle, TX 78640</div>				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%; margin-bottom: 5px;"></div>				
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	Month Day Year      Month Day Year <div style="font-size: 1.5em; margin-left: 20px;">09 / 26 / 25</div> THROUGH <div style="font-size: 1.5em; margin-left: 20px;">10 / 25 / 25</div>				
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 1.5em; margin-left: 20px;">11 / 04 / 25</div>		ELECTION TYPE Primary Runoff Other Description General <input checked="" type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
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	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 <u>Robert Rizo</u>		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)	\$ <u>240<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>13,829<sup>23</sup></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>16,276<sup>45</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8,470<sup>46</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Robert Rizo this the 27<sup>th</sup> day of October, 2025, 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 <b>Robert Rizo</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,069 <sup>23</sup>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200 <sup>00</sup>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,276 <sup>65</sup>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-03-25</b>		5 Payee name <b>Super Cheap Signs</b>			
6 Amount (\$) <b>139.64</b>		7 Payee address: <b>12800 Anderson Mill Rd</b>		City; State; Zip Code <b>Cedar Park TX 78613</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description <b>Yard sign stands</b>		
	(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 <b>10-07-25</b>		Payee name <b>Amelia Juarez</b>			
Amount (\$) <b>312.50</b>		[REDACTED]		City; State; Zip Code <b>San Marcos, TX 78666</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		Description <b>Canvassing</b>		
	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 <b>10-07-25</b>		Payee name <b>Hector Corona</b>			
Amount (\$) <b>200.00</b>		Payee address: [REDACTED]		City; State; Zip Code <b>Austin, TX 78753</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		Description <b>Canvassing</b>		
	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	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: <b>14</b>	2 FILER NAME <b>Robert Rizo</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>Sep 26</b>	5 Payee name <b>Super Cheap Signs</b>	
6 Amount (\$) <b>337.06</b>	7 Payee address: City: State: Zip Code <b>12800 Adairson Mill Rd Bldg-1 Cedar Park TX 78613</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Yard signs</b>
	(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 <b>Sep 27</b>	Payee name <b>Costco</b>	
Amount (\$) <b>129.86</b>	Payee address: City: State: Zip Code <b>19086 1-35 Kyle, TX 78640</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Expense</b>	Description <b>campaign fundraiser event</b>
	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 <b>Sep 29</b>	Payee name <b>At Credit Union</b>	
Amount (\$) <b>6.00</b>	Payee address: City: State: Zip Code <b>1204 Thrope Ln, San Marcos, TX 78666</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Exp Expense</b>	Description <b>Temp checks</b>
	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:	2 FILER NAME <b>Robert Rizo</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9-27-25</b>	5 Payee name <b>Amelie Suarez</b>
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6 Amount (\$) <b>462.50</b>	7 Payee address: <b>[REDACTED]</b>	City: <b>San Marcos, TX</b>	State: <b>TX</b>	Zip Code <b>78666</b>
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>contract labor</b>	(b) Description <b>canvassing</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>09-30-25</b>	Payee name <b>Embroidery Square Corpus Christi</b>
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Amount (\$) <b>113.26</b>	Payee address: <b>5488 SPID Corpus Christi, TX</b>	City: <b>TX</b>	State: <b>TX</b>	Zip Code <b>78411</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Campaign Hat Embroidery</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name <b>A+ Credit Union</b>
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Amount (\$) <b>15.00</b>	Payee address: <b>1204 Thrope Ln San Marcos, TX</b>	City: <b>TX</b>	State: <b>TX</b>	Zip Code <b>78666</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Banking fee</b>	Description <b>wire transfer</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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.

