CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00067602 2 Total pages filed: 25 3 CANDIDATE / OFFICEHOLDER NAME The Honorable John N. NICKNAME LAST Raney 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address College Station, TX 77842-1146 1 Filer ID (Ethics Commission Filers) 00067602 MI OFFICE USE Date Received ELECTRONICALLY 01/09/2024 Date Hand-delivered or Date I Receipt # Am Date Processed	Y FILED
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI The Honorable John N. NICKNAME LAST SUFFIX 01/09/2024 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 11461 Change of Address College Station, TX 77842-1146	Y FILED Postmarked
OFFICEHOLDER NAME The Honorable John N. Date Received ELECTRONICALLY 01/09/2024 ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 11461 Change of Address College Station, TX 77842-1146	Y FILED Postmarked
OFFICEHOLDER NAME The Honorable John N. Date Received ELECTRONICALLY 01/09/2024 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS P.O. Box 11461 College Station, TX 77842-1146	Y FILED Postmarked
NICKNAME LAST SUFFIX 01/09/2024 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 11461 Change of Address College Station, TX 77842-1146	Postmarked
NICKNAME LAST SUFFIX 01/09/2024 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 11461 Change of Address College Station, TX 77842-1146	Postmarked
Raney 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 11461 Change of Address College Station, TX 77842-1146	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 11461 Consider the property of Address Property of Address College Station, TX 77842-1146	
OFFICEHOLDER MAILING ADDRESS College Station TX 77842-1146	
MAILING ADDRESS P.O. BOX 11461 Receipt # Am Change of Address College Station TX 77842-1146	nount
ADDRESS College Station TX 77842-1146	nount
College Station TX 77842-1146	
Date Processed	
Date Imaged	
5 CAMPAIGN MS / MRS / MR FIRST MI TREASURER No. Diversil C	
NAME Mr. Russell C.	
NICKNAME LAST SUFFIX	
Ford	
6 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
TREASURER 13955 Democrat Road	
ADDRESS	
(Residence or Business) Bryan, TX 77802	
Bryan, 17, 17002	
7 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION	
TREASURER (979) 589-3213	
PHONE	
8 REPORT	
TYPE X January 15 30th day before election Runoff 15th day after campaig	
appointment (officehold	
July 15 Sth day before election Exceeded modified Final Report (Attach C/reporting limit	/OH-FR)
9 PERIOD Month Day Year Month Day Year COVERED 12/21/2022 THROUGH 12/21/2022	
07/01/2023 THROUGH 12/31/2023	
10 ELECTION ELECTION DATE ELECTION TYPE	
Month Day Year Primary Runoff Other	
General Special	
11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)	
State Representative District 14 State Representative District 14	
CO TO DAGE 2	
GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Raney, John N. (The	Honorable)	14 Filer ID (Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the holder's knowledge or tice of such expenditures.	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 46,179.73
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 60,358.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hon	orable John N. Rane	V
			Candidate or Officehole	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	·	
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 25 19 Filer ID 18 FILER NAME (Ethics Commission Filers) Raney, John N. (The Honorable) 00067602 **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 46,179.73 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/22 Rpt: 4/25	Raney, John N. (The Honorable)		00067602
4	Date	5 Payee name		'
	12/28/2023	AdMail		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1,881.55	427 Dellwood St		
		Bryan, TX 77801		
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.
				Christmas Cards
				Cilistinas Caras
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		9	S. Med Med
F	Date	Payee name		
	07/10/2023	Amico Nave Restaurant		
-	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$213.14	203 E Villa Maria Rd	uo	
l	¥==0:= :			
l		Bryan, TX 77801		
⊢	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(5)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	1 Course expense		Check if Austin, TX, officeholder living expense
l				Staff Dinner
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	ght	Office held
L				
	Date	Payee name		
L	12/11/2023	Austin Airport		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$22.36	1600 Hwy 71 E		
l		A		
L		Austin, TX 78742		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
				Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sour	ght	Office held
	expenditure to benefit C/OI	1		

