

**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: 4
3 FILER NAME	MS / MRS / MR FIRST MI			<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX Alzheimer's Association			Date Received  ELECTRONICALLY FILED 01/13/2026
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6055 South Loop East			Date Hand-delivered or Date Postmarked
	Houston, TX 77087			Date Processed
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 314-1301			Receipt #      Amount
6 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff			Date Imaged
7 PERIOD COVERED	Month Day Year 10/26/2025	Month Day Year THROUGH 12/31/2025		
8 ELECTION	ELECTION DATE Month Day Year 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> 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.)			

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**FORM DCE  
COVER SHEET PG 2**

<b>10</b> FILER NAME	Alzheimer's Association	
<b>11</b> Filer ID	(Ethics Commission Filers) 00090136	
<b>12</b> EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 100,002.50

**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.

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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.

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Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - DCE****FORM DCE**  
**COVER SHEET PG 3**  
3 of 4

<b>14</b> FILER NAME Alzheimer's Association	<b>15</b> Filer ID (Ethics Commission Filers) 00090136
<b>16</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 100,002.50
2. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
3. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00

# POLITICAL EXPENDITURES

## 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)

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1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	2 FILER NAME Alzheimer's Association	3 Filer ID (Ethics Commission Filers) 00090136	
4 Date 11/18/2025	5 Payee name Sable Strategy LLC		
6 Amount (\$) \$100,002.50	7 Payee address; City; 712 H Street NE Suite 1546 Washington, DC 20002		
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. Creative design and advertising	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held