

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |                             |                        |                       |                   |
|---|---|---|-----------------------------|------------------------|-----------------------|-------------------|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Filer ID (Ethics Commission Filers)                            | <b>2</b> Total pages filed: |                        |                       |                   |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR   | FIRST<br><i>Robert</i>  | MI                          | <b>OFFICE USE ONLY</b> |                       |                   |
|   | NICKNAME  | LAST<br><i>Rizo</i>   | SUFFIX                      |                        |                       |                   |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><small>Change of Address</small> | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  |   |                             |                        |                       |                   |
|   | [REDACTED]  |   | <i>78640<br/>Kyle, TX</i>   |                        |                       |                   |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | EXTENSION   |   |                             |                        |                       |                   |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST   | MI                          |                        |                       |                   |
|   | NICKNAME  |   | SUFFIX                      |                        |                       |                   |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>         |   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE |                             |                        |                       |                   |
| [REDACTED]  |   | <i>Kyle, TX 78640</i>   |                             |                        |                       |                   |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                   |                        |                       |                   |
| [REDACTED]  |   |   |                             |                        |                       |                   |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)   |   |                             |                        |                       |                   |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)   |   |                             |                        |                       |                   |
| <b>10</b> PERIOD COVERED  | Month   | Day   | Year                        | Month                  | Day                   | Year              |
|   |   | <i>11 / 01 / 2022</i>   |                             | THROUGH                | <i>01 / 15 / 2023</i> |                   |
| <b>11</b> ELECTION  | ELECTION DATE   |   |                             | ELECTION TYPE          |                       |                   |
|   | Month   | Day   | Year                        | Primary                | Runoff                | Other Description |
|   |   |   | General                     | Special                |                       |                   |
| <b>12</b> OFFICE  | OFFICE HELD (if any) <i>Last Day in Office 11-16-2023</i>   |   | OFFICE SOUGHT (if known)    |                        |                       |                   |
|   |   | <i>District 3 Council Member</i>  |                             |                        |                       |                   |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br><small>Additional Pages</small>   | 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                                    |                             |                        |                       |                   |

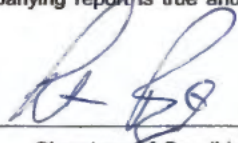
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 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) | \$ 50.00                               |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,500.00                            |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0                                   |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 1,926.92                            |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 128.11                              |
| 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

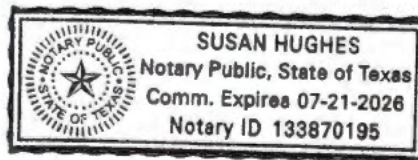
NOTARY STAMP/SEAL

Sworn to and subscribed before me by Robert Rizo this the 18<sup>th</sup> day of January, 2023, to certify which, witness my hand and seal of office.

Susan Hughes



Notary public



# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

|  |  |  |
|--|--|--|
| 19 FILER NAME  |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  | SUBTOTAL<br>AMOUNT                     |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$ 1,550.00                            |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$ 0                                   |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$ 0                                   |
| 4. SCHEDULE E: LOANS   |  | \$ 0                                   |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$ 1,926.92                            |
| 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                                   |

**Reset Form**

**Reset Page**

# 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 <i>Robert Rizo</i>   |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><i>11-01-22</i>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><i>Hillco Pac</i> | 7 Amount of contribution (\$)<br><i>500.00</i> |
| 6 Contributor address; City; State; Zip Code<br>[Redacted] <i>Austin TX 78701</i> |   |  |
| 8 Principal occupation / Job title (See Instructions)                             |   | 9 Employer (See Instructions)                  |

|  |  |  |
|--|--|--|
| Date<br><i>11-01-22</i>  | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Cash Confield</i> | Amount of contribution (\$)<br><i>500.00</i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>46038 Fishers IN</i> |  |  |
| Principal occupation / Job title (See Instructions)                              |  | Employer (See Instructions)                  |

|  |  |  |
|--|--|--|
| Date<br><i>11-04-22</i>  | Full name of contributor out-of-state PAC (ID#: _____)<br><i>Richard K Sheldon, Lisa L Sheldon</i> | Amount of contribution (\$)<br><i>500.00</i> |
| Contributor address; City; State; Zip Code<br>[Redacted] <i>Waco, TX 76710</i> |  |  |
| 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                        | 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:<br><b>105</b> | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|--|--------------|---------------------------------------|