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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this f	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 2/22 Rpt: 5/25	Raney, John N. (The Honorable)	00067602
4	Date	5 Payee name	•
	11/14/2023	Austin Land and Cattle Company	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$33.07	1205 North Lamar Blvd	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	otion
	OF EXPENDITURE	1	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	,	ck if Austin, TX, officeholder living expense
		Staff I	uncn
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/10/2023	Austin Utilities	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$107.09	1908 14th Street NE	
		Austin, TX 55912	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	otion
	OF EXPENDITURE		ck if travel outside of Texas. Complete Schedule T.
		·	ck if Austin, TX, officeholder living expense O Utilities
		Cond	o dinites
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cilide Held
	Date	Dougo nama	
	08/08/2023	Payee name Austin Utilities	
	Amount (\$) \$86.21	Payee address; City; State; Zip Code 1908 14th Street NE	
	φ00.21	1900 14th Sheet NE	
		Austin TV FF012	
		Austin, TX 55912	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	Otion ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	T Office Overricad/Nertial Expense	ck if Austin, TX, officeholder living expense
			O Utilities
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 3/22 Rpt: 6/25	Raney, John N. (The Honorable) 00067602	
4	Date	5 Payee name	
	09/05/2023	Austin Utilities	
6	Amount (\$) \$79.26	7 Payee address; City; State; Zip Code 1908 14th Street NE	
		Austin, TX 55912	
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. Check if Austin, TX, officeholder living expense Condo Utilities	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	10/10/2023	Austin Utilities	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.63	1908 14th Street NE	
		Austin, TX 55912	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Condo Utilities	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/07/2023	Austin Utilities	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$67.74	1908 14th Street NE	
		Austin, TX 55912	
	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	
		X Check if Austin, TX, officeholder living expense Condo Utilities	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

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: 4/22 Rpt: 7/25	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	12/05/2023	Austin Utilities
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.38	1908 14th Street NE
		Austin, TX 55912
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.
		X Check if Austin, TX, officeholder living expense Condo Utilities
		Condo Otinues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	David and the second se
		Payee name
	12/29/2023	Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.59	1908 14th Street NE
		Austin, TX 55912
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Condo Utilities
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	08/22/2023	Bryan/College Station Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1733 Briarcrest Dr
		St. 200
		Bryan, TX 77802
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefft C/Of	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/22 Rpt: 8/25	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	11/06/2023	Bryan/College Station Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	1733 Briarcrest Dr
		St. 200
		Bryan, TX 77802
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.
	LAI ENDITORE	Check if Austin, TX, officeholder living expense
		Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Payee name
	11/30/2023	Bryan/College Station Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	1733 Briarcrest Dr
	Ψ20.00	
		St. 200
		Bryan, TX 77802
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/16/2023	Capital Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$484.86	117 W 4th St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Staff Dinner
_	Complete ONLY if direct	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	-	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment		The Instruction Guide explains how to o	ompl	olete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/22 Rpt: 9/25		Raney, John N. (The Honorable)		00067602
4	Date	5	Payee name		•
	11/16/2023		Cisco's Cafe		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$33.56		1511 E 6th St.		
			Austin, TX 78702		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					Staff Dinner
_	Camplete ONLY if direct		Condidate (Office holder name) Office as	.uabt	t Office hold
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ugni	t Office held
		_			
	Date		Payee name		
	11/17/2023	┖	Cisco's Cafe		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$26.12		1511 E 6th St.		
		L	Austin, TX 78702		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Staff Dinner
	Complete ONLY if direct	_	Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
	Date	Π	Payee name		
	10/31/2023		Community Foundation of the Brazos Valley		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$1,000.00		1733 Briarcrest Dr #203,		
	•		,		
			Bryan, TX 77801		
	PURPOSE	1/2	<u> </u>	(h)	A Description
	OF	\a	Category (See Categories listed at the top of this schedule) Advertising Expense	(5)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		Check if Austin, TX, officeholder living expense
					Fundraiser Sponsorship
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t 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 Comm

