CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Th	e C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00067602	ssion Filers)	2 Total pages	filed: 23
3	CANDIDATE /	MS / MRS / MR	FIRST	1	MI		
ľ	OFFICEHOLDER NAME	The Honorable	John N.		IVII	OFFICE Date Received	USE ONLY
							CALLY FILED
		NICKNAME	LAST		SUFFIX	01/14/2025	
			Raney				
4	CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
	OFFICEHOLDER MAILING ADDRESS	416 E Brookside Dr				Receipt #	Amount
	Change of Address	Bryan, TX 77801-3701					
						Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI	_ !	
	TREASURER NAME	Mr.	Russell C.				
	NAIVIE						
		NICKNAME	LAST		SUFFIX		
			Ford				
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	S	TATE; ZIP CODE
	TREASURER	13955 Democrat Road	,,				,
	ADDRESS						
	(Residence or Business)	Bryan, TX 77802					
		Bryan, 177 17602					
7	CAMPAIGN TREASURER		NE NUMBER E	EXTENSION			
	PHONE	(979) 589-3213					
L							
8	REPORT TYPE	January 15	7 20th day before	ologion \square	Runoff	1Eth day after	nampaign transurar
			30th day before	election	Kulloli		campaign treasurer ifficeholder only)
		X July 15	8th day before	election	Exceeded modified	Final Report (A	attach C/OH-FR)
			_	_	reporting limit	_	
9	PERIOD	Month Day Year			Month Day	Year	
	COVERED	01/01/2024	TH	IROUGH	06/30/202	24	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Year	P	rimary	Runoff	Other	
			│ □G	eneral	Special		
					ш .		
11	OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
l -		State Representative Dist	rict 14		State Represent		ļ
\vdash		1			1		
				-0 D. 0= -			
			GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	Raney, John N. (The	Honorable)	14 Filer ID 00067602	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	al expenditures made by political or de without the candidate's or offices information only if they receive no	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	ER ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (O ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 37,124.53
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 22,099.38
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			nder penalty of perjury, that the ac I includes all information required tion Code.	
			The Honorable John N. Rane	ey
			Signature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal o	of office.	
Signature of offi	cer administering	Printed name of officer administer	ing Title of office	er administering oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 23 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 37,124.53 \$ 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

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 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: 1/20 Rpt: 4/23	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	01/22/2024	Amico Nave Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$195.44	203 E Villa Maria Rd
		Bryan, TX 77801
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.
		Check if Austin, TX, officeholder living expense Staff Dinner
		Stati Diffici
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/11/2024	Bonnet, Kenneth
H	Amount (\$)	Payee address; City; State; Zip Code
	\$495.00	P.O. Box 3403
		Fredericksburg, TX 78624
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Accounting
		, isosocii.iii.ig
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	06/25/2024	Bryan/College Station Chamber of Commerce
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$325.00	1733 Briarcrest Dr
		St. 200
		Bryan, TX 77802
Н	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.
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Membership Dues
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse 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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	a above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Comm	ission Filers)
	Sch: 2/20 Rpt: 5/23	Raney, John N. (The Honorable) 00067602	
4	Date	5 Payee name	
	02/05/2024	Capital Garage Tower	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$10.00	940 San Jacinto Blvd,	
		Austin, TX 78701	
8	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.	
		Check if Austin, TX, officeholder living expense Parking	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
ľ	expenditure to benefit C/O		
H	Date	Payee name	
	05/13/2024	Capital Grill	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$568.47		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Austin, TX 78701	
┝	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Staff Dinner	
L			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held OH	
┕			
	Date	Payee name	
L	01/23/2024	County Line	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$69.28	6500 Bee Caves Rd.	
		A (1) TV 70740	
L		Austin, TX 78746	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Lunch	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	JH	

