#### 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) 00067623 3 COMMITTEE NAME **OFFICE USE ONLY** Representative Richard Pena Raymond Future of Texas Fund Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 450349 Date Hand-delivered or Date Postmarked 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 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 286-9500 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 Year Month Day Year Month Day COVERED **THROUGH** 06/30/2025 01/01/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** χ Primary Month Day Year Runoff Other 03/03/2026 General Special

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commiss	sion 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)		
		State Representative			
X SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ON DATE	
OPPOSE			Month	Day Ye	ear
(Candidate or Measure)					
☐ ASSIST	Measure	DESCRIPTION			
(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	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$0.00
	(OTTLK TIAN FLEDGE	3, LOANS, ON GUANANTEES OF EUANS)			
EXPENDITURE	3. TOTAL UNITEMIZED PC	LITICAL EXPENDITURES			
TOTALS				\$	\$620.48
	4. TOTAL POLITICAL E	VDENDITI IDES			
	TOTAL POLITICAL E.	APENDITORES		\$ \$	37,500.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE		±0.704.00
DALANCE	REPORTING PERIOD			\$	\$6,784.00
OUTSTANDING	6 TOTAL PRINCIPAL AMO	OUNT OF ALL OUTSTANDING LOANS AS OF	THE LAST		
LOAN TOTALS	DAY OF THE REPORTIN		THE ENOT	\$	\$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 file t	unuei
		<del>-</del>	D: 1 1 D		
		The Honorable	mpaign Treasure		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign measure	<b>5</b> 1	
Sworn to and subscribed	hefore me, by the said	, t	his the	(	day
		n, witness my hand and seal of office.			acty
	<u> </u>	•			
Signature of officer ad	ministering oath Prin	ted name of officer administering oath	Title of office	er administering	oath
<b>Q</b>	•	Š		3	

### FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 9 (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 9				
17 COMMITT Represer	EE NAME ntative Richard Pena Raymond Future of Texas Fund	<b>18</b> Filer ID 00067623	(Ethics Commiss	sion Filers)				
l	19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	)R	\$					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$					
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$					
7. X	SCHEDULE E: LOANS		\$	0.00				
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	37,030.48					
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS							
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
11. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	470.48				
12.	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: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					
1								

	LOANS					SCHEDULE E	
	The Instruction	on Guide explains how to	<b>I</b>	ages Schedule E: /1 Rpt: 5/9			
2	FILER NAME Representative	Richard Pena Raymond Futu		3 Filer ID (Ethics Commission Filers) 00067623			
4	TOTAL OF UN	NITEMIZED 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	r; 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		Zip Code			
	Principal occupati	on		21 Employer (See Instr	uctions)		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a second of Education Education	
1	Total pages Schedule F1: Sch: 1/4 Rpt: 6/9	2 FILER NAME Representative Richard Pena Raymond Future of Texas  3 Filer ID (Ethics Commission Filers) 00067623
4	Date	5 Payee name
	03/25/2025	Alejandra Salinas Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10,000.00	P.O. Box 56386
		Houston TV 77256
		Houston, TX 77256
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	06/30/2025	CitiBank
	Amount (\$)	Payee address; City; State; Zip Code
	\$390.48	P.O. Box 44180
		Jacksonville, FL 32231
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/21/2025	Gracy's Cleaning Service
	Amount (\$)	
	\$160.00	11508 Arrowmound Pass
		Del Valle, TX 78617
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		cleaning services for officeholder Austin rental house
	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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:							
Sch: 2/4 Rpt: 7/9	Representative Richard Pena Raymond Future of Texas  00067623						
4 Date	5 Payee name						
01/02/2025	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	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Office Overhead/Rental Expense  Cry Description  Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	X Check if Austin, TX, officeholder living expense						
	rental housing in Austin for officeholder						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	H						
Date	Payee name						
02/03/2025	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.						
	<ul><li>X Check if Austin, TX, officeholder living expense</li><li>rental housing in Austin for officeholder</li></ul>						
	Territal Housing III Austin for officeriolites						
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Date	Payee name						
02/28/2025	T&C Braasch Rental Properties						
Amount (\$)	Payee address; City; State; Zip Code						
\$4,200.00	6609 Back Bay Lane						
	Austin, TX 78739						
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.						
	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						
Complete <u>ONLY</u> if direct 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 Committee

