CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MB)	Robert	MI	OFFICE	USE ONLY
NAME	NICKNAME	Rizo	SUFFIX	Date Received	ECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #:	CITY: STATE; ZIP CODE		2 7 2025 2:38 AMFM
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS (MR) / MR	Mary	A	Receipt #	Amount \$
NAME	Mary Ann	Reves	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ANDRESS	NO PO BOX PI FASE APT /	FyuiTX 78	U40	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before		treasurer a (Officehold	ofter campaign appointment er Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 09	Day Year / 24 / 25	THROUGH 10	Day Yea / 25 / 2	
11 ELECTION	Month Day	Year	Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	COMMITTEE NAME	IS ACCEPTED OR POLITICAL EXPENDITURES IN SECURITY OF THE CANUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TR	REASURER NAME		
	SPECIFIC	COMMITTEE CAMPAIGN T			
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	obert Rizo	16 Filer ID (Éthics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 240=
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$13,829 25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,276 45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 14,276 45 STDAY \$ 8,470 46
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- ulred to be reported by me under Title 15, Election Code. Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Robert Rizo this the	27th day of October



, to certify which, witness my hand and seal of office.

Jennifer Kirkland, notary Public

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	ROBERT RIZO	20 Filer ID (Ethics Con	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$14,0692
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	rions	\$ 200 °€
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s Ø	
4.	SCHEDULE E: LOANS	s Ø	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	s 16, 276 4
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ \$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POL	\$ Ø	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	s Ø	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	\$ 8	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITI	s Ø	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO FILER	\$ 0	

SCHEDULE F1

Revised 8/17/2020

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

	EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ROBERT RI	70	3 Filer ID (Ethics Commission Filers)
4 Date 10-03-25	5 Payer hame Super (heap 5:	905	
6 Amount (\$)	7 Payee address; 12800 Andurson N	Mill Rd Cedar 78 Lets	ParkitX
8	(a) Category (See Categories listed at the top of the	is schedule) (b) Description	
PURPOSE OF EXPENDITURE	Pranting Expense (c) Check if travel outside of Texas. Complete	Schedule T Check if Austi	n Stands in TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-07-25	Amelia Duare	City;	State; Zip Code
Amount (\$)		San Marcos	78646
PURPOSE	Category (See Categories listed at the top of this	s schedule) Description	
OF EXPENDITURE	Contract Labor	Can Bersi	18
	Check if travel outside of Texas, Complete	Schedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-07-25	Hector Color	79	
Amount (\$) 780.00		rustin, 7x city, 87	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this	Description Carula Sun	9
	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/OI-	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Page

Reset Form

Forms provided by Texas Ethics Com

Advertising Expense

SCHEDULE F1

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

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lebor	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:	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME ROBERT RI	10	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
Sep 76	Super Eheap Si	ans	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
337.06	12800 AJerson Mil	(Re Bldg-1 Ce	dar Park T+ 78613
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	land sia	95
	(c) Check if travel outside of Texas. Complete Sc	chedule T. Check if Austi	n, TX, officaholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Sep 27	Costco		
Amount (\$)	19084 1-35 Kyle	TX 78440	State; Zip Code
1-1.00	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE		campaid	in fundraiser
OF EXPENDITURE	food Expense	Campaci	event
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Sep 29	At Credit Unio	2n	
Amount (\$)	1204 Thrope un.	San Marcos	State: Zip Code TX 78444
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Ace Arounting & But	rfuse Temp C	heck 5
	Check if travel outside of Texas. Complete Sc		n, TX. officeholder 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 NEE	EDED
Forms provided by Texas Eth	nics Com Reset Form	Reset Page	Revised 8/17/2020

