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) 16 00067623 3 COMMITTEE NAME **OFFICE USE ONLY** Representative Richard Pena Raymond Future of Texas Fund Date Received **ELECTRONICALLY FILED** 01/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 450349 Date Hand-delivered or Date Postmarked Change of Address Laredo, TX 78045-0349 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** The Honorable Richard NAME NICKNAME LAST **SUFFIX** Raymond STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 11024 Winburn Drive STREET **ADDRESS** (Residence or Business) Laredo, TX 78045 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 450349 MAILING **ADDRESS** Laredo, TX 78045-0349 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 286-9500 PHONE REPORT X January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED **THROUGH** 12/31/2024 07/01/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Comn	nission Filers)			
Representative Richard	Pena Raymond Future of	Texas Fund	00067623					
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME						
PURPOSE		The Honorable Richard Raymond						
(Attach lists on plain	X Candidate							
paper to complete this report if necessary.)		OFFICE SOLICHT (condidate) / OFFICE HEL	D (officeholder)					
	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL State Representative	.D (diliceriolder)					
		Cata representative						
X SUPPORT								
(Candidate or Measure)		BALLOT IDENTIFICATION / # ELECTION DATE						
OPPOSE			Month	Day	Year			
(Candidate or Measure)								
☐ ASSIST	Measure	DEGODIPTION						
(Officeholder)		DESCRIPTION						
15 CONTRIBUTION		TRIBUTIONS OF \$50 OR LESS (OTHER THAI	N PLEDGES,					
TOTALS	LOANS, OR GUARANTE ELECTRONICALLY), UN	ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED		\$	\$0.00			
	2 TOTAL POLITICAL C	ONTRIBUTIONS						
	2. TOTAL POLITICAL C	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$10,000.00			
	(OTTLK TIANT LLDGE	o, LOANS, ON GOARANTEES OF EGANS)			•			
EXPENDITURE	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES						
TOTALS				\$	\$2,784.55			
	4. TOTAL POLITICAL E	YDENDITI IDES						
	TOTAL POLITICAL L.	RELIDITORES		\$	\$96,806.53			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTREPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE		* 4.4.450.40			
BALANCE	KEPOKTING PERIOD			\$	\$44,459.19			
OUTSTANDING	6. TOTAL PRINCIPAL AMO	UNT OF ALL OUTSTANDING LOANS AS OF	THELAST					
LOAN TOTALS	DAY OF THE REPORTIN			\$	\$0.00			
16 AFFIDAVIT								
		I swear, or affirm, under penalty of per and correct and includes all informatio						
		Title 15, Election Code.	irrequired to be	reported by II	ic unuci			
		The Henenahle	Dishard Day	1				
		The Honorable	mpaign Treasure					
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Su	mpaign measure	O1				
Sworn to and subscribed	before me, by the said	, t	his the		day			
		n, witness my hand and seal of office.			_ aay			
		•						
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administerir	ng oath			

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 16 (Ethics Commission Filers) 12 COMMITTEE NAME 13 Filer ID Representative Richard Pena Raymond Future of Texas Fund 00067623 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** The Honorable Richard Raymond (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER State Representative **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE MEASURE (Candidate or Measure) DESCRIPTION X ASSIST (Officeholders only)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

					4 of 16
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commis	sion Filers)
Re	presen	tative Richard Pena Raymond Future of Texas Fund	00067623	`	,
	-	E SUBTOTALS			
l		SCHEDULE		SUBTOTA	L AMOUNT
				-	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,000.00
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	Ш	CONTENDED TO THE MENTION OF THE PROPERTY OF TH		٩	
		COLIEDIUS D. DI EDGED CONTRIBUTIONS			
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	iP		
4.	Ш	ORGANIZATION		\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	TION OR	\$	
		E DON GROWNEN			
6.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
				Ψ	
_		COLIEDINE E. LOANC			
7.	Ш	SCHEDULE E: LOANS		\$	
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	90,555.56
9.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
	Ц			Ψ	
11	ΙVΙ	COLIEDIUS EA. EVDENDITUDES MADE DV ODEDIT CADD			6 250 07
11.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	6,250.97
12.	Ш	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	
	<u> </u>	TO FILER		•	

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orn	1.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/16		
2	FILER NAME Representat	ive Richard Pena Raymond F	uture of Texas Fund			3	Filer ID (Ethics Commission 00067623	on Filers)	