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/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense		kpense /ages/	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:							3	Filer ID	(Ethics Commission Filers)
	Sch: 3/20 Rpt: 6/23	Raney, Jo	hn N. (The Honora	ıble)					00067602	
4	Date	5 Payee nam								
	02/01/2024		Burns Campaign A							
6	Amount (\$)	7 Payee add		State;	Zip Co	de				
	\$1,500.00	/03 Stone	elake Drive							
		Cleburne,	TX 76033							
8	PURPOSE OF		(See Categories listed at the		edule)	(b)	Description			
	EXPENDITURE		ons/Donations Mad		vittoo		=		de of Texas. Con officeholder living	nplete Schedule T.
		Cariuluale	e/Officeholder/Politi	cai Cuiiiii	iiilee		Donation	, , ,,	Socholaci iiviii	a outour
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	C	Office sou	ght			Office h	eld
	Date	Payee nam	ne							
	04/03/2024	1	Burns Campaign A	Account						
	Amount (\$)	Payee add	ress; City;	State;	Zip Co	de				
	\$500.00	703 Stone	elake Drive							
		Cleburne,	TX 76033							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Contributi	ons/Donations Mad	le By			-			nplete Schedule T.
	-	Candidate	e/Officeholder/Politi	cal Comm	iittee		Check if Austin, Donation	, TX,	officeholder living	g expense
							_ 0.10001			
_	Complete ONLY if direct	Candidate/O	fficeholder name	C	Office sou	ght			Office h	eld
	expenditure to benefit C/O					J				
H	Date	Payee nam	ne							
	05/13/2024	Doubletre								
	Amount (\$)	Payee add	ress; City;	State;	Zip Co	de				
	\$225.21	303 W 15			-					
		Austin, TX	78701							
	PURPOSE	(a) Category	(See Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	Event Exp		•			Check if travel			nplete Schedule T.
							Check if Austin,	, TX,	officeholder living	g expense
							1 10101			
	Complete ONLY if direct	Candidate/∩	fficeholder name		Office sou	aht			Office h	eld
	expenditure to benefit C/O				55 56d	g. 16			000 11	

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Ĺ	Sch: 4/20 Rpt: 7/23	Raney, John N. (The Honorable)	
4	Date	5 Payee name	
	02/06/2024	Drew Darby Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,000.00	P.O. Box 3284	
		San Angelo, TX 76902	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee	
		Candidate/Officeholder/Political Committee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	
H	Date	Payee name	=
	02/01/2024	Ernst Bailes Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,500.00	P.O. Box 1232	
		Shepherd, TX 77371	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	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	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
_	Date	Payee name	_
	01/31/2024	Fish Daddy's Resturant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.28	1611 University Dr E	
	Ψ+2.20		
		College Station, TX 77840	
	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	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 5/20 Rpt: 8/23	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	03/28/2024	Four Seasons Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.75	1300 Lamar St
		Houston, TX 77010
8	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
		Parking
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/28/2024	Four Seasons Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$345.15	1300 Lamar St
		Houston, TX 77010
	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.
		Check if Austin, TX, officeholder living expense Hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payros namo
	02/02/2024	Payee name Gary Van Deaver Campaign
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code P.O. Box 866
	\$1,500.00	F.O. BOX 800
		New Pooter, TV 75570
		New Boston, TX 75570
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made By Contributions/Donations Made By
	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
	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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 6/20 Rpt: 9/23	2 FILER NAME Raney, John N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067602
4	Date	5 Payee name
	01/30/2024	Glenn Rogers Campaign
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 11
	Ψ1,000.00	1.0. 50% 11
		Graford, TX 76449
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORL	Candidate/Officeholder/Political Committee
		Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/08/2024	Glenn Rogers Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 11
	, , , , , , , , , , , , , , , , , , , ,	
		Graford, TX 76449
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2024	Hugh Shine Campaign
	Amount (\$)	
	\$1,500.00	P.O. Box 793
		Temple, TX 76503
	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.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage B
Contributions/ Officeholds/ (Political Committee)