Advertising Expense Accounting/Banking

SCHEDULE F1

Solicitation/Fundraising Expense

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

Evant Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	ling Expense nting Expense laries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
oreal control syrian	The Instruction Guide explains ho	w to complete this form.	
1 Total pages Schedule F1:	ROBERT RIZO		3 Filer ID (Ethics Commission Filers)
4 Date 9-27-25	5 Payee name Amelie Surez		
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
467.50	S	an Marcos, T	X 78666
8 PURPOSE	(a) Category (See Categories listed at the top of this school	dule) (b) Description	
OF EXPENDITURE	contrad labor	Canvasi	70
	(C) Check if travel outside of Texas. Complete Schedu	202	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		No. of the last of
09-70-75	Fundamidam Sama	anne (Lais	L-
Amount (\$)	Payee address: 5488 SPID Corpus (City;	State; Zip Code
	5488 SPID (orpus (christ , TX	78411
113.76	0,000,000		***************************************
	Category (See Categories listed at the top of this schedu	Description (ampaign.
PURPOSE OF EXPENDITURE	Printing Expense	that Er	nbroidery
	Check If travel outside of Texas. Complete Schedu	le T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI			
Date	Payee name		
	At Credit Uni	on	
Amount (\$)	Payee address Thrope U	n San Mai	TOS State: Zip Code
15.00	At Credit Unio		78444
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE	^		
EXPENDITURE	Banking fee	wire tra	rsfer
	Check if travel outside of Texas. Complete Schedul	eT. Check if Austi	n, TX, officeholder 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 NEI	EDED
Forms provided by Texas Eth	nics Com Reset Form cs.s	Reset Page	Revised 8/17/2020

Forms provided by Texas Ethics Com

Reset Form

SCHEDULE F1

Revised 8/17/2020

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

		EXPENDITURE CATE	EGORIES F	OR 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 The Instruction Guide expla	Office Overl Polling Expo Printing Exp Salaries/Wa	ense ages/Contract Labor	Travel In District Travel Out Of Distr	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME ROBERT R	120		3 Filer ID (Ethio	cs Commission Filers)
4 Date 10/01/75 6 Amount (\$)	7 Payee a	man Agre I); gital	/ City:	State;	Zip Code
₩ Z,000.00	2700	Post Oak (3/Ld,	715+ Alox (b) Description	17	Tx. 77056
OF EXPENDITURE	Adu	Idising Expst		Ads		
9 Complete ONLY if direct expenditure to benefit C/OH		Check if travel outside of Texas. Complete	Schedule T.	Office sought	stin, TX, officeholder livir	Office held
Date	Payee na	ame		360		
9-28-25 Amount (\$)	Hec	tor Corona	Aust	in, TX	State;	Zip Code
225.00					10.00	
PURPOSE OF EXPENDITURE	Contr			Car Casi.		
Constant ONLY Males A	Candid	Check if travel outside of Texas. Complete ate / Officeholder name	Schedule T.	Office sought	tin, TX, officeholder livin	Office held
Complete ONLY if direct expenditure to benefit C/OH		ate / Oniceroider Harrie		Office addgrit		Office field
Date	Payee n	ame		V. 2		
09-29-25 Amount (\$)	Gro	nt Gilker		City;	State;	Zip Code
798,58	Category	(See Categories listed at the top of this	schedule)	Description	in, TX 7	8751
PURPOSE OF EXPENDITURE		Fract Labor Check If travel outside of Texas. Complete		Carvas	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	S OF THIS S	CHEDULE AS NE	EDED	

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor 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)
Date 09-28-25	5 Payee name Mario Pere 7		
Amount (\$)	7 Payee address:	city: AUSt	State; Zip Code
300.00		75705)
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Carvasi	ng
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09-29-25	Jose Acala		
Amount (\$)	Pavee address:	City:	State; Zip Code
300.00	Austin, TX 78745		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Canasing	K
	Check if travel outside of Texas. Complete Schedule T.	2	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
99-28-25	Mia Alva		
Amount (\$)	Rayon address:	San Ma	state: Zip Code UCOS, TX 78UUU
975,00			
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Contract Laber	convasi	ng
	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 NEED	DED
orms provided by Texas Eth	ics Com Reset Form cs.s	Reset Page	Revised 8/17/2

