

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

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| The SPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00086051 | 2 Total pages filed: 6 |
| 3 COMMITTEE NAME SAFA Committee For Election Integrity | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged |
| 4 COMMITTEE ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14546 Brook Hollow Blvd. #402 San Antonio, TX 78232 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Patrick R. NICKNAME LAST SUFFIX Von Dohlen | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14546 Brook Hollow Blvd. #402 San Antonio, TX 78232 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14546 Brook Hollow Blvd. #402 San Antonio, TX 78232 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (210) 908-0069 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination | | |
| 10 PERIOD COVERED | Month Day Year 01/01/2025 THROUGH 06/30/2025 | | |
| 11 ELECTION | ELECTION DATE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**
COVER SHEET PG 2

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|--|--|--|---------|--|
| 12 COMMITTEE NAME SAFA Committee For Election Integrity | | 13 Filer ID (Ethics Commission Filers) 00086051 | | |
| 14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder | CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) | | |
| | | <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">BALLOT IDENTIFICATION / # ACCD PropA</td> <td style="width:40%; border: none;">ELECTION DATE Month Day Year 05/03/2025</td> </tr> </table> | | BALLOT IDENTIFICATION / # ACCD PropA |
| | BALLOT IDENTIFICATION / # ACCD PropA | ELECTION DATE Month Day Year 05/03/2025 | | |
| | <input checked="" type="checkbox"/> Measure | DESCRIPTION Alamo Community College District - Bond Election : Issuance of not to exceed \$987,000,000 of ACCD | | |
| | | | | |
| 15 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | | \$ 0.00 | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 0.00 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 0.00 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 | |

| | | | | | |
|---|---|--|--|---|--|
| 16 AFFIDAVIT <div style="text-align: right;"> 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. </div> <div style="text-align: right; margin-top: 20px;"> Mr. Patrick R. Von Dohlen _____ Signature of Campaign Treasurer </div> <div style="text-align: center; margin-top: 20px;"> AFFIX NOTARY STAMP / SEAL ABOVE </div> <div style="margin-top: 20px;"> Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office. </div> <div style="margin-top: 20px;"> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">_____ Signature of officer administering oath</td> <td style="width:33%; border: none;">_____ Printed name of officer administering oath</td> <td style="width:33%; border: none;">_____ Title of officer administering oath</td> </tr> </table> </div> | | | _____ Signature of officer administering oath | _____ Printed name of officer administering oath | _____ Title of officer administering oath |
| _____ Signature of officer administering oath | _____ Printed name of officer administering oath | _____ Title of officer administering oath | | | |

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

FORM SPAC
ADDENDUM

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| | | | |
|---|--|---|--|
| 12 COMMITTEE NAME SAFA Committee For Election Integrity | | 13 Filer ID (Ethics Commission Filers) 00086051 | |
| 14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholders only) | <input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER | CANDIDATE / OFFICE HOLDER NAME | |
| | | OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) | |
| | <input checked="" type="checkbox"/> MEASURE | BALLOT IDENTIFICATION BCES No.1 ELECTION DATE MONTH DAY YEAR 05/03/2025 DESCRIPTION Bexar County Emergency Services District No1 Prop A: adoption of Local sale&use tax | |

SUBTOTALS - SPAC**FORM SPAC**
COVER SHEET PG 3
4 of 6

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|---|---|
| 17 COMMITTEE NAME SAFA Committee For Election Integrity | 18 Filer ID (Ethics Commission Filers) 00086051 |
|---|---|

| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|--|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 0.00 |
| 8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 9. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 10. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 11. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 5/6

2 FILER NAME

SAFA Committee For Election Integrity

3 Filer ID (Ethics Commission Filers)

00086051

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 6/6 |
| 2 FILER NAME SAFA Committee For Election Integrity | | 3 Filer ID (Ethics Commission Filers) 00086051 |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 0.00 |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (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 occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal occupation | | 21 Employer (See Instructions) |