FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00037027 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Tony Garza Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 685284 Date Hand-delivered or Date Postmarked Austin, TX 78768 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Billy R. NAME NICKNAME LAST **SUFFIX** Bradford Jr. STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 855 West Price Rd. STREET **ADDRESS** Suite 25 (Residence or Business) Brownsville, TX 78520 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 855 W. Price Rd., Ste. 25 MAILING **ADDRESS** Brownsville, TX 78520 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 773-7168 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Year Day COVERED 01/01/2025 **THROUGH** 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission	on Filers)
Friends of Tony Garza			00037027		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Ambassador Antonio Garza Jr.			
(Attach lists on plain	Candidate				
paper to complete this report if necessary.)					
, ,,	X Officeholder				
		Legacy Only			
SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	
			Month	Day Ye	ar
OPPOSE (Candidate or Measure)					
	Measure				
X ASSIST		DESCRIPTION			
(Officeholder)					
45 CONTRIBUTION	4 TOTAL DOLUTION CON		V DI EDCEC	i	
15 CONTRIBUTION TOTALS		TRIBUTIONS OF \$50 OR LESS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE	N PLEDGES,	\$	\$0.00
	ELECTRONICALLY), UN	LESS ITEMIZED		ľ	Ψ0.00
	2. TOTAL POLITICAL C	ONTRIBUTIONS			
	(OTHER THAN PLEDGE	\$	\$0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES		 \$	\$0.00
		*	Φ0.00		
	4. TOTAL POLITICAL EX				
		\$ \$1	.3,250.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD		0.004.00		
BALANCE	KEFOKTING FERIOD	\$ \$20	6,891.83		
OUTSTANDING	6. TOTAL PRINCIPAL AMO	THELAST			
LOAN TOTALS	DAY OF THE REPORTIN		1112 27101	\$	\$0.00
16 AFFIDAVIT				•	
20 7 11 11 12 7 11 11		I swear, or affirm, under penalty of per			
		and correct and includes all informatio Title 15, Election Code.	n required to be	reported by me u	nder
	. Bradford Jr.				
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasure	er	
	before me, by the said	his the	da	ay	
of	, 20, to certify which	n, witness my hand and seal of office.			
Signature of officer add	ministering oath Prin	ted name of officer administering oath	Title of office	er administering o	ath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

				3 of 5				
17 COMMITTEE NAME Friends of Tony Garza			18 Filer ID 00037027	(Ethics Commission Filers)				
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT							
1. SCHEDULE A1: MC	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2. SCHEDULE A2: NC	N-MONETARY (IN-KIND) POI	LITICAL CONTRIBUTIONS		\$				
3. SCHEDULE B: PLE	DGED CONTRIBUTIONS			\$				
4. SCHEDULE C1: MC ORGANIZATION	NETARY CONTRIBUTIONS I	FROM CORPORATION OR LABO	PR	\$				
5. SCHEDULE C2: NC LABOR ORGANIZA		NTRIBUTIONS FROM CORPORA	ATION OR	\$				
6. SCHEDULE D: PLE	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION							
7. SCHEDULE E: LOA	SCHEDULE E: LOANS							
8. X SCHEDULE F1: PO	LITICAL EXPENDITURES FR	OM POLITICAL CONTRIBUTIONS	S	\$ 13,250.00				
9. SCHEDULE F2: UN	PAID INCURRED OBLIGATIO	ONS		\$				
10. SCHEDULE F3: PU	RCHASE OF INVESTMENTS	FROM POLITICAL CONTRIBUTION	ONS	\$				
11. SCHEDULE F4: EX	PENDITURES MADE BY CRE	EDIT CARD		\$				
12. SCHEDULE H: PAY	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH							
13. SCHEDULE I: NON-	POLITICAL EXPENDITURES	FROM POLITICAL CONTRIBUTION	ONS	\$				
14. SCHEDULE K: INTE	REST, CREDITS, GAINS, RE	FUNDS, AND CONTRIBUTIONS I	RETURNED	\$				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 1/2 Rpt: 4/5	Friends of Tony Garza 00037027							
4	Date	5 Payee name							
	01/10/2025	Haynie+Company							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,250.00	855 West Price Rd.							
		Suite 25							
		Brownsville, TX 78520							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Accounting and tax services							
		, tooodhang and tax oo vices							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	02/24/2025	Lone Star Paralysis Foundation							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	PO Box 41507							
		Austin, TX 78704							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV, office holder living expenses.							
		Candidate/Officeholder/Political Committee							
		2 Shadon to hon prone							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OI								
	Date	Payee name							
	06/29/2025	Texas Ethics Commission							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	P. O. Box 12070							
		Austin, TX 78711							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Fees for late filing on Jan 2025 report (COH/SPAC)							
		rees for fate filling off sail 2023 report (COH/SPAC)							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, - I Coi	nmittee	Legal Service	Memorials Exposes uction Guide			xpens Vages	/Contract Labor		Travel Out of OTHER (en		rict ategory not listed above)	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		(Ethics Commission Filers)	٦
	Sch: 2/2 Rpt: 5/5		Friends of T		za						0003702	27		
4	Date	5	Payee name											
	06/29/2025		USA Team	Handbal	I									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code											
	\$10,000.00		1 Olympic Plaza											
			Colorado S _I	prings, C	O 80909									
8	PURPOSE	(a)	Category (Se	ee Categorie	s listed at the to	p of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Contribution						—				lete Schedule T.	
			Candidate/0	Officehol	der/Politica	al Comm	ittee		Check if Austin					
									Donation to Team USA (charitable)					
Ļ	0 1: 0 1: 0	Ц					\(r_i\)				0			_
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenolaer	name	C	Office sou	gnt			Offic	e nei	a	
_														4
														- 1