SCHEDULE F1

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	d Committee 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 explain	ns how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME ROBERT P	3170	3 Filer ID (Ethics Commission Filers)
4 Date 10-07-25	Jose Alcala		
6 Amount (\$)	7 Payee address; Austin, 7X 78745	City;	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories fisted at the top of this		
EXPENDITURE	contrad Labor	Concas	
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete S Candidate / Officeholder name	Office sought	in, TX, officeholder living expense Office held
Date 10-07-35	Mevia ferez		
Amount (\$) 300	Payee address;	Austin, T	State; Zip Code X 75705
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this of Cantrald Labor Check if truvel outside of Texas. Complete S	Carvigs	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-11-25	Hays County Cre	ne Stoppers	
50.00	Hays County Cre Payee address; 2300 I 35 N. From	ntage Rd San	Marus, 7x 78444
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	doner Eu	ent
	Check if travel outside of Texas. Complete S		n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

Forms provided by Texas Ethics Com

Reset Form

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Page

Revised 8/17/2020

Forms provided by Texas Ethics Com

Reset Form

SCHEDULE F1

Revised 8/17/2020

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

		EXPENDITURE CATE	GORIES F	OR 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 The Instruction Guide explain	Office Overthe Polling Experinting Experint	ense ges/Contract Labor	Travel In District Travel Out Of Di	quipment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME ROBERT R	120		3 Filer ID (E	hics Commission Filers)
0ct 13- Z 5	5 Payee n	PAWS				
75-00	7 Payee a 500	eddress; FM 150 E. Ky	Le.T	X 78646	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of thi	is schedule)	(b) Description	altas	
EN ENGINE	(c)	Check if travel outside of Texas. Complete	Schedule T		in, TX, officeholder I	Minn avnanca
9 Complete ONLY if direct expenditure to benefit C/Oh	Candid	date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10-10-25	KL	EA				
Amount (\$)	Mayee a	kohlurs a	035111	g Fyu,	TX 78L	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Calegories listed at the top of this		Description Klea Gas Check if Aust	of Tou.	Sponsor
Complete ONLY if direct expenditure to benefit C/Ol-		late / Officeholder name		Office sought		Office held
Date 10-07-75	Payee n	ame				
Amount (\$)	Pause 9	de la constantina della consta		Austin	State:	Zip Code 1875
733,41	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Con	tract Labor Check it travel outside of Texas. Complete	Schedule T.	Conce !	S. J. G.	ving expense
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	S OF THIS S	CHEDULE AS NE	EDED	

SCHEDULE F1

Revised 8/17/2020

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

		EXPENDITURE CATE	GORIES F	OR 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 The Instruction Guide explai	Office Overting Experienting Exposure Salaries/Ma	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N	AME Robert R	120		3 Filer ID (Ethics Commission Filers)
4 Date 10-15-75	5 Payee no	Grenco Sta	tocio	<	
6 Amount (\$)	7 Payee a 38 10	ddress;	oy#a	145 Austi	State; Zip Code 17X 78754
8 PURPOSE OF EXPENDITURE	(a) Categor	ry (See Categories listed at the top of this	e	(b) Description Consult Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought	Office held
Date	Payee na				
10-16-25	AU	sta Budget	Sign	5	
Amount (\$)	209	sta Budget ddress; E. Ben White	Blvd	Austin,	7x 78745
PURPOSE OF EXPENDITURE	Print	(See Categories listed at the top of this	schedule)	Sticker	5
		Check if travel outside of Texas. Complete S	ichedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held
Date	Payee n	ame			
10-16-25	Abo	elitas Bake	ry		
5:41	21511	I-35 Frontag	je Ro	t Fyle,	TX 78440
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this:	schedule)	Description	er Event
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living expense
Complete QNLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Page

