

**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) 00089983 | 2 Total pages filed: 19 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST Riley Boone | | | MI | | |
| | NICKNAME LAST Rodriguez | | | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 5323 | | | ZIP CODE | | |
| | Abilene, TX 79608 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | | |
| | | | | Amount | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST Rich Kenneth | | | MI | | |
| | NICKNAME LAST Lyles | | | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 4625 Catclaw | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | Abilene, TX 79606 | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (307) 315-4314 | | | | | |
| 8 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) | | | | | |
| 9 PERIOD COVERED | Month 07/01/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 10 ELECTION | ELECTION DATE Month Day Year 03/03/2026 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) State Senator District 28 | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 19

| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Rodriquez, Riley Boone | | 14 Filer ID (Ethics Commission Filers) 00089983 |
| 15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 3,417.19 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 2,646.87 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 770.32 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 |

17 AFFIDAVIT

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.

Riley Boone Rodriquez

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

3 of 19

| | |
|--|--|
| 18 FILER NAME Rodriquez, Riley Boone | 19 Filer ID (Ethics Commission Filers) 00089983 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | |
| SUBTOTAL AMOUNT | |
| \$ 3,417.19 | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ 2,646.87 | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/19 |
| 2 FILER NAME Rodriquez, Riley Boone | | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 09/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayana, Sally 6 Contributor address; City; State; Zip Code Abilene, TX 76903 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) NA | | 9 Employer (See Instructions) NA |
| Date 11/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnard, William Contributor address; City; State; Zip Code Wichita Falls, TX 76306 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) not employed | | Employer (See Instructions) not employed |
| Date 09/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Christine (Mrs.) Contributor address; City; State; Zip Code Abilene, TX 79602 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Business owner | | Employer (See Instructions) Self |
| Date 10/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earl, Jordan Contributor address; City; State; Zip Code Knox City , TX 79529 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Nurse | | Employer (See Instructions) Haskell Hospital |
| Date 10/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goretska, Mandi Contributor address; City; State; Zip Code Abilene, TX 79602 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Mental health Professional | | Employer (See Instructions) Self |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/19 |
| 2 FILER NAME Rodriquez, Riley Boone | | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 10/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grantham, Kayla 6 Contributor address; City; State; Zip Code Abilene , TX 79605 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Payroll | | 9 Employer (See Instructions) Abilene ISD |
| Date 11/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grantham, Kayla Contributor address; City; State; Zip Code Abilene , TX 79605 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Payroll | | Employer (See Instructions) Abilene ISD |
| Date 12/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grantham, Kayla Contributor address; City; State; Zip Code Abilene , TX 79605 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Payroll | | Employer (See Instructions) Abilene ISD |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Judy Contributor address; City; State; Zip Code Voca, TX 76887 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) NA | | Employer (See Instructions) NA |
| Date 11/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight , Darrel Contributor address; City; State; Zip Code Abilene, TX 79602 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Business owner | | Employer (See Instructions) Self Employed |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/19 |
| 2 FILER NAME Rodriquez, Riley Boone | | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 11/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magana, Vallia 6 Contributor address; City; State; Zip Code Knox City, TX 79529 | 7 Amount of Contribution (\$) \$200.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) Not employed |
| Date 09/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newlin, Sandra Contributor address; City; State; Zip Code San Angelo, TX 76904 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) NA | | Employer (See Instructions) NA |
| Date 11/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nitke, Steve Contributor address; City; State; Zip Code Abilene , TX 79606 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiological Associates of Abilene |
| Date 09/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriquez, Riley Contributor address; City; State; Zip Code Abilene, TX 79605 | Amount of Contribution (\$) \$290.00 |
| Principal occupation / Job title (See Instructions) Self Employed | | Employer (See Instructions) Self Employed |
