CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	acate		1 Filer ID (Ethics Commission Filers	2 Total pages filed:	
The C/OH Instruction (Guide explains how	to complete this form.	(4.50)	, and a page mos	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Robert	МІ	OFFICE USE ONLY	
1 V Million	NICKNAME	Rizo	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #;	CITY: STATE: ZIP CODE 78640 Kyleta	- 1/24/2024 gc	
5 CANDIDATE/ OFFICEHOLDER PHONE	WILK COOL	PHONE NUMBER	LATENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mov.Lf.	A A	Date Processed	
	NICKNAME	Reyes	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEÁSE); APT /	SUITE #; CITY;	STATE; ZIP CODE	
(Residence or Business)			Kyle, Tx 78640		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before	J	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
		l	Reporting Limit		
10 PERIOD COVERED	Month	Day Year / 30 / 23	THROUGH O	15/7874	
11 ELECTION	Month Day	Year Primary Genera	Description		
12 OFFICE	District	Z City Cou	13 OFFICE SOUGHT (if kno	wn)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT INDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR F THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS		
	•	GO TO	PAGE 2		

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CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 2

16 C/OH NAME	best Rizo	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 75.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,607.71
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	Signature of Canal Signature of	didate or Officeholder
(1) Affidavit	JENNIFER KIRKLAND MY COMMISSION EXPIRES 02/17/2025 NOTARY ID: 126805359	
NOTARY STAMP/SEA	0-1 1 0	a. Hh —
0 1	before me by KONLY Ki 70 this the	24th day of January.
Signature of officer administer	and Jenniter Kirkland	Notary Public Title of officer administering oath
(0) 11	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		
		ate) (zip code) (country)
Executed in		, 20
	Signature of Candida	te/Officeholder (Declarant)
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	nmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 25	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4.	SCHEDULE E: LOANS	\$ 0	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	\$1,607.71	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s O	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (s 0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$ 0	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$ 0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$ 0	

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)
Houston, Texas	7 Amount of contribution (\$) \$ 500.00 Code 7704 (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)
Date Full name of contributor out-of-state PAC (IDII:	Amount of contribution (\$)
Contributor address; City; State; Zip	Code
Principal occupation / Job title (See Instructions) Employer ((See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions) Employer	(See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHE If contributor is out-of-state PAC, please see Instruction guide for	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE CATE	GURIES	FUR BUX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing Ex		Travel In District Travel Out Of District	oment & Related Expense		
Credit Card Payment		The Instruction Guide explain	ns how to c	omplete this form.				
1 Total pages Schedule F1:	2 FILER N	ARIZO			3 Filer ID (Ethic	s Commission Filers)		
4 Date 11/08/23	5 Payee na			Kyle	Texas	78640		
\$ Amount (\$) \$448. 94	7 Payee a	v. Center St.		City;	State;	Zip Code		
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	OF ELLOWOOD				Campain Watch Party			
	(c)	Check if travel outside of Texas. Complete S	chedule I.		n, TX, officeholder living			
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought		Office held		
Date	Payee na	ame						
11/10/23	Best	Buy		Austin	Texas	78748		
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code		
\$30.40	9600	I-35 Ste. Q.						
	Category	(See Categories listed at the top of this s	schedule)	Description				
PURPOSE OF EXPENDITURE	othe	x		Campain	Equipme	ent		
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held		
Date	Payee n	ame						
11/10/23	Aust	in Budget Si	ans	Austin	TX	78704		
Amount (\$)	Payee a	ddress;	J	City;	State;	Zip Code		
\$11.26	3904	Warehouse R	low					
	Category	(See Categories listed at the top of this s	chedule)	Description				
PURPOSE		T		0	-11			
OF EXPENDITURE	Adver	tising Expense		Campain	Sticke	rs		
		Check if travel butside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/Ol		late / Officeholder name		Office sought		Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Loan Repayment/Reimbursem Office Overhead/Rental Expen Polling Expense Printing Expense Salaries/Wages/Contract Labo lains how to complete this form	Transportation Equ Travel In District Travel Out Of District Other (enter a cale	ipment & Related Expense
1 Total pages Schedule F1:	KOD O	ext Rizo		3 Filer ID (Ethi	cs Commission Filers)
4 Date 11/15/23	6 Payee na	ng Solutions	Austin	Texas	78704
\$ 349.65	321 W	dress; 1. Ben White (31vd. Suite 10	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of	this schedule) (b) Descriptio	n	
PURPOSE					
EXPENDITURE	(c)	Check if travel outside of Texas. Comple	te Schedule T Check	if Austin, TX, officeholder living	20 avvanca
9 Complete ONLY if direct	Candid	ate / Officeholder name	Office soug		Office held
expenditure to benefit C/O	1		Mark Control of the C		
11/19/23	Payee na	ma Cafe	Kulo	TOVOC	781040
Amount (\$)	Payee ac	Idress;	City;	State;	Zip Code
\$139.63	856 K	ohlers Cross	ing		
PURPOSE	Category	(See Categories listed at the top of the	nis scriedule) Description	n	
OF EXPENDITURE	Food	Expense	follow	up Team M	leeting
		Check if travel outside of Texas. Comple		if Austin, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name	Office soug	ht	Office held
Date	Payee na	ame Ca.m	pain		
12/07/23	Sara	a Brandon	Dripping Spri	ng TX	
Amount (\$)	Payee ad	ddress;	City;	State;	Zip Code
\$104.40			Dripping So	ring Texas	
	Category	(See Categories listed at the top of the	is schedule) Description		
PURPOSE OF EXPENDITURE	Donat	tion	Campa	in DContri	bution
		Check if travel outside of Texas. Comple	te Schedule T. Check	if Austin, TX, officeholder livin	
Complete ONLY if direct expenditure to benefit C/Ol		ate / Officeholder name	Office sou	ght	Office held
	AT	TACH ADDITIONAL COPIL	ES OF THIS SCHEDULE AS	NEEDED	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The instruction Guide explains	s how to complete this form.	
1 Total pages Schedule F1.	ROBERT RIZU		3 Filer ID (Ethics Commission Filers)
4 Date 12/13/23	5 Payee name TOTGET		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$146.35	5188 Kyle Center Dr.	Kyle	Texas 78640
8	(a) Category (See Categories listed at the top of this s	(b) Description	
PURPOSE	- 17	1.1	0.01.1.1.
EXPENDITURE	Event Expense	Christmas	Gitt aunation
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Austi	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		
01/08/24	St. Vincent De Paul		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 100.00	801 North Burleson	kyle	Texas 781040
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Donation	AngelTree	Donation
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	in, 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 NEE	EDED
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