Reset Form

Forms provided by Texas Ethics Com

SCHEDULE F1

Revised 8/17/2020

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

		EXPENDITURE CATE	EGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Secretary and the second second	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Ins. how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER N	4445		3 Filer ID (Ethics Commission Filers)
. Iolai pagas saliasala i I.	Z TIELKI	Robert R	120	
4 Date 10-16-25	6 Payee na	rolie Juane	. 3	
450.00	7 Payee of	Hrace:	San Marios, -	TX 78666
8	(a) Categor	y (See Categories listed at the top of the	is schedule) (b) Description	
PURPOSE		,		
OF EXPENDITURE	Conta	ract Laber	(ancers	ine
	(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/OF		late / Officeholder name	Office sought	Office held
Date	Payee na	ame		
10-14-25	J	ose Acala		
Amount (\$)	Pavee a	idress:	City;	State; Zip Code
300.00	Aus	tin. TX 7874	5	
	Category	(See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	Cant	ract Labor	Conves	ing
		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/OH		ate / Officeholder name	Office sought	Office held
Date	Payee n	ame	The state of the s	
10-17-75	He	5		
Amount (\$) 46.16	5401	FM I leau k	yu. TX 7844	State; Zip Code
PURPOSE OF EXPENDITURE	Food	(See Categories listed at the top of this	Schedule) Description	fundraiser
		Check if travel outside of Texas. Complete	Schedule T. Check If Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Reset Page

Reset Form

Forms provided by Texas Ethics Com

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 8 Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME ROBERT RI	70	3 Filer ID (Ethics Commission Filers)
4 Date 10-17-25	6 Payee name At Cuedit	Union	
15.80	7 Payee address; 1204 Thrope Ln	San Marcos	State: Zip Code TX 78444
8	(a) Category (See Categories listed at the top of this a	chedule) (b) Description	
PURPOSE OF EXPENDITURE	fee	wire tra	noter Fac
	(c) Check if travel outside of Texas. Complete Sc		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		
10-20-25	Human Age Dig	rital	
Amount (\$)	Payee address;	City;	State; Zip Code
1,500.00	2700 Post Ock Blu Category (See Categories listed at the top of this so		uston TX77056
PURPOSE OF EXPENDITURE	Adventising Forens	e Ads	
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held
Date 10-07-25	Payee name Mid Alva		
Amount (\$)	Davis address	City;	State; Zip Code
62.50		San Ma	LIBOS, TX 78466
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Canvasi	-8
	Check if travel outside of Texas. Complete Sci		n, 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
Forms provided by Texas Eth	nics Com Reset Form	Reset Page	Revised 8/17/2020

Forms provided by Texas Ethics Com

Reset Form

SCHEDULE F1

Revised 8/17/2020

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/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Overl Polling Exp Printing Exp Salaries/Ma	ense ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER N	ROBERT 1	Rizo		3 Filer ID (Ethi	cs Commission Filers)
4 Date 10-14-25	5 Payee na		107			
6 Amount (\$) 300,00	7 Pause e	dence		Gity: Aus	State;	Zip Code IS705
8 PURPOSE OF	(a) Categor	ry (See Categories listed at the top of th	nis schedule)	(b) Description		
EXPENDITURE	(out	ract Labor		Carlessi	18	
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Aust	tin, TX, officeholder livin	ng expense
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
10-14-25	M	ia Alva				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
175,00				San M	anos, T.	x 78444
	Categor	(See Categories listed at the top of this	s schedule)	Description		
PURPOSE	,	115		_	*	
EXPENDITURE	Cont	ract Laber		Canvas	sery	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10-14-25	Hect	N Corona				
Amount (\$)	Payes s	ddraen:	A.O.	City;	State;	Zlp Code
175.00			KUSTI	1,TX 78	153	
	Category	(See Categories listed at the top of this	s schedule)	Description		
PURPOSE OF EXPENDITURE	Cont	ract Labor		Corversi	na	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NE	EDED	

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 Corr Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

Logal Conin

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

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

Credit Card Payment	The instruction Guide explains how to c		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 10-14-25	6 Payee name Grant Gilker		
6 Amount (\$)	7 Payee address:	City:	State; Zip Code Stin, TX 78751
268.00			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Convesting	
	(c) Check if travel outside of Texas, Complete Schedule T.	U	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-23-25	Hays Moriachi		
Amount (\$)	Payer address; 4800 Jack C. Hays Tr	ail Buda	State: Zip Code
109.19	100 0001 0 10 00 1	,	18010
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Agracus D	onation
	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		
	Amelie Juarez		
Amount (\$) 400.00	Payee address;	San Ma	arcos, TX 78444
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Cancasing	,
	Check if travel outside of Toxas. Complete Schedule T.	Chook if Austin, 1	TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED
Forms provided by Tayas Eth	ics Com		Revised 8/17/2020