Advertising Expense
Food/Beverage B
Giff/Awards/Mem

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category 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: 7/20 Rpt: 10/23	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
L	01/09/2024	Hynes, Anna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,200.00	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 travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract Labor
		Contract Easter
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/27/2024	Hynes, Anna
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	14 Juniper Berry Way
	Ψ1,000.00	1 roumpor Bony way
		Austin, TX 78734
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Contract Labor
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beliefit C/Oi	
	Date	Payee name
	02/26/2024	Jack Allen
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.69	2500 Hoppe Trail
		Round Rock, TX 78761
	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 Dinner
		Diffici
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting 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: 8/20 Rpt: 11/23	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	02/02/2024	Jay Dean Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3822 Holly Ridge Dr.
		Tyler, TX 75606
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.
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation
_	Complete ONII V if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	04/09/2024	John Kuempel Campaign Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	523 E Donegan St
		Seguin, TX 78155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LA LABITORE	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 02/02/2024	Payee name Justin Holland Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	101 E. Rusk St.
		Rockwall, TX 75087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	_//	Candidate/Officeholder/Political Committee
		Dollation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Fees

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee L	egal Services		Vages/	Contract Labor		OTHER (enter a	category not listed above)
			he Instruction Guide expl	ains now to co	mpie	te this form.			
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/20 Rpt: 12/23		N. (The Honorable)					00067602	
4	Date	5 Payee name							
	02/26/2024	Luigi's Patio	Ristorante						
6	Amount (\$)	7 Payee address	s; City; S	State; Zip Co	de				
	\$224.39	3975 Texas 6	6 Frontage R						
		#100							
		College Stati	on, TX 77845						
8	PURPOSE OF	(a) Category (See	Categories listed at the top of th	is schedule)	(b)	Description			
	EXPENDITURE	Food/Bevera	ge Expense			브			plete Schedule T.
						Constituent D		officeholder living	g expense
						Constituent D	, 11 11	Ci	
9	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	03/04/2024	Luigi's Patio	Ristorante						
	Amount (\$)	Payee address	s; City; S	State; Zip Co	de				
	\$300.07	3975 Texas 6	6 Frontage R						
		#100							
		College Stati	on, TX 77845						
	PURPOSE	(a) Category (See	Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bevera	ge Expense			=			plete Schedule T.
						Staff Dinner	, IX,	officeholder living	g expense
						Stall Dillici			
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	aht			Office he	eld
	expenditure to benefit C/OI				J				
	Date	Payee name							
	01/23/2024	Mail Chimp							
	Amount (\$)	Payee address	s; City; S	State; Zip Co	de				
	\$98.07	512 Means S	treet						
		Ste 404							
		Atlanta, GA 3	80318						
	PURPOSE	(a) Category (See	Categories listed at the top of th	is schedule)	(b)	Description			
	OF EXPENDITURE	Advertising E	xpense	,		ш			plete Schedule T.
	EXPENDITORE					_		officeholder living	g expense
						Legislative ne	ews	ıetter email	
_	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	aht			Office he	əld
	expenditure to benefit C/OI		Shoraci name	Omec 300	Air			Office He	oiu.
	rms provided by Texas E	thias Commission	a vanan v o+h	ice etate tv u	10				Version V// 1 0 5dd2ace3

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	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: 10/20 Rpt: 13/23	Raney, John N. (The Honorable) 00067602	
4	Date	5 Payee name	
	02/23/2024	Mail Chimp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$98.07	512 Means Street	
		Ste 404	
		Atlanta, GA 30318	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Legislative newsletter email	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	03/25/2024	Mail Chimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.07	512 Means Street	
		Ste 404	
		Atlanta, GA 30318	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	=
	04/23/2024	Mail Chimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.07	512 Means Street	
		Ste 404	
		Atlanta, GA 30318	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Legislative newsletter email	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

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

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: Sch: 11/20 Rpt: 14/23	2 FILER NAME Raney, John N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067602
4	Date 05/23/2024	5 Payee name Mail Chimp
	Amount (\$) \$98.07	7 Payee address; City; State; Zip Code 512 Means Street Ste 404 Atlanta, GA 30318
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legislative newsletter email
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/24/2024	Payee name Mail Chimp
	Amount (\$) \$98.07	Payee address; City; State; Zip Code 512 Means Street Ste 404 Atlanta, GA 30318
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legislative newsletter email
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/26/2024	Payee name Mama's Cafe
	Amount (\$) \$96.99	Payee address; City; State; Zip Code 2442 Nacogdoches Rd
		San Antonio, TX 78217
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

