#### FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00088925 Date Received COMMITTEE Alamo City Democrats **ELECTRONICALLY FILED** NAME 07/13/2025 TREASURER Garcia, Mary Angie (Ms.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** We have not had much many transactions in this report. Errors that appeared were changing contributions to in-kind-contribution. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Ms. Mary Angie Garcia Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_ \_\_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

CORRECTION/AMENDMENT AFFIDAVIT

#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088925 3 COMMITTEE NAME **OFFICE USE ONLY** Alamo City Democrats Date Received **ELECTRONICALLY FILED** 07/13/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4919 Greenwood Date Hand-delivered or Date Postmarked Change of Address San Antonio, TX 78214 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Mary Angie NAME NICKNAME LAST **SUFFIX** Garcia STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 134 San Juan Road STREET **ADDRESS** (Residence or Business) San Antonio, TX 78223 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 134 San Juan Road MAILING **ADDRESS** San Antonio, TX 78223 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 323-5113 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/03/2025 General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Alamo City Democrats			00088925			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures  (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	280.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			55.00		
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	<u> </u>		<u> </u>			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.				
	Ms. Mary Angie Garcia					
		Signature of Cal	mpaign Treasu	rer		
AFFIX NOTARY	/ STAMP / SEAL ABOVE					
Sworn to and subscribed	d before me, by the said	, tł	nis the	day		
of	_, 20, to certify	which, witness my hand and seal of office.				
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath		
Signature of officer at	animisemily ball	Thinked hame of onicer administrating oath	THE OF OHIC	or auministening oath		

#### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

	MMITTE	(Eth	nics Commission Filers)		
	HEDULI	1			
NAME OF SCHEDULE					SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				0.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	280.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	_
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	0.00
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				•	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/7			
2 FILER NAME				Filer ID (Ethics Commission Filers)			
Alamo City Democrats				00088925			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				0.00			
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8	Amount of 9 In-kind contribution			
03/12/2025	Abundis Esparza, Elva (Mrs.)			contribution (\$) description \$30.00 Rental Fee for equipment			
	7 Contributor address; City; State; Zip Code			rental.			
				ł			
				_			
	SAN ANTONIO, TX 78222	1		Check if travel outside of Texas. Complete Schedule T.			
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JL	JDICIAL) (See instructions)			
Justice Cou		Bexar County					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	OR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•					
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of In-kind contribution			
03/12/2025				contribution (\$) description			
	Contributor address; City; State; Zip Code			\$125.00   Rental Fee for Hall for			
				Mayoral Forum			
				i			
	San Antonio, TX 78221			Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JL	JDICIAL) (See instructions)			
Retired		Bexar County					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	DR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's	spouse (if any) (FOR JUDICIAL)			
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor  out-of-state PAC (ID#:	)		Amount of In-kind contribution			
03/12/2025	Teresa, Frogge (Mrs.)			contribution (\$) description \$125.00 Food expenditure of			
	Contributor address; City; State; Zip Code			Mayoral Forum			
				i			
	San Antonio, TX 78251	T		Check if travel outside of Texas. Complete Schedule T.			
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JL	JDICIAL) (See instructions)			
Retired		Retired					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FC	OR JUDICIAL) (See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's	spouse (if any) (FOR JUDICIAL)			
	,			,			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1					
	,						

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 6/7
2 FILER NAME Alamo City Democrats	3 Filer ID (Ethics Commission Filers) 00088925
TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
Date     G Full name of pledgor	8 Amount of pledge (\$)   9 In-kind description (If applicable)
	Check if travel outside of Texas. Complete Schedule T
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)	tructions)

	LOANS					SCHEDULE	E	
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: Sch: 1/1 Rpt: 7/7			
2	FILER NAME Alamo City Democrats			3 Filer ID (Ethics Commission Filers) 00088925				
4	TOTAL OF UN	TOTAL OF UNITEMIZED LOANS				\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)		
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate		
						11 Maturity Date		
12	Principal occupati	on / Job title (See Instructions)		13 Employer (See Instr	uctions)	1		
14	Description of Col	lateral		15 Check if personal fu	nds were deposite	d into political account (See Instructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (	\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code				
_	Principal occupati	on		21 Employer (See Instr	uctions)			