|                                |   |   |
|--------------------------------|---|---|
| 4 Date<br><b>11-07-2022</b>    | 5 Payee name<br><b>Austin Budget signs</b>    | <b>Austin TX</b>  |
| 6 Amount (\$)<br><b>315.22</b> | 7 Payee address:<br><b>3904 Warehouse Row</b> | City: <b>Austin, TX</b> State: <b>TX</b> Zip Code: <b>78704</b> |

|                                    |   |                                      |
|------------------------------------|---|--------------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | (b) Description<br><b>4x4' signs</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 <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |  |
|-----------------------------|--|
| Date<br><b>11-04-2022</b>   | Payee name<br><b>McCoy's</b>                                   |
| Amount (\$)<br><b>84.34</b> | Payee address:<br><b>6200 Burtleson Rd</b>                     |
|                             | City: <b>Austin TX</b> State: <b>TX</b> Zip Code: <b>78744</b> |

|                               |   |                              |
|-------------------------------|---|------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>supplies</b>   | Description<br><b>T post</b> |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                              |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <b>ONLY</b> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                             |  |
|-----------------------------|--|
| Date<br><b>11-04-22</b>     | Payee name<br><b>Tractor supply</b>                |
| Amount (\$)<br><b>57.96</b> | Payee address:<br><b>15555 Interstate Hwy Buda</b> |
|                             | City: State: Zip Code:                             |

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>supplies</b>   | Description<br><b>Zip ties, straps</b> |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <b>ONLY</b> 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:<br>2 of 5 | 2 FILER NAME<br>Robert Rizo | 3 Filer ID (Ethics Commission Filers) |
|--------------------------------------|-----------------------------|---------------------------------------|

|                      |                               |
|----------------------|-------------------------------|
| 4 Date<br>11-04-2022 | 5 Payee name<br>American Bolt |
|----------------------|-------------------------------|

|                       |  |       |        |           |
|-----------------------|--|-------|--------|-----------|
| 6 Amount (\$)<br>7.19 | 7 Payee address:<br>5214 Burleson Rd Austin TX 78744 | City: | State: | Zip Code: |
|-----------------------|--|-------|--------|-----------|

|                             |   |                        |
|-----------------------------|---|------------------------|
| 8<br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Supplies  | (b) Description<br>B:t |
|                             | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                                   |
|--------------------|-----------------------------------|
| Date<br>11-05-2022 | Payee name<br>Austin Budget signs |
|--------------------|-----------------------------------|

|                      |  |       |        |           |
|----------------------|--|-------|--------|-----------|
| Amount (\$)<br>52.00 | Payee address:<br>3904 Warehouse Row Austin TX 78704 | City: | State: | Zip Code: |
|----------------------|--|-------|--------|-----------|

|                        |   |                                   |
|------------------------|---|-----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Supplies  | Description<br>Yard sign Brackets |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                   |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                                    |
|--------------------|------------------------------------|
| Date<br>11-05-2022 | Payee name<br>Walmart Super Center |
|--------------------|------------------------------------|

|                       |  |       |        |           |
|-----------------------|--|-------|--------|-----------|
| Amount (\$)<br>247.03 | Payee address:<br>5754 Kyle Pkwy Kyle TX | City: | State: | Zip Code: |
|-----------------------|--|-------|--------|-----------|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Roadside Parade supplies  | Description<br>curdy bubbles material for float |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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                        | 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:<br><b>3 of 5</b> | 2 FILER NAME<br><b>Robert Rizo</b> | 3 Filer ID (Ethics Commission Filers) |
|---|------------------------------------|---------------------------------------|

|                             |  |
|-----------------------------|--|
| 4 Date<br><b>11-06-2022</b> | 5 Payee name<br><b>Squires Circle 4889</b> |
|-----------------------------|--|

|                                |   |       |        |           |
|--------------------------------|---|-------|--------|-----------|
| 6 Amount (\$)<br><b>152.00</b> | 7 Payee address:<br><b>801 Burkeman St. Kyle, Tx. 78640</b> | City: | State: | Zip Code: |
|--------------------------------|---|-------|--------|-----------|

|                                    |   |  |
|------------------------------------|---|--|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Donation</b>   | (b) Description<br><b>Donation for BBQ Event</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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |  |
|------|--|
| Date | Payee name   |
|      |  |