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

	Candidate/Officeholder/Politica			∍iπ/Awards/Memoriai ∟egal Services	s Expense	Salaries/V		e /Contract Labor		OTHER (enter a	strict i category not listed	above)
	Credit Card Payment			The Instruction G	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 3/4 Rpt: 8/9	F	Representati	ive Richard Pe	ena Raymon	d Future	of '	Texas		00067623		
4	Date	5 P	Payee name						_			
	04/01/2025	т	T&C Braascl	n Rental Prope	erties							
6	Amount (\$)	<b>7</b> P	Payee address	s; City;	State;	Zip Co	de					
	\$4,200.00	6	6609 Back B	ay Lane								
		Δ	Austin, TX 78	8739								
8	PURPOSE	(a) C	Category (See	Categories listed at	the ton of this sch	edule)	(b)	Description				
	OF			ead/Rental Ex		cuaic)	` ´	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							_		officeholder living		
								rental housin	g ır	Austin for (	officeholder	
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	Date	l	Payee name									
	04/30/2025	Т	T&C Braascl	n Rental Prop	erties							
	Amount (\$)	P	Payee address	s; City;	State;	Zip Co	de					
	\$4,200.00	6	6609 Back B	ay Lane								
		Δ	Austin, TX 7	8739								
	PURPOSE	(a) C	Category (See	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Overh	ead/Rental Ex	pense			=			plete Schedule T.	
								rental housin		officeholder living		
									9			
	Complete ONLY if direct	L Ca	andidate/Offic	eholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/O						5					
	Date		Payee name									
	05/30/2025	1	•	n Rental Prope	erties							
	Amount (\$)	_	Payee address			Zip Co	nde					
	\$4,200.00	l	6609 Back B	-	Sidic,	_ Zip C0	uc					
	ψ1,200.00		Jood Baok B	ay Lano								
		_	Austin, TX 78	8730								
	PURPOSE	<del>                                     </del>					(h)	D				
	OF			e Categories listed at ead/Rental Ex		edule)	(D)	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	`	Jilice Overii	eau/Rentai E/	chelise					officeholder living		
								rental housin	g ir	Austin for (	officeholder	
	Complete ONLY if direct		andidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	H										

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries/	Wages/Contra		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NA	ME			1	3 Filer ID	(Ethics Commission Filers)
-	Sch: 4/4 Rpt: 9/9		tative Richard Pena	Raymond Futur	e of Texa		00067623	(Lance Commission Files)
4	Date	5 Payee nan	ne			•		
	02/18/2025	Trevino, 7	Fom (Mr.)					
6	Amount (\$)	<b>7</b> Payee add		State; Zip C	ode			
	\$500.00	9101 Gla:	zier Ct.					
		Laredo, T	X 78045					
8	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b) Desc	ription		
	OF EXPENDITURE		ons/Donations Made				utside of Texas. Com	
		Candidate	e/Officeholder/Politica	al Committee			TX, officeholder living	
					dona	ation to sp	onsor basketh	oali teams
9	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Office so	ught		Office ho	eld
	Date	Payee nan	ne					
	03/13/2025	1	olice Officers Assn.					
	Amount (\$)	Payee add	ress; City;	State; Zip C	ode			
	\$630.00	1608 Jere	•					
	φ050.00	1000 0010	22 LOOP					
		Laredo, T	X 78046					
	PURPOSE OF		(See Categories listed at the to		(b) Desc			
	EXPENDITURE		ons/Donations Made		_ =		utside of Texas. Com TX, officeholder living	
		Candidate	e/Officeholder/Politica	ai Committee			onsor benefit	
					don	ation to sp	orisor benefit	iootbaii game
	Complete ONLY if direct	Candidate/C	Officeholder name	Office so	laht.		Office he	ald
	expenditure to benefit C/O		miceriolaei name	Office 30	agiit		Office In	siu
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1								