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	/ - al Cor	mmittee	Legal Servic				ages.	/Contract Labor		Travel Ou OTHER (strict category not listed above)	
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1	Total pages Schedule F1:	2								3			(Ethics Commission Filers)	
	Sch: 7/22 Rpt: 10/25	L	Raney, Joh	n N. (The	Honorab	le)					00067	602		
4	Date	5	Payee name											
L	09/28/2023		Coopers Ol	d Time B	arbeque									
6	Amount (\$)	7	Payee addre	ss; Cit	y;	State;	Zip Co	de						
	\$148.48		604 W Your	ng St										
			Llano, TX 7	8643										
8	PURPOSE	⊢					Ī	(h)	Description					
O	OF		Category (Se			p of this sch	edule)	(D)	Description Check if travel	outci	do of Toya	c Comi	plete Schedule T.	
	EXPENDITURE		Food/Bever	age ⊨xpe	ense				Check if Austin					
									Constituent L			9		
9	Complete ONLY if direct		Candidate/Offi	ceholder r	iame	(Office sou	aht			Off	ice he	eld .	
	expenditure to benefit C/OI		Januard OIII	231101001 1			oo oou	9111			Oii	.50 110	····	
\vdash	Data	Г	D											
	Date		Payee name											
	08/14/2023	L	First Watch											
	Amount (\$)		Payee addres	ss; Cit	y;	State;	Zip Co	de						
	\$36.25		4501 S Tex	as Ave										
			Bryan, TX 7	7802						_				
	PURPOSE	(a)	Category (Se	ee Categories	listed at the to	p of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Food/Bever	age Expe	ense				=				plete Schedule T.	
	-								Constituent D			er living	expense	
									Constituent B	пеа	akiaSl			
L	Operation Children	<u> </u>	Sec. 40 1 1 1 1 2 2 2 2			-	Vtt: -	1 ·					.1.1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	cenoider r	iame	C	Office sou	ynt			Off	ice he	eiu	
		_												
	Date		Payee name											
	08/23/2023		Fish Daddy	s Restau	rant									
	Amount (\$)		Payee addres	ss; Cit	y;	State;	Zip Co	de						
	\$40.11		1611 Unive	rsity Dr E										
			College Sta	tion, TX	77840									
	PURPOSE	(a)	Category (Se	ee Categories	listed at the to	p of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Food/Bever				·		브				plete Schedule T.	
	LAFLINDITORE			-					Check if Austin	, TX,	officehold	er living	expense	
									Staff Lunch					
	Complete ONLY if direct		Candidate/Offi	ceholder r	ame	C	Office sou	ght			Off	ice he	eld	
	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

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		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: 8/22 Rpt: 11/25	Raney, John N. (The Honorable)	00067602
4	Date	5 Payee name	
	10/10/2023	Fish Daddy's Restaurant	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$41.20	1611 University Dr E	
		College Station, TX 77840	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Staff Lunch	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/02/2023	Hinojosa, Juan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,300.00	612 W. Nolana Ave.	
		Ste. 410	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense
		X Check if Austin, Rental for Co	
		1.6.1.6.1.6.1	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	08/15/2023	Hinojosa, Juan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,300.00	612 W. Nolana Ave.	
		Ste. 410	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	utside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin,	TX, officeholder living expense
		Rental for Cor	ndo
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to beliefft G/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: 9/22 Rpt: 12/25	2 FILER NAME Raney, John N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067602
4	Date 09/13/2023	5 Payee name Hinojosa, Juan
6	Amount (\$) \$2,300.00	7 Payee address; City; State; Zip Code 612 W. Nolana Ave. Ste. 410 McAllen, TX 78504
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense Rental for Condo
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/16/2023	Payee name Hinojosa, Juan
	Amount (\$) \$2,300.00	Payee address; City; State; Zip Code 612 W. Nolana Ave. Ste. 410 McAllen, TX 78504
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental for Condo
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/18/2023	Payee name Hinojosa, Juan
	Amount (\$) \$2,300.00	Payee address; City; State; Zip Code 612 W. Nolana Ave. Ste. 410 McAllen, TX 78504
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Rental for Condo
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