|                              |                               |        |           |
|------------------------------|-------------------------------|--------|-----------|
| Amount (\$)<br><b>200.00</b> | City:<br><b>Kyle Tx 78640</b> | State: | Zip Code: |
|------------------------------|-------------------------------|--------|-----------|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Campaign</b>   | Description<br><b>work on campaign</b> |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                           |                                   |                         |                        |           |
|---------------------------|-----------------------------------|-------------------------|------------------------|-----------|
| Date<br><b>11-08-2022</b> | Payee name<br><b>CVS Pharmacy</b> | City:<br><b>Kyle Tx</b> | State:<br><b>78640</b> | Zip Code: |
|---------------------------|-----------------------------------|-------------------------|------------------------|-----------|

|                             |   |                         |                        |           |
|-----------------------------|---|-------------------------|------------------------|-----------|
| Amount (\$)<br><b>43.98</b> | Payee address:<br><b>102 North US81</b> | City:<br><b>Kyle TX</b> | State:<br><b>78640</b> | Zip Code: |
|-----------------------------|---|-------------------------|------------------------|-----------|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>supplies for campaign</b>  | Description<br><b>supplies, Drink's for sign Holders</b> |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 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:<br><i>04 of 05</i>         | 2 FILER NAME<br><i>Robert Rizo</i>  | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><i>11-08-2022</i>                           | 5 Payee name<br><i>Bread Basket</i>   |   |
| 6 Amount (\$)<br><i>11.94</i>                         | 7 Payee address; City; State; Zip Code<br><i>5671 Jack C Hays trail, Kyle, TX 78640</i>   |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><i>supplies</i>   | (b) Description<br><i>snacks for sign holders</i> |
|   | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                         |
| Date<br><i>11-08-2022</i>                             | Payee name<br><i>Gattis Pizza Kyle</i>  |   |
| Amount (\$)<br><i>147.14</i>                          | Payee address; City; State; Zip Code<br><i>22510 1-35 Kyle, TX 78640</i>  |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>watch party event</i>  | Description<br><i>Pizza to guest</i>              |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought Office held                         |
| Date<br><i>11-08-2022</i>                             | Payee name<br><i>Gemstone Palace</i>  |   |
| Amount (\$)<br><i>30.01</i>                           | Payee address; City; State; Zip Code<br><i>1101 Bonton Creek Rd. Kyle, TX 78640</i>   |   |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>purchase</i>   | Description<br><i>vendors</i>                     |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>     |   |
| 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                        | 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:<br><i>05 of 05</i> | 2 FILER NAME<br><i>Robert Rizo</i> | 3 Filer ID (Ethics Commission Filers) |
|---|------------------------------------|---------------------------------------|

|                             |                       |
|-----------------------------|-----------------------|
| 4 Date<br><i>11-10-2022</i> | 5 Payee<br>[REDACTED] |
|-----------------------------|-----------------------|

|                                |                                |                            |                     |                          |
|--------------------------------|--------------------------------|----------------------------|---------------------|--------------------------|
| 6 Amount (\$)<br><i>250.00</i> | 7 Payee address:<br>[REDACTED] | City:<br><i>San Marcos</i> | State:<br><i>TX</i> | Zip Code<br><i>78666</i> |
|--------------------------------|--------------------------------|----------------------------|---------------------|--------------------------|

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Campaign work</i>  | (b) Description<br><i>sign metalation @ campaign help</i> |
|                                    | (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 |
|--|-------------------------------|---------------|-------------|

|                           |                          |
|---------------------------|--------------------------|
| Date<br><i>11-10-2022</i> | Payee name<br>[REDACTED] |
|---------------------------|--------------------------|

|                              |                              |                          |                     |                          |
|------------------------------|------------------------------|--------------------------|---------------------|--------------------------|
| Amount (\$)<br><i>200.00</i> | Payee address:<br>[REDACTED] | City:<br><i>Kyle, TX</i> | State:<br><i>TX</i> | Zip Code<br><i>78640</i> |
|------------------------------|------------------------------|--------------------------|---------------------|--------------------------|

|                        |   |   |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><i>Campaign Help</i>  | Description<br><i>sign holding &amp; installation</i> |
|                        | (c) 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 |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address: | City: | State: | Zip Code |
|-------------|----------------|-------|--------|----------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | Description |
|                        | (c) 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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