<b>1</b> Total pages Schedule F1: 2		<b>2</b> FILER NAME <u>Robert Rizo</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>10/01/25</u>		<b>5</b> Payee name <u>Human Aque Digital</u>			
<b>6</b> Amount (\$) <u>\$2,000.00</u>		<b>7</b> Payee address: <u>2700 Post Oak Blvd, 21st Floor, Houston Tx. 77056</u> City: State: Zip Code			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		<b>(b)</b> Description <u>Ads</u>		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date <u>9-28-25</u>		Payee name <u>Hector Corona</u>			
Amount (\$) <u>225.00</u>		City: <u>Austin, TX</u> State: Zip Code <u>78753</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Contract labor</u>		Description <u>Canvassing</u>		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
	Candidate / Officeholder name Office sought Office held				
Date <u>09-29-25</u>		Payee name <u>Grant Gilker</u>			
Amount (\$) <u>298.58</u>		City: <u>Austin, TX</u> State: Zip Code <u>78751</u>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>Contract Labor</u>		Description <u>Canvassing</u>		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
	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:		2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>09-28-25</b>		5 Payee name <b>Mario Perez</b>			
6 Amount (\$) <b>300.00</b>		7 Payee address: [Redacted] City: <b>Austin, TX</b> State: Zip Code: <b>75705</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		(b) Description <b>Canvassing</b>		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>09-29-25</b>		Payee name <b>Jose Acala</b>			
Amount (\$) <b>300.00</b>		Payee address: [Redacted] City: State: Zip Code:			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		Description <b>Canvassing</b>		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>09-28-25</b>		Payee name <b>Mia Alva</b>			
Amount (\$) <b>325.00</b>		Payee address: [Redacted] City: <b>San Marcos, TX</b> State: Zip Code: <b>78666</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		Description <b>Canvassing</b>		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address: [Redacted] 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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address: [Redacted] 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 <u>ONLY</u> if direct expenditure to benefit C/OH					

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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:		2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-07-25</b>		5 Payee name <b>Jose Alcala</b>			
6 Amount (\$) <b>300.00</b>		7 Payee address; <b>Austin, TX 78745</b>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>contract Labor</b>		(b) Description <b>canvassing</b>		
	(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 <b>10-07-25</b>		Payee name <b>Maria Perez</b>			
Amount (\$) <b>300</b>		Payee address; <b>Austin, TX 75705</b>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		Description <b>canvassing</b>		
	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 <b>10-11-25</b>		Payee name <b>Hays County Crime Stoppers</b>			
Amount (\$) <b>50.00</b>		Payee address; <b>2300 I 35 N. Frontage Rd</b>		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>		Description <b>diner Event</b>		
	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

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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:		2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>Oct 13-25</b>		5 Payee name <b>PAWS</b>			
6 Amount (\$) <b>25.00</b>		7 Payee address; City; State; Zip Code <b>500 FM 150 E. Kyle, TX 78640</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Donation</b>		(b) Description <b>PAWS Shelter</b>		
	(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					
Date <b>10-10-25</b>		Payee name <b>KLEA</b>			
Amount (\$) <b>200.00</b>		Payee address; City; State; Zip Code <b>1700 Kohlers Crossing Kyle, TX 78640</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>		Description <b>Klea Golf Tournament Sponsor</b>		
	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					
Date <b>10-07-25</b>		Payee name <b>Grant Gilker</b>			
Amount (\$) <b>233.41</b>		Payee address; City; State; Zip Code <b>[REDACTED] Austin, TX 78751</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		Description <b>Canvassing</b>		
	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 <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-15-25</b>		5 Payee name <b>Guenco Strategies</b>			
6 Amount (\$) <b>3,800.00</b>		7 Payee address; City; State; Zip Code <b>3810 Medical Pkwy #245 Austin, TX 78756</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		(b) Description <b>consultant</b>		
	(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 <b>10-16-25</b>		Payee name <b>Austa Budget Signs</b>			
Amount (\$) <b>112.58</b>		Payee address; City; State; Zip Code <b>209 E. Ben White Blvd Austin, TX 78745</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		Description <b>stickers</b>		
	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 <b>10-16-25</b>		Payee name <b>Abuelitas Bakery</b>			