4	Date 10/23/2024	5 Full name of contributor Almar Business Solutions6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$500.00	
		Laredo, TX 78045							
8	Principal occu	pation / Job title (See Instructions	s) 	9	Employer (See Instructions	s)			
	Date 09/23/2024	Full name of contributor Beef-PAC Contributor address; City; Si	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$1,000.00	
		Amarillo, TX 79106				<u></u>			
	Principal occu	pation / Job title (See Instructions	;) 		Employer (See Instructions	5)			
	Date 10/17/2024	Full name of contributor Benavides Maddox, PC Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00	
		Laredo, TX 78040							
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	s)			
	Date 10/03/2024	Full name of contributor Chevron Employees PAC Contributor address; City; Si San Ramon, CA 94583					Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)			
	Date 09/18/2024	Full name of contributor Energy Transfer Partners Contributor address; City; Si Austin, TX 78701)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONT	RIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to con	nplete this fo	rm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 6/16	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
	Representat	ive Richard Pena Raymond Future of	Texas Fund			00067623	
4	Date 10/17/2024	 Full name of contributor out-of Laredo Antidoping Agency, LLC Contributor address; City; State; Zip C 	f-state PAC (ID#: Code)	7	Amount of Contribution (\$)	\$500.00
		Laredo, TX 78045	,				
8	Principal occu	pation / Job title (See Instructions)	Ş	Employer (See Instructions)		
	Date 08/26/2024	Full name of contributor	f-state PAC (ID#: Code			Amount of Contribution (\$)	\$2,500.00
	Dringing! goog	Fort Worth, TX 76107		Employer (Coo Instructions			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/08/2024	Full name of contributor out-of Pape-Dawson Engineers PAC Contributor address; City; State; Zip C	f-state PAC (ID#: Code)		Amount of Contribution (\$)	\$2,500.00
		San Antonio, TX 78213					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/23/2024	Full name of contributor out-of Trinitys Covenant LLC Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	<u> </u>	Laredo, TX 78045					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter	a category not listed abo	ove)
	oroan oara'r aymon			The Instruction G	iuide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 1/8 Rpt: 7/16		Representat	tive Richard Pe	ena Raymon	d Future	of '	Texas		00067623		
4	Date	5	Payee name									
	10/02/2024		Alazanes									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$1,500.00		2019 N. Url	ohan Avenue								
			Laredo, TX	78043								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper	nse				브			mplete Schedule T.	
								_		officeholder livi	ng expense	
								music for poli	Itica	ai event		
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	C	Office sou	ght			Office I	neld	
	Date		Payee name									
	07/30/2024		Chi Alpha C	ampus Minstri	es							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,000.00		1445 N Boo	nville								
			Springfield,	MO 65802-189	94							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		,		Check if travel	outsi	de of Texas. Co	mplete Schedule T.	
	LAFENDITORE		Candidate/C	Officeholder/Po	litical Comm	ittee		—	, TX,	officeholder livi	ng expense	
								donation				
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	С	Office sou	ght			Office I	neld	
	experientare to benefit Gree	_										
	Date		Payee name									
	07/03/2024		CitiBank									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,541.24		P.O. Box 44	180								
			Jacksonville	, FL 32231								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Credit Card			•					mplete Schedule T.	
	EXPENDITORE							_		officeholder livi	ng expense	
								credit card pa	aym	nent		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	C	Office sou	ght			Office I	neld	
	experience to beliefft C/OI											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guid	Salaries/\	Vages	s/Contract Labor		OTHER (enter a	category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 2/8 Rpt: 8/16		ative Richard Pena	Raymond Future	e of	Texas		00067623		·
4	Date	5 Payee name	!							
	12/17/2024	CitiBank								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$6,250.21	P.O. Box 4	4180							
		Jacksonvill	e, FL 32231							
8	PURPOSE OF	(a) Category (S	ee Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Credit Card	l Payment			_		de of Texas. Com		
						credit card pa		officeholder living	expense	
						credit cara pe	дуп	icit		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald	
	expenditure to benefit C/OI		icenoluel Hame	Office Soc	agrit			Office fie	aiu.	