	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: 10/22 Rpt: 13/25	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	07/05/2023	Hynes, Anna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	14 Juniper Berry Way
		Austin, TX 78734
8	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 Salaries
		Salaries
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	07/25/2023	Hynes, Anna
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	14 Juniper Berry Way
		Austin, TX 78734
	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 Salaries
		Salaties
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/21/2023	Hynes, Anna
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	14 Juniper Berry Way
		Austin, TX 78734
	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
		Salaries
_	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 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

	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: 11/22 Rpt: 14/25	Raney, John N. (The Honorable)	00067602
4	Date	5 Payee name	•
	09/18/2023	Hynes, Anna	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	14 Juniper Berry Way	
		Austin, TX 78734	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	1	rel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	stin, TX, officeholder living expense
		Salaries	
_			200
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	11/14/2023	Hynes, Anna	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	14 Juniper Berry Way	
		Austin, TX 78734	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Jaianes/Wages/Contract Eabor	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Salaries	init, 174, dilicerolaer living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	DH .	
	Date	Payee name	
	11/14/2023	Hynes, Anna	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	14 Juniper Berry Way	
		Austin, TX 78734	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		rel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	stin, TX, officeholder living expense
		Salaries	
	Operation ON IV II II	Our Halate (Office health as a second	Office health
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought OH	Office held
	•		

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 12/22 Rpt: 15/25	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	12/21/2023	Hynes, Anna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	14 Juniper Berry Way
		Austin, TX 78734
8	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 Salaries
		Salaties
_	Operation ONLY if allowed	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	07/21/2023	Luigi's Patio Ristorante
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.82	3975 Texas 6 Frontage R
		#100
		College Station, TX 77845
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Constituent Breakfast
		Constituent Dicariast
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	5 .	
	Date	Payee name
	07/24/2023	Mail Chimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.28	512 Means Street
		Ste 404
		Atlanta, GA 30318
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Legislative newsletter email
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Cara r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/22 Rpt: 16/25	Raney, John N. (The Honorable)	00067602
4	Date	5 Payee name	
	08/23/2023	Mail Chimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$85.28	512 Means Street	
	I	Ste 404	
		Atlanta, GA 30318	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traversioning Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
	l	l — l —	ewsletter email
	l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/25/2023	Mail Chimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$85.28	512 Means Street	
	I	Ste 404	
	I	Atlanta, GA 30318	
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	, TX, officeholder living expense
	I	Legisiative ne	ewsletter email
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
┝	Date	Davies name	
	10/23/2023	Payee name Mail Chimp	
_			
	Amount (\$) \$85.28	Payee address; City; State; Zip Code 512 Means Street	
	ψυσ.∠υ	Ste 404	
	I		
		Atlanta, GA 30318	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of the control of the contr	outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	, TX, officeholder living expense
	I	Legislative ne	ewsletter email
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/22 Rpt: 17/25	Raney, John N. (The Honorable)		00067602
4	Date	5 Payee name		<u> </u>
	11/24/2023	Mail Chimp		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$85.28	512 Means Street		
		Ste 404		
		Atlanta, GA 30318		
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.
	EX. ENDITORE			Check if Austin, TX, officeholder living expense
				Legislative newsletter email
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
9	expenditure to benefit C/OI		grit	Office field
-	Date	Davisa nama		
	12/26/2023	Payee name Mail Chimp		
		•	do	
	Amount (\$) \$98.07	Payee address; City; State; Zip Co 512 Means Street	ue	
	Φ90.07			
		Ste 404		
		Atlanta, GA 30318		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Charlest travel autoide of Taylor Complete Schoolule T
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Legislative newsletter email
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/12/2023	Mountain Mike		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$59.23	73 Elm St Victor		
		Victor, ID 83455		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Car Rental
L	Complete ONLY if direct	Candidate/Officeholder name Office according	ah+	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	yrıl	Office held