Amount (\$) <b>5.41</b>		Payee address; City; State; Zip Code <b>21511 I-35 Frontage Rd Kyle, TX 78640</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Expense</b>		Description <b>fundraiser Event</b>		
	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:		2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-16-25</b>		5 Payee name <b>Amelie Juarez</b>			
6 Amount (\$) <b>450.00</b>		7 Payee address: <b>[REDACTED]</b> City: <b>San Marcos, TX</b> State: <b>TX</b> Zip Code: <b>78666</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		(b) Description <b>Concasing</b>		
	(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	
Date <b>10-14-25</b>		Payee name <b>Jose Acala</b>			
Amount (\$) <b>300.00</b>		Payee address: <b>[REDACTED]</b> City: <b>Austin, TX</b> State: <b>TX</b> Zip Code: <b>78745</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		Description <b>Concasing</b>		
	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	
Date <b>10-17-25</b>		Payee name <b>Heb</b>			
Amount (\$) <b>46.16</b>		Payee address: <b>5401 FM 11624</b> City: <b>Kyle, TX</b> State: <b>TX</b> Zip Code: <b>78640</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Expense</b>		Description <b>Campaign Andraes</b>		
	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	

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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:		2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-17-25</b>		5 Payee name <b>At credit Union</b>			
6 Amount (\$) <b>15.00</b>		7 Payee address; City; State; Zip Code <b>1204 Thrope Ln San Marcos, TX 78666</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>fee</b>		(b) Description <b>wire transfer Fee</b>		
	(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 <b>10-20-25</b>		Payee name <b>Human Age Digital</b>			
Amount (\$) <b>\$1,500.00</b>		Payee address; City; State; Zip Code <b>2700 Post Oak Blvd, 21st Floor Houston TX 77056</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Ads</b>		
	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 <b>10-07-25</b>		Payee name <b>Mia Alva</b>			
Amount (\$) <b>62.50</b>		Payee address; City; State; Zip Code <b>[REDACTED] San Marcos, TX 78666</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		Description <b>Canvassing</b>		
	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	

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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:	2 FILER NAME <b>Robert Rizo</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10-14-25</b>	5 Payee name <b>Mario Perez</b>
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6 Amount (\$) <b>300.00</b> <del>300.00</del>	7 Payee address: [REDACTED]	City: <b>Austin, TX</b>	State: <b>TX</b>	Zip Code <b>78705</b>
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8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>contract Labor</b>	(b) Description <b>Canvassing</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-14-25</b>	Payee name <b>Mia Alva</b>
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Amount (\$) <b>125.00</b>	Payee address: [REDACTED]	City: <b>San Marcos, TX</b>	State: <b>TX</b>	Zip Code <b>78666</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	Description <b>Canvassing</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10-14-25</b>	Payee name <b>Hector Corona</b>
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Amount (\$) <b>175.00</b>	Payee address: [REDACTED]	City: <b>Austin, TX</b>	State: <b>TX</b>	Zip Code <b>78753</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	Description <b>Canvassing</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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:		2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-14-25</b>		5 Payee name <b>Grant Gilker</b>			
6 Amount (\$) <b>268.00</b>		7 Payee address: [REDACTED]		City: <b>Austin, TX</b> State: <b>TX</b> Zip Code: <b>78751</b>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		(b) Description <b>Counseling</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>10-23-25</b>		Payee name <b>Hays Mariachi</b>			
Amount (\$) <b>109.19</b>		Payee address: <b>4800 Jack C. Hays Trail</b>		City: <b>Buda, TX</b> State: <b>TX</b> Zip Code: <b>78610</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Donation</b>		Description <b>Program Donation</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name <b>Amelie Juarez</b>			
Amount (\$) <b>400.00</b>		Payee address: [REDACTED]		City: <b>San Marcos, TX</b> State: <b>TX</b> Zip Code: <b>78666</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		Description <b>Counseling</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		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 <u>ONLY</u> if direct expenditure to benefit C/OH					

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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:		2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-24-25</b>		5 Payee name <b>At Credit Union</b>			
6 Amount (\$) <b>15.00</b>		7 Payee address; City; State; Zip Code <b>1204 Thrope Ln San Marcos, TX 78666</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>fee</b>		(b) Description <b>wire transfer fee</b>		