	Date	Payee name	<u> </u>							
	10/09/2024	Gracy's Cle	eaning Service							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$160.00	11508 Arro	wmound Pass							
		Del Valle,	TX 78617							
	PURPOSE OF	(a) Category (S	see Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Office Ove	head/Rental Expe	nse				de of Texas. Com		
						—		officeholder living	older Austin renta	al house
						cicaring serv	100	3 IOI OIIICCIII	Jidel Adstill lelite	ai ilouse
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OI	4								
	Date	Payee name	!							
	10/02/2024	1	seball and Softball	Academy						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$500.00	5805 US-5								
	,									
		Laredo, TX	78041							
	PURPOSE	(a) Category (s	see Categories listed at the	top of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Mad					de of Texas. Com		
	EXI ENDITORE	Candidate/	Officeholder/Politic	cal Committee				officeholder living	expense	
						donation for 1	ııge	er baseball		
	Commission Chill V. 'C. ''	Constitute (Cit	Saabalde : :	04				O#: 1	al al	
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ugnt			Office he	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica			Gitt/Awards/Memorial Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment			The Instruction G	Guide explains l	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 3/8 Rpt: 9/16		Representat	ive Richard Pe	ena Raymon	d Future	of '	Texas		00067623	}	
4	Date	5	Payee name									
	08/01/2024		Monica Ran	gel Garza Can	npaign							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$1,000.00		2703 Pecan	Street								
			Laredo, TX	78046								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By			브			mplete Schedule T.	
			Candidate/C	Officeholder/Po	litical Comm	ittee		Check if Austin	ı, TX,	officeholder livi	ng expense	
								CONTINUUTON				
9	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name		Office sou	aht			Office	hold	
9	expenditure to benefit C/OI		zanuluate/Onic	enoluei name		Jilice Sou	grit			Office	ileiu	
_	Data	_										
	Date		Payee name	war Chan								
	10/06/2024	L	Narvaez Flo	· · · · · · · · · · · · · · · · · · ·	<u> </u>							
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$1,905.20		1620 San B	ernardo								
				70044								
			Laredo, TX	78041 								
	PURPOSE OF	(a)		e Categories listed at	the top of this scho	edule)	(b)	Description	outo:	de of Toyon Co	malete Celedule T	
	EXPENDITURE		Event Exper	ıse				=		officeholder livi	implete Schedule T. ng expense	
								Flowers for fu	und	raiser		
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/13/2024		Richard Ray	mond Campai	gn							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$50,000.00		P.O. Box 45	0349								
			Laredo, TX	78045								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By			브			mplete Schedule T.	
	ZAI ZABITORZ		Candidate/C	Officeholder/Po	litical Comm	ittee		—	ı, TX,	officeholder livi	ng expense	
								contribution				
_	Complete ONLY if direct	L	`andidate/Offi	ceholder name		Office sou	aht			Office	hold	
	expenditure to benefit C/OI		zanaidale/OIII	CHOIGEI HAIHE		ZIIIOE SUU	Ail			Onice	noiu	
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 4/8 Rpt: 10/16	Representative Richard Pena Raymond Future of Texas 00067623
4	Date	5 Payee name
	12/17/2024	Rodriguez, Juan (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1410 E. Hillside Rd, Apt N804
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense advertising on online news site
		advertising on online news site
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	Date	Payee name
	10/05/2024	Sports Max
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2316 Denmark
	Ψ1,000.00	2010 Definition
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense officeholder ad
		onicendiaei au
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	10/25/2024	Payee name T&C Braasch Rental Properties
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,200.00	6609 Back Bay Lane
		A
		Austin, TX 78739
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		rental housing in Austin for officeholder
		3 3
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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

imbursement Solicitation/Fundraising Expense
ntal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Labor. OTHER (orthogony not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I 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: 5/8 Rpt: 11/16	Representative Richard Pena Raymond Future of Texas 00067623
4	Date	5 Payee name
	10/25/2024	T&C Braasch Rental Properties
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,200.00	6609 Back Bay Lane
		Austin, TX 78739
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		deposit - rental housing in Austin for officeholder
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/02/2024	T&C Braasch Rental Properties
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,200.00	6609 Back Bay Lane
		Austin, TX 78739
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		rental housing in Austin for officeholder
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	12/09/2024	Payee name T&C Braasch Rental Properties
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	6609 Back Bay Lane
		Austin, TX 78739
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		x Check if Austin, TX, officeholder living expense rental housing in Austin for officeholder