Reset Form

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 Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

Reset Form

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

Revised 8/17/2020

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

Candidate/Officenoider/Politica 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 RIZE)	3 Filer ID (Ethics Commission Filers)
4 Date 10-24-25	6 Payee name At Credit Unio	n	
6 Amount (\$)	7 Payee address; 1204 Thrope un	San Mari	State; Zip Code OS, TX 78444
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Here	(b) Description Wire Tra	sfer tee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Human Age Pigital		
Amount (\$)	Payee address; 2700 Post Oak Blo	6/21st Hoov	State; Zip Code
1,500.00	Human Age Digita	Housto	
PURPOSE OF EXPENDITURE	Adventisey Expense	Description	
	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 / () - Z Z - Z 5	Payee name Toso Acalo		
Amount (\$)	Payee address;		
300.00	Jose Acala Aus	in, TX 78	7145
	Category (See Categories listed at the top of this schedule)	Description	*
PURPOSE OF EXPENDITURE	Contract Cabor Chock if travel outside of Taxas. Complete Schedule T.	Can La S	n, TX, officeholder living expanse
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH		Onice adugit	Since held
-	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

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/Offi

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

Printing Expense

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category not asted above)
Total pages Schedule F1:	Koldert Kizo		3 Filer ID (Ethics Commission Filers)
Date 0 - 27 - 75	5 Payee name Hector Corona		
00.00	7 Payes address:	ustin, T)	State; Zip Code 78753
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Sia 2
	(c) Check if travel outside of Texas. Complete Schedule T.		tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
0-24-25	Donateway		
Amount (\$)	Payee address;	City;	State; Zip Code
420.00	P.O. BOX 301247 AW	stin, TX	78703
	Category (See Categories listed at the top of this schedule)	Description	Li Nia
PURPOSE OF EXPENDITURE	Fees	Transa	Fees
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	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	
	Check if travel outside of Taxas. Complete Schedule T.	Chock if Aust	tin, 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 NE	EDED
me provided by Tayas Eth	ion Com		Revised 8/17/

Reset Form

SCHEDULE A1

The mondation dates explains the	ow to complete this form.	1 Total pages Schedule A1:	
FILER NAME ROBERT RIZO		3 Filer ID (Ethics Commission Filers)	
Date 5 Full name of contributor Belarmino Russia Belarmino Russ	out-of-state PAC (ID#	7 Amount of contribution (\$) \$ 300 °°	
Principal occupation / Job title (See Instruction	s) 9 Employer (See Insti	ructions)	
Pull name of contributor AUSTIN S McWill Contributor address:	out-of-state PAC (IDA:	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions	Employer (See Instr	ructions)	
Pole Full name of contributor Basheur A. Mona Contributor address:	out-of-state PAC (IDH:	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions	Employer (See Instr	ructions)	
Placy Bratton Contributor address	Out-of-state PAC (IDM: City; State; Zip Code AuStin, TX 18139	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions	Employer (See Instr	ructions)	
	DITIONAL COPIES OF THIS SCHEDULE AS AC, please see instruction guide for addition		

SCHEDULE A1

The Instruction Guide explains how to complete this form. 2 FILER NAME ROBERT RIZO 4 Date 5 Full name of contributor out-of-state PAC (ID#	1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$)
4 Date 5 Full name of contributor out-of-state PAC (ID#) 10/15/25 Taylor Y Jackson	7 Amount of contribution (\$)
10/15/25 Taylor Y Jackson	
City; State; Zip Code AuStin , TX 78758-3930	# 25000
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date Full name of contributor Out-of-state PAC (IDH:) Hunry B. Smith : Gwrgia L. Smith City: State: Zip Code Austin, TX 78748-1059	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor out-of-state PAC (IDI):	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#: 10/15/25 Jon T. Sawvell Amy 1. Sawvell City: State: Zip Code Austin, TX 78750-0000	Amount of contribution (\$) \$\\$500\\^{90}\$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional r Forms provided by Texas Ethics Comm Reset Form s. sta Reset Page	

