

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)

N/A

2 Total pages filed:

7

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Riakos L.	MI	OFFICE USE ONLY RECEIVED APR 07 2023 @ 5:01 p.m. City of Killeen By: Laura J. Calcote City Secretary Date Hand-Delivered or Date Postmarked <i>emailed</i> Receipt # _____ Amount \$ _____ Date Processed 4/10/2023 Date Imaged 4/10/2023	
	NICKNAME "Rock"	LAST Adams	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 11991, Killeen, Texas 76547				
<input type="checkbox"/> Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (254)	PHONE NUMBER 630-0495	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Riakos L.	MI		
	NICKNAME "Rock"	LAST Adams	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE same as above				
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER same as above	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)				
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 18 / 2023 THROUGH 04 / 06 / 2023				
11 ELECTION	ELECTION DATE Month Day Year 05 / 06 / 2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) City Councilmember District 2		13 OFFICE SOUGHT (if known) City Councilmember District 2		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> 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)	\$ 950.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 192.28
	4. TOTAL POLITICAL EXPENDITURES	\$ 617.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,000.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 617.28

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Riakos L. Adams, and my date of birth is 6-17-1973
 My address is 5207 Yellow Pine Ct, Killeen, TX, 76542, USA
(street) (city) (state) (zip code) (country)
 Executed in Bell County, State of Texas, on the 6th day of April, 20 23
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Riakos Adams</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 617.28
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00 425.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 3
2 FILER NAME Riakos L. Adams		3 Filer ID (Ethics Commission Filers)
4 Date 1-26-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reatha Gillis	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 14408 Marlborough Drive Upper Marlboro, MD		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-26-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kourtney Warren	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 8006 Bullfinch Pl, White Plains, MD 20695		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-26-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Young	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1464 Capital View Terrace, Landover, MD 20785		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Passariello	Amount of contribution (\$) 1500.00
Contributor address; City; State; Zip Code 8001 Copano Drive, Austin, TX 78749		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Passariello Management LLC
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 3
2 FILER NAME Riakos L. Adams		3 Filer ID (Ethics Commission Filers)
4 Date 3-24-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Trifinia Ashmon <hr/> 6 Contributor address; City; State; Zip Code 6 Shepherd Way, Elkton, MD 21921	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions)
Date 3-24-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Files <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired Military		Employer (See Instructions) US Navy (retired)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Riakos L. Adams		3 Filer ID (Ethics Commission Filers)
4 Date 3-01-2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glyceria Williams 6 Contributor address; City; State; Zip Code Louisville, KY	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-05-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Johnson Contributor address; City; State; Zip Code 5505 Siltstone Loop, Killeen, TX	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-12-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Rosenberg Contributor address; City; State; Zip Code 2203 Red Rock Drive, Belton, TX 76513	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-23-2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Bass Contributor address; City; State; Zip Code 5006 Velma Drive, Killeen, TX 76542	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Riakos L. Adams	3 Filer ID (Ethics Commission Filers)
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4 Date 2/24/23	5 Payee name Texas Democratic Party
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6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1106 Lavaca St, Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Voter Action Network
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2022, a candidate or officeholder who has accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name Riakos L. Adams	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$28,800 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the City Secretary report due on April 6, 2023.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Riakos L. Adams, and my date of birth is 6-17-1973
 My address is 5207 Yellow Pine Ct, Killeen, TX, 76542, USA
(street) (city) (state) (zip code) (country)
 Executed in Bell County, State of Texas, on the 6 day of April, 2023.
(month) (year)

Signature of Filer (Declarant)

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