| Date 11/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriquez, Riley Contributor address; City; State; Zip Code Abilene, TX 79605 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Self Employed | | Employer (See Instructions) Self Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/19 |
| 2 FILER NAME Rodriquez, Riley Boone | | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 10/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriquez, Riley | 7 Amount of Contribution (\$) \$142.19 |
| | 6 Contributor address; City; State; Zip Code Abilene, TX 79605 | |
| 8 Principal occupation / Job title (See Instructions) Self Employed | | 9 Employer (See Instructions) Self Employed |
| Date 09/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Sally | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code San Angelo, TX 76903 | |
| Principal occupation / Job title (See Instructions) NA | | Employer (See Instructions) NA |
| Date 12/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Stephanie | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Lubbock, TX 79413 | |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Kevin | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Eldorado, TX 76936 | |
| Principal occupation / Job title (See Instructions) Sculptor | | Employer (See Instructions) Self |
| Date 11/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC | Amount of Contribution (\$) \$850.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77266 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/19 |
| 2 FILER NAME Rodriquez, Riley Boone | | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 12/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren, Mary | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Rochelle, TX 76872 | |
| 8 Principal occupation / Job title (See Instructions) NA | | 9 Employer (See Instructions) NA |
| Date 12/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wehner, Karl | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code San Angelo, TX 76904 | |
| Principal occupation / Job title (See Instructions) NA | | Employer (See Instructions) NA |
| Date 10/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Linda | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code San Angelo , TX 76903 | |
| Principal occupation / Job title (See Instructions) not employed | | Employer (See Instructions) not employed |
| Date 11/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoder, Grady | Amount of Contribution (\$) \$200.00 |
| | Contributor address; City; State; Zip Code Abilene , TX 79530 | |
| Principal occupation / Job title (See Instructions) Radiologist | | Employer (See Instructions) Radiology Associates Abilene |
| Date 09/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zehdner, Ralph | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code San Angelo , TX 76904 | |
| Principal occupation / Job title (See Instructions) NA | | Employer (See Instructions) NA |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/11 Rpt: 9/19 | 2 FILER NAME Rodriquez, Riley Boone | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 11/30/2025 | 5 Payee name Abilene State Park | |
| 6 Amount (\$) \$5.00 | 7 Payee address; City; 150 park road 32 Tuscola, TX 79562 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expense for advertising content |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/31/2025 | Payee name Actblue | |
| Amount (\$) \$37.63 | Payee address; City; P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service fee for online fundraising contributions platform |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/09/2025 | Payee name Allsups | |
| Amount (\$) \$52.39 | Payee address; City; 510 E access Rd. Hawley, TX 79525 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 2/11 Rpt: 10/19 | 2 FILER NAME Rodriquez, Riley Boone | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 11/03/2025 | 5 Payee name Alon Dk | |
| 6 Amount (\$) \$40.00 | 7 Payee address; City; 5110 S Seventh St. Abilene, TX 79605 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/01/2025 | Payee name Best Western Lubbock West Inn & Suites | |
| Amount (\$) \$86.35 | Payee address; City; 5310 Englewood Ave. Lubbock, TX 79424 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense overnight hotel for travel |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/08/2025 | Payee name Canva | |
| Amount (\$) \$143.97 | Payee address; City; 3212 E. Cesar Chavez St. Bldg. 1 Ste.1300 Austin , TX 78702 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/11 Rpt: 11/19 | 2 FILER NAME Rodriquez, Riley Boone | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 10/21/2025 | 5 Payee name Cranes BBQ | |
| 6 Amount (\$) \$31.74 | 7 Payee address; City; 1023 Access Rd Tye , TX 79563 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal at event |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/09/2025 | Payee name Facebook Meta | |
| Amount (\$) \$1.01 | Payee address; City; 1 Meta Way Menlo Pk., CA 94025 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads on facebook |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/09/2025 | Payee name Facebook Meta | |
| Amount (\$) \$1.01 | Payee address; City; 1 Meta Way Menlo Pk., CA 94025 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ad |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 4/11 Rpt: 12/19 | 2 FILER NAME Rodriquez, Riley Boone | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 10/09/2025 | 5 Payee name Facebook Meta | |
| 6 Amount (\$) \$2.00 | 7 Payee address; City; 1 Meta Way Menlo Pk., CA 94025 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/09/2025 | Payee name Facebook Meta | |
| Amount (\$) \$3.00 | Payee address; City; 1 Meta Way Menlo Pk., CA 94025 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook Ads |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/06/2025 | Payee name Fedex | |