SCHEDULE A1

The Instruction Guide explains	how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME ROBER 131	70	3 Filer ID (Ethics Commission Filers)
David A. 10 5 Full name of contributor 10 15 25	Austin, 7X 78703-4427	7 Amount of contribution (\$) \$250 ==
Date Full name of contributor HBA Home Contributor address:	Out-of-state PAC (ID#) PAC City; State; Zip Code AUSTIN, 7X 78754	Amount of contribution (\$) # 500 00
Principal occupation / Job title (See Instruction	ens) Employer (See Instru	ctions)
Date Full name of contributor Metcalfc Wolff Contributor address: Principal occupation / Job title (See Instruction)	Austin, TX	Amount of contribution (\$)
Pape Full name of contributor Pape - Dawson	Engineers PAC City; State; Zip Code Sun Antonio, TX 78213	Amount of contribution (\$) \$ 750 °C
Principal occupation / Job title (See Instruction		ctions)
	DDITIONAL COPIES OF THIS SCHEDULE AS PAC, please see instruction guide for additional set Form	

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#	
Date Full name of contributor OUL-of-state PAC (ID#	Amount of contribution (\$) Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Pate Full name of contributor out-of-state PAC (IDIF:	Amount of contribution (\$) \$\frac{43}{105}\$
Principal occupation / Job title (See Instructions) Employer (See Instructions) Big Robs Bu	
Date Full name of contributor Out-of-state PAC (ID#: 10/4/25 Kathy Carri Ket Contributor address: Dripping Springs, 7x 78620	Amount of contribution (\$) \$\frac{4}{105} \frac{43}{5}\$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	
Forms provided by Texas Ethics Comm Reset Form s.sta Reset Pa	ge Revised 8/17/2020

Forms provided by Texas Ethics Comm

SCHEDULE A1

Revised 8/17/2020

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

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
FILER NAME	Robert Rizo		3 Filer ID (Ethics Commission Filers)
Date 10/4/25	Full name of contributor out-of-state PAC (I KYAN ROS DOYO UGN Contributor address: City:	State: Zip Code Canyon Late, TX 78133	7 Amount of contribution (\$) # 105 <u>43</u>
	eation / Job title (See Instructions) Employed	9 Employer (See Instruction	ons)
Date 10/7/25	Full name of contributor out-of-state PAC (IVI YINIA MARShall Contributor address: City; EYLE, TX	State; Zip Code	Amount of contribution (\$) \$52 97
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date D 9 25	Pam Madere Contributes addresses City; AUStini	State; Zip Code TX 78746	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction Jackson Walk	_
Date 10 9 25	Full name of contributor Out-of-state PAC (I Billy Reagan Contributor address; City; AuStin	State; Zlp Code TX 18744	Amount of contribution (\$) \$ 525 \frac{12}{2}
	EXCUTIVE	Employer (See Instruction RNA	ons)
	ATTACH ADDITIONAL COPIES Of If contributor is out-of-state PAC, please see Instruc		

s.sta

Reset Form

SCHEDULE A1

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

The I	nstruction Guide explains how to	complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Robert Rizo		3 Filer ID (Ethics Commission Filers)
Date Date D 10 25 .	5 Full name of contributor William Whippu 6 Contributor address:	City; State; Zip Code AUSTIN 1 TX 78758	7 Amount of contribution (\$) \$ 05 43
Non - Pro	ation / Job title (See Instructions)	#BA Board	
Date D 10 25 .	Full name of contributor Jordan Villarrea Contributor address:	city: State; Zip Code DUNTO N, TX 74208	Amount of contribution (\$) # 24
	mployed	Employer (See Instru	ictions)
Date 0 11 25	Full name of contributor Paul Meltzer Contributor address:	city; State; Zip Code Ounton, TX 74201	Amount of contribution (\$) \$\\$\\$157.90
Principal occupi	ation / Job title (See Instructions)	Employer (See Instru	uctions)
Date 10 13 25	Full name of contributor Ryan Thomas Contributor address:	out-of-state PAC (ID#:	Amount of contribution (\$) Amount of contribution (\$)
Principal occupa	President	Employer (See Instru Pape - Davi	
		NAL COPIES OF THIS SCHEDULE AS blease see Instruction guide for additiona	
rms provided by Te	xas Ethics Comm	orm s.sta Reset Pag	Revised 8/17/20

