

**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) 00067797	2 Total pages filed: 8		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Ryan	MI	OFFICE USE ONLY		
	NICKNAME	LAST Sitton	SUFFIX	Date Received ELECTRONICALLY FILED 01/09/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1 Pinnacle Way			Date Hand-delivered or Date Postmarked		
	Pasadena, TX 77504			Receipt #		
				Amount		
				Date Processed		
			Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Scott	MI			
	NICKNAME	LAST Joyce	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2806 Autumn Lake Drive		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Katy, TX 77450					
7 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 908-8812	EXTENSION			
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		ELECTION TYPE <input 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) None			12 OFFICE SOUGHT (if known) None		

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

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

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13 C / OH NAME	Sitton, Ryan (The Honorable)		14 Filer ID (Ethics Commission Filers) 00067797
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)		\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 27,581.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 1,976,616.95
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.

The Honorable Ryan Sitton

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**

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18 FILER NAME	19 Filer ID (Ethics Commission Filers) 00067797
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input 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 checked="" 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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	

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: 1/2 Rpt: 4/8	2 FILER NAME Sittin, Ryan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067797
4 Date 10/14/2025	5 Payee name Hype Public Relations	
6 Amount (\$) \$5,000.00	7 Payee address; City; 7323 Hillside Avenue Mont Belvieu, TX 77523	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Campaign Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	Payee name Hype Public Relations	
Amount (\$) \$5,000.00	Payee address; City; 7323 Hillside Avenue Mont Belvieu, TX 77523	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Campaign Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	Payee name Hype Public Relations	
Amount (\$) \$5,000.00	Payee address; City; 7323 Hillside Avenue Mont Belvieu, TX 77523	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Campaign Consulting
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: 2/2 Rpt: 5/8	2 FILER NAME Sutton, Ryan (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067797
4 Date 12/23/2025	5 Payee name Mike Miller Mediations, LLC	
6 Amount (\$) \$2,000.00	7 Payee address; City; 1302 Waugh Drive Suite 104 Houston, TX 77019	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mediation Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Wick Phillips	
Amount (\$) \$10,581.00	Payee address; City; 3131 McKinney Avenue Suite 500 Dallas, TX 75204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3: Sch: 1/1 Rpt: 6/8
2 FILER NAME Sitton, Ryan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067797
4 Date 12/31/2025	5 Name of person from whom investment is purchased Avidian Wealth Solutions	
	6 Address of person from whom investment is purchased; City; State; Zip Code 800 Town and Country Blvd #220 Houston, TX 77024	
	7 Description of investment Investment account	
	8 Amount of investment (\$) 1,836,239.16	

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER**

SCHEDULE K

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule K: Sch: 1/2 Rpt: 7/8</p>
<p>2 FILER NAME Sitton, Ryan (The Honorable)</p>		<p>3 Filer ID (Ethics Commission Filers) 00067797</p>
<p>4 Date 12/31/2025</p>	<p>5 Name of person from whom amount is received Vista Bank</p> <p>.....</p> <p>6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78731</p>	<p>8 Amount (\$) \$40.67</p>
	<p>7 Purpose for which amount is received Bank Account Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/28/2025</p>	<p>Name of person from whom amount is received Vista Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78731</p>	<p>Amount (\$) \$47.80</p>
	<p>Purpose for which amount is received Bank Account Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 10/31/2025</p>	<p>Name of person from whom amount is received Vista Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78731</p>	<p>Amount (\$) \$51.30</p>
	<p>Purpose for which amount is received Bank Account Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/30/2025</p>	<p>Name of person from whom amount is received Vista Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78731</p>	<p>Amount (\$) \$52.23</p>
	<p>Purpose for which amount is received Bank Account Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/29/2025</p>	<p>Name of person from whom amount is received Vista Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin, TX 78731</p>	<p>Amount (\$) \$53.92</p>
	<p>Purpose for which amount is received Bank Account Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 8/8
2 FILER NAME Sitton, Ryan (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067797
4 Date 07/31/2025	5 Name of person from whom amount is received Vista Bank	8 Amount (\$) \$62.60
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78731	
	7 Purpose for which amount is received Bank Account Interest	<input type="checkbox"/> Check if political contribution returned to filer