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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:		
Sch: 15/22 Rpt: 18/25	Raney, John N. (The Honorable) 00067602	
4 Date	5 Payee name	
11/06/2023	Nordstrom	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$200.00	2901 S Capital of Texas Hwy	
	Austin, TX 78746	
8 PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Gift	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	H	
Date	Payee name	_
11/20/2023	P. Terry's Hamburger Stand	
Amount (\$)	Payee address; City; State; Zip Code	
\$19.05	404 S. Lamar	
\$10.00	10 1 G. Earnar	
	Augtin TV 7070E	
	Austin, TX 78705	_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Staff Lunch	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Davida nama	—
07/06/2023	Payee name Pappadeaux	
Amount (\$)	Payee address; City; State; Zip Code	
\$96.43	6319 N Interstate 35	
	Austin, TX 78731	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
_/	Check if Austin, TX, officeholder living expense	
	Staff Lunch	
Operation Children	Out of the COM and the Community of the	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held 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

	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: 16/22 Rpt: 19/25	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	10/13/2023	Pappadeaux
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.17	6319 N Interstate 35
l		
		Austin, TX 78731
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Staff Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/05/2023	Paul Dyson for HD14
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$10,000.00	4040 Hwy 6
l		Ste. 200
		College Station, TX 77845
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/20/2023	Pink Alliance
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box 6373
		Bryan, TX 77805
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense. (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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

	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: 17/22 Rpt: 20/25	Raney, John N. (The Honorable) 000676	602
4	Date	5 Payee name	
l	07/11/2023	Porter, Julie	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,500.00	P.O. Box 3963	
l			
l		Bryan, TX 77805	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Salaries/Wages/Contract Labor	
l		Check if Austin, TX, officeholds Salaries	r living expense
l		Sulanes	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Offi	ce held
	expenditure to benefit C/O		55 11514
⊨	Date	Payee name	
l	07/26/2023	Porter, Julie	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$1,000.00		
l	Ψ1,000.00	1101 201 0000	
l		Bryan, TX 77805	
┝	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas	s. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholde	er living expense
l		Salaries	
L			
l	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	ce held
┡			
l	Date	Payee name	
L	09/13/2023	Porter, Julie	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$1,500.00	P.O. Box 3963	
l		Br. 174 7700F	
L		Bryan, TX 77805	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Manes/Contract Labor Check if travel outside of Texas	: Complete Schedule T
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas	
l		Salaries	
	Complete ONLY if direct		ce held
L	expenditure to benefit C/Ol	JH	

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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:	2 FILER NAME 3 Filer ID (Ethics Commission File	re)
-	Sch: 18/22 Rpt: 21/25	Raney, John N. (The Honorable) 00067602	13)
4	Date	5 Payee name	
	07/26/2023	Postal Plus	
6	Amount (\$) \$16.86	7 Payee address; City; State; Zip Code 3708 E 29th St Bryan, TX 77802	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Postage Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Postage for Flag	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	08/02/2023	Raney, Elizabeth	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,212.63	416 E. Brookside	
		Bryan, TX 77801	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Christmas ornaments	
		Sinistinas ornaments	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/05/2023	Raney, Elizabeth	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,212.63	416 E. Brookside	
		Bryan, TX 77801	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Christmas ornaments	
		Chilstinas ornaments	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI		

