

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

| | | |
|---|---|---|
| 10 FILER NAME Strong Borders Action | | 11 Filer ID (Ethics Commission Filers) 00090254 |
| 12 EXPENDITURE TOTALS | 1. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 2. TOTAL POLITICAL EXPENDITURES | \$ 15,000.00 |

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.

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

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FORM **DCE**
ADDENDUM

Page 3 of 5

| | | |
|---|--|---|
| 10 FILER NAME Strong Borders Action | | 11 Filer ID (Ethics Commission Filers) 00090254 |
| 12 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 Candy Noble State Representative |
| | 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) | |
| | | |

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
4 of 5

| | | |
|--|---|---|
| 14 FILER NAME Strong Borders Action | | 15 Filer ID (Ethics Commission Filers) 00090254 |
| 16 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES | \$ 15,000.00 |
| 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 - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5 | 2 FILER NAME Strong Borders Action | 3 Filer ID (Ethics Commission Filers) 00090254 |
| 4 Date 02/10/2026 | 5 Payee name Political Communications Advertising | |
| 6 Amount (\$) \$15,000.00 <input type="checkbox"/> Expenditure from corporate funds | 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. TV/Streaming ad in HD 89 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Forrester, Jeff | Office sought State Representative District 89 |
| Office held | | |