

**SPECIFIC-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM SPAC  
COVER SHEET PG 1**

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		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  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 Mr. Patrick R.					
NICKNAME LAST Von Dohlen					
SUFFIX					
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 14546 Brook Hollow Blvd. #402  San Antonio, TX 78232	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 14546 Brook Hollow Blvd. #402  San Antonio, TX 78232	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (210) 908-0069	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other		

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**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM SPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> SAFA Committee For Election Integrity		<b>13 FILER ID</b> (Ethics Commission Filers) 00086051
<b>14 COMMITTEE PURPOSE</b>  (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	<b>CANDIDATE / OFFICEHOLDER NAME</b>
	<input type="checkbox"/> Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> Measure	<b>BALLOT IDENTIFICATION / #</b> NEISDpropC <b>ELECTION DATE</b> Month Day Year 11/04/2025
		<b>DESCRIPTION</b> Property Tax Increase
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ \$0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ \$0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ \$0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$0.00
<b>16 AFFIDAVIT</b>		
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.		
_____ Mr. Patrick R. Von Dohlen Signature of Campaign Treasurer		
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

**SPECIFIC-PURPOSE COMMITTEE REPORT:  
PURPOSE****FORM SPAC  
ADDENDUM**

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<b>12 COMMITTEE NAME</b> SAFA Committee For Election Integrity		<b>13 FILER ID</b> (Ethics Commission Filers) 00086051
<b>14 COMMITTEE PURPOSE</b> (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 type="checkbox"/> MEASURE	BALLOT IDENTIFICATION TX Prop 15
		ELECTION DATE MONTH DAY YEAR 11/04/2025
		DESCRIPTION Codify Parental Rights

**SUBTOTALS - SPAC****FORM SPAC**  
**COVER SHEET PG 3**  
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<b>17</b> COMMITTEE NAME SAFA Committee For Election Integrity	<b>18</b> Filer ID (Ethics Commission Filers) 00086051
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
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	
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
9. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
10. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
11. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
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**

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> SAFA Committee For Election Integrity			
<b>4 TOTAL OF UNITEMIZED PLEDGES</b> <b>\$</b> 0.00			
<b>5 Date</b>	<b>6 Full name of pledgor</b> ..... <b>7 Pledgor Address;</b> City; State; Zip Code	<b>8 Amount of pledge (\$)</b>	<b>9 In-kind description (If applicable)</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10 Principal occupation / Job title (See Instructions)</b>		<b>11 Employer (See Instructions)</b>	

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 6/6
<b>2</b> FILER NAME SAFA Committee For Election Integrity		<b>3</b> Filer ID (Ethics Commission Filers) 00086051
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor ..... <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)