SCHEDULE F1

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment			nmittee Legal Services							
		_		Guide explains how to c	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filer	s)
	Sch: 19/22 Rpt: 22/25		Raney, John N. (The Hono	orable)				00067602		
4	Date	5	Payee name							
	12/15/2023		Republican Club							
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode					
	\$1,000.00		1640 Briarcrest Dr.							
			Ste. 122							
			Bryan, TX 77802							
8	PURPOSE	(a)	Category (See Categories listed at	t the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations M			_		de of Texas. Com		
			Candidate/Officeholder/Po	olitical Committee		Donation	IX,	officeholder living	expense	
						Donation				
9	Complete ONLY if direct	Ц,	Candidate/Officeholder name	Office so	<u>l</u> uaht			Office he	5lq	
Ľ	expenditure to benefit C/OI			000	g			53		
	Date		Payee name							
	07/10/2023		Roy Kelly Parking Garage							
	Amount (\$)		Payee address; City;	State; Zip C	ode					
	\$2.00		200-298 E 27th St							
			Bryan, TX 77802							
	PURPOSE	(a)	Category (See Categories listed at	t the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Travel In District			=		de of Texas. Com		
						Parking	IX,	officeholder living	rexpense	
						r arming				
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date		Payee name							_
	09/05/2023		Salt Traders							
	Amount (\$)		Payee address; City;	State; Zip C	ode					
	\$112.86		1101 S. Mopac Expresswa	ay						
			Austin, TX 78746							
	PURPOSE	(a)	Category (See Categories listed at	t the top of this schedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Com officeholder living	•	
						Staff Dinner	۱۸,	omeenoider iiviiig	CAPCIISC	

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/22 Rpt: 23/25 Raney, John N. (The Honorable) 00067602 4 Date Payee name 09/13/2023 Shoal Creek Restaurant 6 Amount (\$) Payee address; City; State; Zip Code \$93.53 909 N. Lamar Blvd. Austin, TX 78703 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituent Dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/10/2023 Shoal Creek Restaurant Amount (\$) Payee address; City; State; Zip Code \$58.45 909 N. Lamar Blvd. Austin, TX 78703 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituent Dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/14/2023 Sis, Raymond Amount (\$) Payee address: City: State; Zip Code \$95.00 1429 W Villa Maria Rd Bryan, TX 77802 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

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

	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: 21/22 Rpt: 24/25	Raney, John N. (The Honorable)	00067602
4	Date	5 Payee name	•
	08/08/2023	Sis, Raymond	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$95.00	1429 W Villa Maria Rd	
		Bryan, TX 77802	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
-	OF	l i i i i i i i i i i i i i i i i i i i	vel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aus	stin, TX, officeholder living expense
		Campaign	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experience to borionic Gro		
	Date	Payee name	
	09/14/2023	Sis, Raymond	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$95.00	1429 W Villa Maria Rd	
		Bryan, TX 77802	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	rel outside of Texas. Complete Schedule T.
		🗀	stin, TX, officeholder living expense
		Campaign	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
	Date		
	Date	Payee name	
	10/25/2023	Sis, Raymond	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$95.00	1429 W Villa Maria Rd	
		Bryan, TX 77802	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overneau/Nental Expense	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Campaign	stin, 1x, officenoider living expense
		Campagn	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memori Legal Services The Instruction			/ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 22/22 Rpt: 25/25		Raney, Johr	n N. (The Hon	orable)					00067602		
4	Date	5	Payee name									
	11/15/2023		Sis, Raymor	nd								
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$95.00		1429 W Villa	a Maria Rd								
			Bryan, TX 7	7802								
8	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this so	hedule)	(b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental E	Expense			=		de of Texas. Con officeholder livin	plete Schedule T.	
								Campaign	, 1/,	onicendider livin	g expense	
								1 3				
9	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	12/05/2023		Steve Aldric	h Campaign								
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de					
	\$5,000.00		707 Honeys	uckle								
			College Stat	tion, TX 7784	5							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this so	hedule)	(b)	Description				
	OF EXPENDITURE			s/Donations I						de of Texas. Con officeholder livin	plete Schedule T.	
			Candidate/C	micenolaer/P	onlicai Comi	muee		Donation	, 17,	omcendaer nvm	у схрензе	
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/Ol	H										