		Total Hodoling III / Local Hodolina
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/8 Rpt: 12/16	Representative Richard Pena Raymond Future of Texas 00067623
4	Date	5 Payee name
	10/05/2024	T-Mobile
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	P.O. Box 742596
		Cincinnati, OH 45274-2596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense
		cell phone for campaign staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	
	Date 11/05/2024	Payee name T-Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 742596
		Cincinnati, OH 45274-2596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		cell phone for campaign staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/05/2024	T-Mobile T-Mobile
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 742596
	, 2 2	
		Cincinnati, OH 45274-2596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		cell phone for campaign staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	¬

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 7/8 Rpt: 13/16	Representative Richard Pena Raymond Future of Texas 00067623
4	Date	5 Payee name
	09/24/2024	Tommy Calvert Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	P.O. Box 15571
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	the state of the s
	D :	
	Date	Payee name
	11/01/2024	Villarreal, Graciela
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	4008 Aguascalientes
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Check if Austin, TX, officeholder living expense
		campaign work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
	Date	Payee name
	11/29/2024	Villarreal, Graciela
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	4008 Aguascalientes
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		campaign work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/8 Rpt: 14/16	Representative Richard Pena Raymond Future of Texas 00067623
4 Date	5 Payee name
11/14/2024	Webb County
	7 Payee address; City; State; Zip Code
\$1,000.00	1000 Houston St
	Laredo, TX 78040
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tracy King political reception
Gomplete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	The Insti	ruction Guide explains how	to complete th	is form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Sch: 1/2 Rpt: 15/16	Representative Ricl	uture of Texas		00067623				
4 CREDIT CARD ISSUER		ncial institution bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 2,585.64			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer		Paid			
	\$450.00	11/17/2024	12/17/2024	4				
7 PAYEE	(a) Payee name		(b) Payee address;		City,	State,	Zip Code	
	Gary Bledsoe Campaign		4303 Cum	bria Ln				
			Austin, TX 78727					
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE		See Categories listed at the top of this schedule) Contributions/Donations Made By		n				
X Political	Candidate/Officeholde							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	e sought	e sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid			
	\$324.76	10/23/2024	12/17/2024	4				
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
	Narvaez Flower Shop		1620 San	Bernardo				
		Laredo, TX 78041		78041				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description					
EXPENDITURE			flowers for constituent funeral					
X Political	Gill/Awards/Memorial	is Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge		(c) Date(s) Credit Card Issuer Paid				
	\$318.63	10/24/2024	12/17/202	4				
PAYEE	(a) Payee name	l	(b) Payee ac	ddress;	City,	State,	Zip Code	
		6505 IH 35						
	Hilton - Austin							
			Austin, TX 78701					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	lodging for constituents from Laredo visiting Austin						
X Political	Traver Out of District							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct	Candidate/Officeholder	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH								

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	The Inst	ruction Guide explains how	to complete this form.	(
1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 2/2 Rpt: 16/16	Representative Ric	hard Pena Raymond F	uture of Texas	00067623			
4 CREDIT CARD ISSUER	EXPENDITURES		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 2,585.64			
6 PAYMENT	(a) Amount Charged \$397.23	(b) Date of Charge 11/15/2024	(c) Date(s) Credit Card Issue 12/17/2024	r Paid			
7 PAYEE	(a) Payee name Narvaez Flower Shop		(b) Payee address; 1620 San Bernardo	City, State, Zip Code			
	() 5 :		Laredo, TX 78041				
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description flowers for constituent funeral				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$1,921.10	(b) Date of Charge 11/24/2024	(c) Date(s) Credit Card Issue 12/17/2024	r Paid			
PAYEE	(a) Payee name Rooms to Go		(b) Payee address; 9500 I-35 Ste A Austin, TX 78748	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description furniture for officeholder at Austin rental property.				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
PAYMENT	(a) Amount Charged \$253.61	(b) Date of Charge 11/12/2024	(c) Date(s) Credit Card Issue 11/12/2024	r Paid			
PAYEE	(a) Payee name Take 5 #192		(b) Payee address; 1227 Commercial Avenue San Antonio, TX 78221	City, State, Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense	,	(b) Description oil change and maintenance for campaign vehicle				
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			