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

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 12/20 Rpt: 15/23	Raney, John N. (The Honorable)		00067602
4	Date	5 Payee name		
	01/18/2024	Porter, Julie		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
l	\$6,000.00	P.O. Box 3963		
		Bryan, TX 77805		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Contract Labor
				Contract Labor
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	ht	Office held
ľ	expenditure to benefit C/O		,,,,	Office field
H	Date	Payee name		
	02/26/2024	Porter, Julie		
┝	Amount (\$)	Payee address; City; State; Zip Coo	do	
	\$500.00	P.O. Box 3963	ac.	
	φοσο.σσ	1.0. Box 6566		
		Bryan, TX 77805		
L	PURPOSE		(h)	Description.
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaties/ wages/Contract Labor		Check if Austin, TX, officeholder living expense
				Contract Labor
L				
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
L				
l	Date	Payee name		
	01/31/2024	Reggie Smith Campaign		
l	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$1,500.00	300 North Travis Street		
		Sherman, TX 75090		
l	PURPOSE OF	,	(b)	Description
	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
l		Canadate/Onicenolaen/ Onical Committee		Donation
Г	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	1		
Г				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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	
-	Total pages Cabadula 54:	
1	Total pages Schedule F1: Sch: 13/20 Rpt: 16/23	2 FILER NAME Raney, John N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067602
4	Date	5 Payee name
	01/30/2024	Republican Club Luncheon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$112.00	1640 Briarcrest Dr.
		Ste. 122
		Bryan, TX 77802
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Luncheon
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	03/28/2024	Republican Club Luncheon
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	1640 Briarcrest Dr.
		Ste. 122
		Bryan, TX 77802
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Luncheon
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2024	Republican Club Luncheon
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.00	1640 Briarcrest Dr.
		Ste. 122
		Bryan, TX 77802
		In.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee I	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed above)		
L				Instruction Gu	uue expiains i	HOW TO COI	npie	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 14/20 Rpt: 17/23	L	-	N. (The Honor	able)					00067602		
4	Date	ı	Payee name									
	03/28/2024		Republican (Club								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de					
	\$240.00		1640 Briarcr	est Dr.								
			Ste. 122									
				7002								
Ļ		<u> </u>	Bryan, TX 7									
8	PURPOSE OF	(a)		e Categories listed at th		edule)	(b)	Description	, .			
	EXPENDITURE			s/Donations Ma		ittos		브			mplete Schedule T.	
			Candidate/C	officeholder/Polit	licai Comm	ııtee		Sponsorship	, ιλ,	officeholder livii	ng expense	
								-housonsulh				
Ļ	Ormalia Strategic		No. 10 10 10 10 10 10 10 10 10 10 10 10 10	-1		vee:					1-1	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	С	Office sou	ght			Office I	neld	
L		_	<u></u>						_			
	Date		Payee name									
	01/30/2024		Russ Ford C	ampaign								
	Amount (\$)	Г	Payee addres	s; City;	State;	Zip Cod	de		_			
	\$1,750.00		PO BOX 100	-	•							
	. , 5.55											
			Kurton TV	7862								
		_	Kurton, TX 7									
	PURPOSE OF	(a)		e Categories listed at th		edule)	(b)	Description		4/-	and the Color of T	
	EXPENDITURE			s/Donations Ma		ittoo		=			mplete Schedule T.	
			Candidate/C	officeholder/Polit	ucai Comm	шее		Donation Check if Austin,	, 1X,	officeholder livii	ווא פעלבוופב	
								2011AUUII				
_	Complete ONLY if direct	ب	`andidata IO#	oholder nem-)ffice es	-tdr			Office 1	aold	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offic	епошет пате	C	Office souç	yııl			Office I	ıcıu	
		_										
	Date		Payee name									
	03/25/2024		Shoal Creek	Restaurant								
	Amount (\$)	Γ	Payee addres	s; City;	State;	Zip Cod	de					
	\$35.72		909 N. Lama	•	•							
			Austin, TX 7	8703								
	DUDE 2.2-	. .					<i>.</i>					
	PURPOSE OF	(a)	,	e Categories listed at th	e top of this sche	edule)	(b)	Description	N	do of Tarra	molato Sahadula T	
	EXPENDITURE		Food/Bevera	age Expense						de of Texas. Co officeholder livi	mplete Schedule T.	
								Lunch	, ιλ,	onicendidel IIVI.	ng expense	
								_611011				
	Complete ONLY 'f -I'.	Ļ	`andidat-10"	oholder nam-)ffice = -	7b+			O#:	aold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Offic	enoluer name	C	Office sou	yrıt			Office I	ieiu	
	· · · · · · · · · · · · · · · ·											