SCHEDULE A1

The Instruction Guide explains how to complete	ete this form.	1 Total pages Schedule A1:
FILER NAME ROBERT RIZO		3 Filer ID (Ethics Commission Filers)
115/as Marcus Moreno	State; Zip Code HIIIS TX 78209	7 Amount of contribution (\$) \$\frac{42}{787\frac{42}{2}}\$
Principal occupation / Job title (See Instructions)	Real Estate	
olislas Julia Harrod	State; Zip Code PUStin, TX 78753	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) President	Employer (See Instruction MWM DCSig)	
Islas Summer Lawton	tate PAC (ID#:)	Amount of contribution (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Principal occupation / Job title (See Instructions)	Employer (See Instruc	ctions)
114/25 Ana Medrano	State; Zip Code X 78040	Amount of contribution (\$) # 105 43
Principal occupation / Job title (See Instructions)	Employer (See Instruction A A Renova	tions) Ite, LLC
ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS Ne Instruction guide for additional	
ms provided by Texas Ethics Comm Reset Form	s.sta Reset Page	Revised 8/17/20

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)
5 Full name of contributor out-of-state PAC (ID#_ Carlos Zuazva: Martha Z 6 Contributor address: City: Str	()()
8 Principal occupation / Job title (See Instructions) 8 Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor aut-of-state PAC (110#_ Stephanie Mata Contributor address: City: St. Kyle:	Amount of contribution (\$) # 52 97 TX 78440
Principal occupation / Job title (See Instructions) 7	Employer (See Instructions) X Comptroller
Date Full name of contributor O 14/25 JOHN FIORES City: Str Kyle, TX	Amount of contribution (\$) # 2674 T8440
1 1	employer (See Instructions) onny for Hays
Date Full name of contributor Out-of-state PAC (ID#_ ID 10 25 Domingo Custilleja State PAC (ID#_ St	Amount of contribution (\$) # 52 9 7 SU40
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF TI	

SCHEDULE A1

The Inst	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Robert Rizo		3 Filer ID (Ethics Commission Filers)
10/11/25	Full name of contributor out-of-state PAC David Buseda Contributor address: City:	State; Zip Code AUShn , TX 78735	7 Amount of contribution (\$) \$\frac{4}{787} \frac{42}{2}
Property	n / Job title (See Instructions) OWNEY	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC enedict Parks	State; Zip Code rving, TX Sour	Amount of contribution (\$) \$\ \(\mu\)\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Principal occupation Suniol	/ Job title (See Instructions)	Employer (See Instruction Dall as Cou	inty
10/17/25 11	Full name of contributor M NUSON & Rosemany N Contributor address; City; Kyle T		Amount of contribution (\$)
Principal occupation Retired	n / Job title (See Instructions)	Employer (See Instruct	ions)
1	Full name of contributor out-of-state PAC CIENEST HARDING City; Kyu 781	State; Zip Code	Amount of contribution (\$) \$\frac{4}{34}
Principal occupation RUTIVED	n / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see instru	uction guide for additional r	eporting requirements.
Forms provided by Texas		sta Reset Page	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	6 Contributor address: City; State; Zip Cod FYLL, TX 78440	7 Amount of contribution (\$) 7 79 92
_	pation / Job title (See Instructions) 9 Employer (See HIII COUN	Instructions) TY MHDD
Date	Full name of contributor Out-of-state PAC (IDIR: JUNGA CANAVAT) Contributor address: City: State: Zip Cod Austin TX 78701	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See	pital Enup
Date 10 24 25	Full name of contributor out-of-state PAC (IDIF:	Amount of contribution (\$) 2, 623 53
	action / Job title (See Instructions) Employer (See	
Date	Full name of contributor out-of-state PAC (iD#:	Amount of contribution (\$)
Principal occup	estion / Job title (See Instructions) Employer (See	: Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	