	(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					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Date <b>10-22-25</b>		<b>Human Age Digital</b>			
Amount (\$) <b>1,500.00</b>		<b>2700 Post Oak Blvd, 21st Floor</b>			
Payee address;		<b>Human Age Digital Houston TX</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Ads</b>		
	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					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$) <b>300.00</b>		Office held			
Date <b>10-22-25</b>		<b>Jose Acala</b>			
Amount (\$) <b>300.00</b>		<b>Jose Acala Austin, TX 78745</b>			
Payee address;					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>		Description <b>Canvassing</b>		
	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					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		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:		2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-22-25</b>		5 Payee name <b>Hector Corona</b>			
6 Amount (\$) <b>100.00</b>		7 Payee address: <b>[REDACTED]</b> City: <b>Austin, TX</b> State: Zip Code: <b>78753</b>			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>contract labor</b>		(b) Description <b>Canvassing</b>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>10-24-25</b>		Payee name <b>Donateway</b>			
Amount (\$) <b>420.00</b>		Payee address: <b>P.O. BOX 301267</b> City: <b>Austin, TX</b> State: Zip Code: <b>78703</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Transaction Fees</b>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		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 <u>ONLY</u> if direct expenditure to benefit C/OH					
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
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 <u>ONLY</u> if direct expenditure to benefit C/OH					

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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: <div style="text-align: center; font-size: 1.5em;">10</div>
2 FILER NAME <span style="font-size: 1.2em;">Robert Rizo</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="font-size: 1.2em;">10/15/25</span>	5 Full name of contributor <span style="font-size: 1.2em;">Belarmino Robertson</span> out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <span style="font-size: 1.2em;">Kyle, TX 78640-5566</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">\$ 300.00</span>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <span style="font-size: 1.2em;">10/15/25</span>	Full name of contributor <span style="font-size: 1.2em;">Austin S McWilliams</span> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <span style="font-size: 1.2em;">Austin, TX 78731-1153</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$ 500.00</span>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <span style="font-size: 1.2em;">10/14/25</span>	Full name of contributor <span style="font-size: 1.2em;">Basheer A. Mohamed ; Selvi K.M. Mohamed</span> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <span style="font-size: 1.2em;">Lakeway, TX 78734</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$ 200.00</span>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <span style="font-size: 1.2em;">10/15/25</span>	Full name of contributor <span style="font-size: 1.2em;">Tracy Bratton</span> out-of-state PAC (ID#: Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <span style="font-size: 1.2em;">Austin, TX 78739</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$ 250.00</span>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 <u>Robert Rizo</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10/15/25</u>	5 Full name of contributor out-of-state PAC (ID#: <u>Taylor Y Jackson</u> 6 Contributor address: [REDACTED] City: <u>Austin, TX</u> State: Zip Code <u>78758-3930</u>	7 Amount of contribution (\$) <u>\$ 250.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>10/15/25</u>	Full name of contributor out-of-state PAC (ID#: <u>Henry B. Smith : Georgja L. Smith</u> Contributor address: [REDACTED] City: <u>Austin, TX</u> State: Zip Code <u>78748-1059</u>	Amount of contribution (\$) <u>\$ 250.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>10/15/25</u>	Full name of contributor out-of-state PAC (ID#: <u>Amos Peters III</u> Contributor address: [REDACTED] City: <u>Austin, TX</u> State: Zip Code <u>78763-5788</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>10/15/25</u>	Full name of contributor out-of-state PAC (ID#: <u>Jon T. Sawvell : Amy M. Sawvell</u> Contributor address: [REDACTED] City: <u>Austin, TX</u> State: Zip Code <u>78750-0000</u>	Amount of contribution (\$) <u>\$ 500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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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 10/15/25	5 Full name of contributor David A. Hartman out-of-state PAC (ID#): Contributor address: City: Austin, TX State: Zip Code 78703-4627	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/15/25	Full name of contributor HBA Home PAC out-of-state PAC (ID#): Contributor address: City: Austin, TX State: Zip Code 78754	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/25	