

# **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) 00090254	2 Total pages filed: 4
3 FILER NAME	MS / MRS / MR NICKNAME			FIRST LAST Strong Borders Action	MI SUFFIX
					OFFICE USE ONLY
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE;			ZIP CODE	Date Received ELECTRONICALLY FILED 02/02/2026
	P.O. Box 178 Seabrook, TX 77586				Date Hand-delivered or Date Postmarked
					Receipt # <input type="text"/> Amount <input type="text"/>
5 FILER PHONE	AREA CODE (713) 582-8440			EXTENSION	Date Processed
6 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election			
<input type="checkbox"/> Runoff					
7 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/12/2026	Day
	THROUGH			Year	
8 ELECTION	ELECTION DATE Month 03/03/2026			ELECTION TYPE	
				<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <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 Jeff Forrester State Representative			
		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.)					

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**DIRECT CAMPAIGN EXPENDITURES  
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**FORM DCE  
COVER SHEET PG 2**

<b>10</b> FILER NAME Strong Borders Action	<b>11</b> Filer ID (Ethics Commission Filers) 00090254
<b>12</b> EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES  2. <b>TOTAL POLITICAL EXPENDITURES</b>
	\$ 0.00  \$ 50,000.00

**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 Strong Borders Action	<b>15</b> Filer ID (Ethics Commission Filers) 00090254
<b>16</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 50,000.00
2. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# 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 Strong Borders Action	3 Filer ID (Ethics Commission Filers) 00090254
4 Date 01/22/2026	5 Payee name Political Communications Advertising	
6 Amount (\$) \$25,000.00	7 Payee address; City; State; Zip Code 11 E. 44th St RM 301 New York, NY 10017	
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. HD 89 Streaming Ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Forrester, Jeff	Office sought State Representative District 89
Date 01/22/2026	Payee name Political Communications Advertising	
Amount (\$) \$25,000.00	Payee address; City; State; Zip Code 11 E. 44th St RM 301 New York, NY 10017	
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. HD 89 Streaming Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Forrester, Jeff	Office sought State Representative District 89