

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085529	2 Total pages filed: 9			
3 COMMITTEE NAME TriCounty Republican Women's Club		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/08/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address 1220 N. Riviera Circle Pearland, TX 77581						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.			FIRST Cynthia	MI	
	NICKNAME	LAST Sitterle	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1220 N. Riviera Circle Pearland, TX 77581		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 1220 N. Riviera Circle Pearland, TX 77581					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 865-2400					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff					
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month 01/08/2026	Day	Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME TriCounty Republican Women's Club		13 FILER ID (Ethics Commission Filers) 00085529
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,599.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,053.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Ms. Cynthia Sitterle

Signature of Campaign Treasurer

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 oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3

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17 COMMITTEE NAME TriCounty Republican Women's Club	18 FILER ID (Ethics Commission Filers) 00085529
19 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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
9. <input type="checkbox"/> SCHEDULE E: LOANS	
10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/9
2 FILER NAME TriCounty Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00085529
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRI-CO REPUBLICAN WOMEN'S CLUB 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$4,599.58
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/5 Rpt: 5/9	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 08/12/2025	5 Payee name ARNWINE, BRIAN (Mr.)	
6 Amount (\$) 220.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2555 CULLEN BLVD PEARLAND, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) SECURITY
Date 10/14/2025	Payee name COMBAT GLOBAL ORGAN TRAFFICKING (CGOT)	
Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 CULLEN BLVD #84562 PEARLAND, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) NON-POLITICAL DONATION	(b) Description (See instructions regarding type of information required.) DONATION
Date 08/12/2025	Payee name GOLFCREST COUNTRY CLUB	
Amount (\$) 2,024.19 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2509 COUNTRY CLUB DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) LUNCHEON
Date 09/09/2025	Payee name GOLFCREST COUNTRY CLUB	
Amount (\$) 573.49 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2509 COUNTRY CLUB DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) LUNCHEON

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/5 Rpt: 6/9	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 10/14/2025	5 Payee name GOLFCREST COUNTRY CLUB	
6 Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2509 COUNTRY CLUB DR PEARLAND, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) LUNCHEON
Date 11/11/2025	Payee name GOLFCREST COUNTRY CLUB	
Amount (\$) 640.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2509 COUNTRY CLUB DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) LUNCHEON
Date 12/29/2025	Payee name GOLFCREST COUNTRY CLUB	
Amount (\$) 1,156.88 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2509 COUNTRY CLUB DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) CHRISTMAS PARTY
Date 12/11/2025	Payee name GRIFFIN, MARTIN	
Amount (\$) 600.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 104 LAKEVIEW CIR FRIENDSWOOD, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) ENTERTAINMENT CHRISTMAS PARTY

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/5 Rpt: 7/9	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 10/14/2025	5 Payee name HOME EDUCATION PARTNERSHIP OF TEXAS, INC	
6 Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 208 E EDGEWOOD DR FRIENDSWOOD, TX 77546	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) NON-POLITICAL DONATION	(b) Description (See instructions regarding type of information required.) DONATION
Date 07/02/2025	Payee name SQUARE INC	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 MARKET ST SUITE 600 SAN FRANCISCO, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SERVICE CHARGE
Date 07/18/2025	Payee name SQUARE INC	
Amount (\$) 178.81 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 MARKET ST SUITE 600 SAN FRANCISCO, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SERVICE FEE
Date 07/21/2025	Payee name SQUARE INC	
Amount (\$) 1.03 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 MARKET ST SUITE 600 SAN FRANCISCO, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SERVICE FEE

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/5 Rpt: 8/9	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 08/04/2025	5 Payee name SQUARE INC	
6 Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1455 MARKET ST SUITE 600 SAN FRANCISCO, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SERVICE FEE
Date 08/27/2025	Payee name SQUARE INC	
Amount (\$) 30.88 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 MARKET ST SUITE 600 SAN FRANCISCO, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) EVENT REFUND
Date 09/02/2025	Payee name SQUARE INC	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 MARKET ST SUITE 600 SAN FRANCISCO, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SERVICE FEE
Date 10/02/2025	Payee name SQUARE INC	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 MARKET ST SUITE 600 SAN FRANCISCO, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SERVICE FEE

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/5 Rpt: 9/9	2 FILER NAME TriCounty Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00085529
4 Date 11/03/2025	5 Payee name SQUARE INC	
6 Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1455 MARKET ST SUITE 600 SAN FRANCISCO, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SERVICE FEE
Date 12/02/2025	Payee name SQUARE INC	
Amount (\$) 21.32 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1455 MARKET ST SUITE 600 SAN FRANCISCO, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SERVICE FEE