| Amount (\$) \$23.80 | Payee address; City; 4133 S. Danville Dr. Abilene, TX 79605 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event invitations |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 5/11 Rpt: 13/19 | 2 FILER NAME Rodriquez, Riley Boone | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 12/06/2025 | 5 Payee name Fedex | |
| 6 Amount (\$) \$21.99 | 7 Payee address; City; 4133 S. Danville Dr. Abilene, TX 79605 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Invitations |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/22/2025 | Payee name H-E-B | |
| Amount (\$) \$40.00 | Payee address; City; 1345 Barrow St. Abilene, TX 79605 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/09/2025 | Payee name Kamay | |
| Amount (\$) \$38.79 | Payee address; City; 8682 Seymour Hwy Wichita Falls , TX 76310 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fuel |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 6/11 Rpt: 14/19 | 2 FILER NAME Rodriquez, Riley Boone | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 12/02/2025 | 5 Payee name Lowes | |
| 6 Amount (\$) \$25.89 | 7 Payee address; City; 4134 Rdigemont Dr. Abilene, TX 79606 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas lights for campaign sign |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/29/2025 | Payee name Mail Chimp | |
| Amount (\$) \$47.97 | Payee address; City; 405 N. Angier Ave. NE Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Service Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/29/2025 | Payee name Mail Chimp | |
| Amount (\$) \$47.97 | Payee address; City; 405 N. Angier Ave. NE Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing service |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 7/11 Rpt: 15/19 | 2 FILER NAME Rodriquez, Riley Boone | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 12/04/2025 | 5 Payee name McDonalds | |
| 6 Amount (\$) \$11.25 | 7 Payee address; City; 6001 W 19th St. Lubbock, TX 79407 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food during travel |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/21/2025 | Payee name Mr. Jiffy Printing | |
| Amount (\$) \$200.26 | Payee address; City; 3490 N 1st St. Abilene, TX 79603 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printed cards, trifolds and post cards |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 11/24/2025 | Payee name Office Max | |
| Amount (\$) \$40.59 | Payee address; City; 4141 Buffalo Gap Rd. Abilene, TX 79605 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 250 envelopes for mailers |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 8/11 Rpt: 16/19 | 2 FILER NAME Rodriquez, Riley Boone | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 12/04/2025 | 5 Payee name Steel Penny | |
| 6 Amount (\$) \$38.51 | 7 Payee address; City; 50 Hopkins Rd. Sweetwater , TX 79556 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/11/2025 | Payee name Stripes | |
| Amount (\$) \$20.00 | Payee address; City; 701 Hwy 87 Brady, TX 76825 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 10/21/2025 | Payee name Taco Bell | |
| Amount (\$) \$22.00 | Payee address; City; 4341 South 1st St. Abilene, TX 79605 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food during travel in district |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|---|-------------|
| 1 Total pages Schedule F1: Sch: 9/11 Rpt: 17/19 | 2 FILER NAME Rodriquez, Riley Boone | 3 Filer ID (Ethics Commission Filers) 00089983 | |
| 4 Date 11/13/2025 | 5 Payee name Texas Democratic Party | | |
| 6 Amount (\$) \$1,250.00 | 7 Payee address; City; 314 E Highland Mall Blvd Austin, TX 78752 | State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Filing Fee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee for Candidacy | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/10/2025 | Payee name U.S.P.S | | |
| Amount (\$) \$78.00 | Payee address; City; 2501 Buffalo Gap Rd. Abilene, TX 79605 | State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Postage | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Roll of Stamps | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 10/08/2025 | Payee name U.S.P.S | | |
| Amount (\$) \$192.00 | Payee address; City; 2501 Buffalo Gap Rd. Abilene, TX 79605 | State; Zip Code | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) P.O. Box payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual box payment | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 10/11 Rpt: 18/19 | 2 FILER NAME Rodriquez, Riley Boone | 3 Filer ID (Ethics Commission Filers) 00089983 |
| 4 Date 10/30/2025 | 5 Payee name United | |
| 6 Amount (\$) \$45.95 | 7 Payee address; City; 920 N Willis Abilene, TX 79603 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for Trunk or Treat |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Walgreens | Office sought Office held |
| Date 10/25/2025 | Payee name Walgreens | |
| Amount (\$) \$36.76 | Payee address; City; 3033 S. 14th Abilene, TX 79605 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for Halloween Trunk or Treat |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Whataburger | Office sought Office held |
| Date 10/19/2025 | Payee name Whataburger | |
| Amount (\$) \$13.41 | Payee address; City; 893 E. Highway 80 Abilene, TX 79601 | State; Zip Code |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event food |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|--|-------------|
| 1 Total pages Schedule F1: Sch: 11/11 Rpt: 19/19 | 2 FILER NAME Rodriquez, Riley Boone | 3 Filer ID (Ethics Commission Filers) 00089983 | |
| 4 Date 11/24/2025 | 5 Payee name Zazzle | | |
| 6 Amount (\$) \$47.63 | 7 Payee address; City; 1200 Chestnut St. Menlo Park, CA 94025 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cards | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |