

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: 14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr

Robert

NICKNAME

LAST

SUFFIX

Rizo

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY;

STATE;

ZIP CODE

Kyle, TX 78640

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Mary

NICKNAME

LAST

SUFFIX

Mary Ann

Reyes

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

Kyle, TX 78640

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7

16

26

THROUGH

Month

Day

Year

10

5

26

11 ELECTION

ELECTION DATE

Month

Day

Year

11

3

26

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayor

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Robert Rizo

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)

\$ 40.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6183.64

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1627.59

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 4556.05

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Robert Rizo and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in Hays County, State of Texas, on the 05 day of 10, 2026
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Robert Rizo		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6143.64
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1627.59
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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: **6****2** FILER NAME
Robert Rizo**3** Filer ID (Ethics Commission Filers)**4** Date**8/21/2026****5** Full name of contributor**John B. Sanford**

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

Kyle, TX 78640**7** Amount of contribution (\$)**500.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

08/21/2026

Full name of contributor

Pape-Dawson Engineers PAC

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

San Antonio, TX 78213

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27/2026

Full name of contributor

Lauralee Harris

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Kyle, TX 78640

Amount of contribution (\$)

105.43

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28/2026

Full name of contributor

Brycen and Mary Ann Reyes

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Kyle, TX 78640

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME**Robert Rizo****3** Filer ID (Ethics Commission Filers)**4** Date

08/31/2026

5 Full name of contributor

out-of-state PAC (ID#: _____)

Donna G. Haschke**7** Amount of contribution (\$)**100.00****6** Contributor address;

City;

State;

Zip Code

Buda, TX 78610

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

Date

09/04/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Michael Walsh

Amount of contribution (\$)

26.74

Contributor address;

City;

State;

Zip Code

Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/05/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Jimmie Quintero

Amount of contribution (\$)

105.43

Contributor address;

City;

State;

Zip Code

Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/07/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Peter Sprouse

Amount of contribution (\$)

52.97

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Rizo		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Anne Duhon 6 Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640	7 Amount of contribution (\$) 105.43
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2026	Full name of contributor out-of-state PAC (ID#: _____) Poco Loco Group LLC Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2026	Full name of contributor out-of-state PAC (ID#: _____) Zachary Barton Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640	Amount of contribution (\$) 262.82
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2026	Full name of contributor out-of-state PAC (ID#: _____) Daniel Cohen Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640	Amount of contribution (\$) 262.82
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Robert Rizo		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Rebecca Minnick 6 Contributor address; City; State; Zip Code [REDACTED] Wimberley, TX 78676	7 Amount of contribution (\$) 58.22
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/17/2026	Full name of contributor out-of-state PAC (ID#: _____) Kristine Lilly Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640	Amount of contribution (\$) 157.90
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2026	Full name of contributor out-of-state PAC (ID#: _____) Susan Ishibashi Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640	Amount of contribution (\$) 105.43
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2026	Full name of contributor out-of-state PAC (ID#: _____) Domingo Castilleja Contributor address; City; State; Zip Code [REDACTED] Kyle, TX 78640	Amount of contribution (\$) 52.97
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME**Robert Rizo****3** Filer ID (Ethics Commission Filers)**4** Date

09/19/2026

5 Full name of contributor

out-of-state PAC (ID#: _____)

Bridget Griffin**7** Amount of contribution (\$)**42.48****6** Contributor address;

City;

State;

Zip Code

[REDACTED] Kyle, TX 78640

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

Date

09/19/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Rodolfo Cedillo

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

[REDACTED] Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/19/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Carlos and Martha Zuazua

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

[REDACTED] Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/19/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Kimberly Briers

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

[REDACTED] Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:**2** FILER NAME**Robert Rizo****3** Filer ID (Ethics Commission Filers)**4** Date

09/19/2026

5 Full name of contributor**Katy Armstrong**

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)**30.00****6** Contributor address;

City;

State;

Zip Code

[REDACTED] Kyle, TX 78640

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

Date

09/20/2026

Full name of contributor

Linda Ann Rodriguez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

[REDACTED] Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/2026

Full name of contributor

John Sanford

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

[REDACTED] Kyle, TX 78640

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Robert Rizo	3 Filer ID (Ethics Commission Filers)
4 Date 08/31/2026	5 Payee name Lowe's	
6 Amount (\$) 55.79	7 Payee address; City; State; Zip Code 5753 Kyle Pkwy, Kyle, TX 78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Expense	(b) Description Sign Material
	(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 09/01/2026	Payee name Super Cheap Signs	
Amount (\$) 348.69	Payee address; City; State; Zip Code 12800 Anderson Mill Rd Box 400, BLDG D-1, Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 09/04/2026	Payee name Web Hostinger	
Amount (\$) 20.19	Payee address; City; State; Zip Code Svitrigailos Str.34, 03230 Vilnius, Lithuania	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Campaign Website
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Robert Rizo		3 Filer ID (Ethics Commission Filers)	
4 Date 09/14/2026		5 Payee name Hays-Caldwell Women's Center			
6 Amount (\$) 141.74		7 Payee address; City; State; Zip Code 1101 Davis Lane, San Marcos, TX 78667			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation Made By Candidate		(b) Description Donation for non-profit		
	(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 09/14/2026		Payee name Hays-Caldwell Women's Center			
Amount (\$) 35.00		Payee address; City; State; Zip Code 1101 Davis Lane, San Marcos, TX 78667			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation Made By Candidate		Description Donation for non-profit		
	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 09/16/2026		Payee name Kyle Area Chamber of Commerce			
Amount (\$) 250.00		Payee address; City; State; Zip Code 401 W Center St, Kyle, TX 78640			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation Made By Candidate		Description Donation		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Robert Rizo		3 Filer ID (Ethics Commission Filers)	
4 Date 09/16/2026		5 Payee name Super Cheap Signs			
6 Amount (\$) 497.60		7 Payee address; City; State; Zip Code 12800 Anderson Mill Rd Box 400, BLDG D-1, Cedar Park, TX 78613			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Campaign Signs		
	(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 09/17/2026		Payee name Web Hostinger			
Amount (\$) 4.99		Payee address; City; State; Zip Code Svitrigailos Str.34, 03230 Vilnius, Lithuania			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense		Description Campaign Website		
	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 09/19/2026		Payee name Bill Miller BBQ			
Amount (\$) 51.96		Payee address; City; State; Zip Code 1646 Main St, Buda, TX 78610			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Tacos for campaign event		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Robert Rizo		3 Filer ID (Ethics Commission Filers)	
4 Date 09/19/2026		5 Payee name Buda Vocational Agriculture Boosters Club			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 3817 Jack C. Hays Trail, Buda, TX 78610			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation Made By Candidate		(b) Description Donation for booster club		
	(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 09/19/2026		Payee name Donateaway			
Amount (\$) 71.63		Payee address; City; State; Zip Code P.O. Box 301267, Austin, TX 78703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Donateaway contribution processing fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Robert Rizo</u>	Filer ID #
----------------------------------	------------

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 30 day report due on 10-05-2026.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Robert Rizo and my date of birth is [REDACTED]
My address is [REDACTED] Kyle (city), TX (state), 78640 (zip code), USA (country)
Executed in Hays County, State of Texas, on the 05 day of 10, 2026
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**