DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00090136

2 Total pages filed: 5

3 FILER NAME

MS / MRS / MR | FIRST | MI

NICKNAME | LAST: Alzheimer's Association | SUFFIX

4 FILER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6055 South Loop East

Houston, TX 77087

5 FILER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(713) 314-1301

6 REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [X] 8th day before election
- [ ] Runoff

7 PERIOD COVERED

Month Day Year: 09/26/2025 THROUGH Month Day Year: 10/25/2025

8 ELECTION

ELECTION DATE: Month Day Year: 11/04/2025

ELECTION TYPE

- [ ] Primary
- [ ] Runoff
- [ ] Other
- [X] General
- [ ] Special

9 FILER 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: Ballot ID:Prop 14 Election Date:2025-11-04 Desc:Establish the Dementia Prevention and Research Institute of Texas
   - B. Opposed
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 10/27/2025

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

GO TO PAGE 2

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME Alzheimer's Association		**11** Filer ID (Ethics Commission Filers) 00090136	
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$**	0.00
	2. TOTAL POLITICAL EXPENDITURES	**$**	531,041.14

13 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.

_____

Signature of Filer
or
Signature of individual with authority to sign on behalf of entity

(only if Filer is an entity)

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 - DCE

FORM DCE

COVER SHEET PG 3

14 FILER NAME	**15** Filer ID (Ethics Commission Filers)
Alzheimer's Association	00090136

16 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES	**$** 530,750.00
2.	[X]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$** 291.14
3.	[X]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$** 0.00

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 4/5	Alzheimer's Association	00090136

4 Date	5 Payee name
10/07/2025	Sable Strategy LLC

6 Amount ($)	7 Payee address; City; State; Zip Code
$530,000.00 ☐ Expenditure from corporate funds	712 H Street NE Suite 1546 Washington, DC 20002

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. Creative design and advertising

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/02/2025	San Antonio Missions Baseball Club

Amount ($)	Payee address; City; State; Zip Code
$750.00 ☐ Expenditure from corporate funds	5757 Hwy 90 West San Antonio, TX 78227

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. Ad

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F2: Sch: 1/1 Rpt: 5/5	**2** FILER NAME Alzheimer's Association	**3** Filer ID (Ethics Commission Filers) 00090136
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		**$** 0.00
5 Date 10/15/2025	**6** Payee name Long Plan (LP) Printing	
7 Amount ($) $291.14 ☐ Expenditure from corporate funds	**8** Payee address; City; State; Zip Code 3029 Crossview Dr. Houston, TX 77063	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political Not Applicable for Form DCE	
10 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Printing Expense	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. Printing
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held