Full name of contributor Metcalfe Wolff Stuart; Williams, LLP out-of-state PAC (ID#): Contributor address: City: Austin, TX State: Zip Code 78701	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/8/25	Full name of contributor Pape-Dawson Engineers PAC out-of-state PAC (ID#): Contributor address: City: San Antonio, TX State: Zip Code 78213	Amount of contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME Robert Rizo		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/25	5 Full name of contributor Timothy Timmerman out-of-state PAC (ID#: 6 Contributor address: City: Austin, TX State: TX Zip Code 78746	7 Amount of contribution (\$) \$500 <sup>00</sup>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/18/25	Full name of contributor Joseph F. Phillips out-of-state PAC (ID#: Contributor address: City: McAllen, TX State: TX Zip Code 78505	Amount of contribution (\$) \$1000 <sup>00</sup>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/1/25	Full name of contributor Robert Garza out-of-state PAC (ID#: Contributor address: City: Kyle, TX State: TX Zip Code 78640	Amount of contribution (\$) \$105 <sup>43</sup>
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Big Robs Burgers
Date 10/4/25	Full name of contributor Kathy Carriker out-of-state PAC (ID#: Contributor address: City: Dripping Springs, TX State: TX Zip Code 78620	Amount of contribution (\$) \$105 <sup>43</sup>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME Robert Rizo		3 Filer ID (Ethics Commission Filers)
4 Date 10/4/25	5 Full name of contributor Ryan Rosborough out-of-state PAC (ID#: Contributor address: City: State; Zip Code Canyon Lake, TX 78133	7 Amount of contribution (\$) \$105 <sup>43</sup>
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions)
Date 10/1/25	Full name of contributor Virginia Marshall out-of-state PAC (ID#: Contributor address: City: State; Zip Code Kyle, TX 78640	Amount of contribution (\$) \$52 <sup>97</sup>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/9/25	Full name of contributor Pam Madere out-of-state PAC (ID#: Contributor address: City: State; Zip Code Austin, TX 78746	Amount of contribution (\$) \$210 <sup>36</sup>
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Jackson Walker LLP
Date 10/9/25	Full name of contributor Billy Reagan out-of-state PAC (ID#: Contributor address: City: State; Zip Code Austin, TX 78744	Amount of contribution (\$) \$525 <sup>12</sup>
Principal occupation / Job title (See Instructions) <del>Partner</del> Executive		Employer (See Instructions) RNA

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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:
2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/10/25</b>	5 Full name of contributor <b>William Whipple</b> out-of-state PAC (ID#): Contributor address: [REDACTED] City: <b>Austin, TX</b> State: Zip Code: <b>78758</b>	7 Amount of contribution (\$) <b>\$105<sup>43</sup></b>
8 Principal occupation / Job title (See Instructions) <b>Non-Profit</b>		9 Employer (See Instructions) <b>HBA Board Member</b>
Date <b>10/10/25</b>	Full name of contributor <b>Jordan Villarreal</b> out-of-state PAC (ID#): Contributor address: [REDACTED] City: <b>Denton, TX</b> State: Zip Code: <b>76208</b>	Amount of contribution (\$) <b>\$26<sup>74</sup></b>
Principal occupation / Job title (See Instructions) <b>Self-employed</b>		Employer (See Instructions)
Date <b>10/11/25</b>	Full name of contributor <b>Paul Meltzer</b> out-of-state PAC (ID#): Contributor address: [REDACTED] City: <b>Denton, TX</b> State: Zip Code: <b>76201</b>	Amount of contribution (\$) <b>\$157<sup>90</sup></b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>10/13/25</b>	Full name of contributor <b>Ryan Thomas</b> out-of-state PAC (ID#): Contributor address: [REDACTED] City: <b>Dripping Springs, TX</b> State: Zip Code: <b>78620</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>Vice President</b>		Employer (See Instructions) <b>Pape-Dawson</b>

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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:
2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/15/25</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Marcus Moreno</b> Contributor address: [REDACTED] City: <b>Terrell Hills, TX</b> State: Zip Code <b>78209</b>	7 Amount of contribution (\$) <b>\$ 787 <sup>42</sup></b>
8 Principal occupation / Job title (See Instructions) <b>Realtor</b>		9 Employer (See Instructions) <b>Real Estate</b>
Date <b>10/15/25</b>	Full name of contributor out-of-state PAC (ID#: <b>Julia Harrod</b> Contributor address: [REDACTED] City: <b>Austin, TX</b> State: Zip Code <b>78753</b>	Amount of contribution (\$) <b>\$ 250 <sup>00</sup></b>
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>MWM Design Group</b>
Date <b>10/15/25</b>	Full name of contributor out-of-state PAC (ID#: <b>Summer Lawton</b> Contributor address: [REDACTED] City: <b>Austin, TX</b> State: Zip Code <b>78746</b>	Amount of contribution (\$) <b>\$ 105 <sup>43</sup></b>
Principal occupation / Job title (See Instructions) <b>SVP</b>		Employer (See Instructions) <b>HNTB</b>
Date <b>10/16/25</b>	Full name of contributor out-of-state PAC (ID#: <b>Ana Medrano</b> Contributor address: [REDACTED] City: <b>Kyle, TX</b> State: Zip Code <b>78640</b>	Amount of contribution (\$) <b>\$ 105 <sup>43</sup></b>
Principal occupation / Job title (See Instructions) <b>CEO</b>		Employer (See Instructions) <b>A+A Renovate, LLC</b>

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# MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/16/25</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Carlos Zuazua; Martha Zuazua</b> 6 Contributor address: City: State; Zip Code [REDACTED] <b>Kyle, TX 78640</b>	7 Amount of contribution (\$) <b>\$ 315 28</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>10/16/25</b>	Full name of contributor out-of-state PAC (ID#: <b>Stephanie Mata</b> Contributor address: City: State; Zip Code [REDACTED] <b>Kyle, TX 78640</b>	Amount of contribution (\$) <b>\$ 52 97</b>
Principal occupation / Job title (See Instructions) <b>Property</b>		Employer (See Instructions) <b>TX Comptroller</b>
Date <b>10/16/25</b>	Full name of contributor out-of-state PAC (ID#: <b>John Flores</b> Contributor address: City: State; Zip Code [REDACTED] <b>Kyle, TX 78640</b>	Amount of contribution (\$) <b>\$ 26 74</b>
Principal occupation / Job title (See Instructions) <b>Candidate</b>		Employer (See Instructions) <b>Johnny for Hays</b>
Date <b>10/16/25</b>	Full name of contributor out-of-state PAC (ID#: <b>Domingo Castilleja</b> Contributor address: City: State; Zip Code [REDACTED] <b>Kyle, TX 78640</b>	Amount of contribution (\$) <b>\$ 52 97</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		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:
2 FILER NAME <div style="font-size: 1.2em; margin-left: 40px;">Robert Rizo</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">10/17/25</div>	5 Full name of contributor out-of-state PAC (ID#: <div style="font-size: 1.2em; margin-left: 20px;">David Beseda</div> Contributor address: City: State: Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-left: 20px;"></div> Austin, TX 78735	7 Amount of contribution (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$ 787 <sup>42</sup></div>
8 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; margin-left: 20px;">Property owner</div>		9 Employer (See Instructions)
Date <div style="font-size: 1.2em;">10/17/25</div>	Full name of contributor out-of-state PAC (ID#: <div style="font-size: 1.2em; margin-left: 20px;">Benedict Parks</div> Contributor address: City: State: Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-left: 20px;"></div> Irving, TX 75061	Amount of contribution (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$ 16 <sup>25</sup></div>
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; margin-left: 20px;">Senior</div>		Employer (See Instructions) <div style="font-size: 1.2em; margin-left: 20px;">Dallas County</div>
Date <div style="font-size: 1.2em;">10/17/25</div>	Full name of contributor out-of-state PAC (ID#: <div style="font-size: 1.2em; margin-left: 20px;">Jim Nelson &amp; Rosemary Nelson</div> Contributor address: City: State: Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-left: 20px;"></div> Kyle, TX 78640	Amount of contribution (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$ 79 <sup>20</sup></div>
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; margin-left: 20px;">Retired</div>		Employer (See Instructions)
Date <div style="font-size: 1.2em;">10/17/25</div>	Full name of contributor out-of-state PAC (ID#: <div style="font-size: 1.2em; margin-left: 20px;">Genevieve Harding</div> Contributor address: City: State: Zip Code <div style="background-color: black; width: 150px; height: 20px; margin-left: 20px;"></div> Kyle, TX 78640	Amount of contribution (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$ 26 <sup>74</sup></div>
Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; margin-left: 20px;">Retired</div>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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2 FILER NAME <b>Robert Rizo</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/18/25</b>	5 Full name of contributor out-of-state PAC (ID#: <b>Michelle Zaumeyer</b> 6 Contributor address: City: State: Zip Code <b>[REDACTED] Kyle, TX 78640</b>	7 Amount of contribution (\$) <b>\$ 79.92</b>
8 Principal occupation / Job title (See Instructions) <b>Social worker</b>		9 Employer (See Instructions) <b>Hill Country MHDD</b>
Date <b>10/24/25</b>	Full name of contributor out-of-state PAC (ID#: <b>Jorge Canavati</b> Contributor address: City: State: Zip Code <b>[REDACTED] Austin, TX 78701</b>	Amount of contribution (\$) <b>\$ 525.12</b>
Principal occupation / Job title (See Instructions) <b>Real Estate</b>		Employer (See Instructions) <b>ATX Capital Group</b>
Date <b>10/24/25</b>	Full name of contributor out-of-state PAC (ID#: <b>Mark Boyer</b> Contributor address: City: State: Zip Code <b>[REDACTED] Houston, TX 77069</b>	Amount of contribution (\$) <b>\$ 2,623.53</b>
Principal occupation / Job title (See Instructions) <b>Manager</b>		Employer (See Instructions) <b>Boyer Inc.</b>
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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