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: 15/20 Rpt: 18/23	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	05/10/2024	Shoal Creek Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.22	909 N. Lamar Blvd.
		Austin, TX 78703
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.
		Check if Austin, TX, officeholder living expense Constituent Dinner
		Consulating Diffici
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
	01/12/2024	Payee name Sic Paymond
		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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign
		Campaign
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 02/21/2024	Payee name Sic Paymond
		Sis, Raymond
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	1429 W Villa Maria Rd
		Bryan, TX 77802
	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 Campaign
		Campaign
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Sa	-	s/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 16/20 Rpt: 19/23		nn N. (The Honorabl	le)				00067602		
4	Date	5 Payee name	9							
	03/13/2024	Sis, Raym	ond							
6	Amount (\$)	7 Payee addre	ess; City;	State; Z	ip Code					
	\$95.00	1429 W Vi	la Maria Rd							
		Bryan, TX	77802							
8	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedul	e) (b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	ise					nplete Schedule T.	
						Campaign	, IX,	officeholder livin	g expense	
						Campaign				
9	Complete ONLY if direct	Candidata/Of	ficeholder name	Off:	e sought			Office h	old	
9	expenditure to benefit C/O		ncenoider name	Onic	e sought			Office fi	eiu	
_										
	Date	Payee name								
	04/10/2024	Sis, Raym	ond							
	Amount (\$)	Payee addr	ess; City;	State; Z	ip Code					
	\$95.00	1429 W Vi	la Maria Rd							
		Bryan, TX	77802							
	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedul	e) (b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	ise		=			nplete Schedule T.	
						Campaign	, IX,	officeholder livin	g expense	
						Campaign				
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Offic	o cought			Office h	old	
	Complete ONLY if direct expenditure to benefit C/OH		ncenoider name	Onic	e sought			Office fi	eiu	
	Date	Payee name								
	05/15/2024	Sis, Raym	ond							
	Amount (\$)	Payee addre	ess; City;	State; Z	ip Code					
	\$95.00	1429 W Vi	la Maria Rd							
		Bryan, TX	77802							
	PURPOSE	(a) Category (s	See Categories listed at the to	p of this schedul	e) (b)	Description				
	OF EXPENDITURE		rhead/Rental Expen						nplete Schedule T.	
	LAFLINDITORE		•				, TX,	officeholder livin	g expense	
						Campaign				
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Offic	e sought			Office h	eld	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 17/20 Rpt: 20/23	2 FILER NAME Raney, John N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067602
4	Date	5 Payee name
	06/21/2024	Sis, Raymond
6	Amount (\$) \$95.00	7 Payee address; City; State; Zip Code 1429 W Villa Maria Rd
	ψ33.00	1423 W Villa Maha Na
		Bryan, TX 77802
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	_,	Check if Austin, TX, officeholder living expense
		Campaign
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/12/2024	Stan Lambert Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	P.O. Box #3752
		Abilene, TX 79604
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11/21/01/12	Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/13/2024	State Preservation Board
	Amount (\$)	Payee address; City; State; Zip Code
	\$295.00	201 E 14th St
		#950
		Austin, TX 78711
	DUDDOOF	I
	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
		Constituent Gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

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 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: 18/20 Rpt: 21/23	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	02/01/2024	Steve Aldrich Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	707 Honeysuckle
		College Station, TX 77845
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/18/2024	Steve Aldrich Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	707 Honeysuckle
		College Station, TX 77845
	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
		Bondion
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	02/12/2024	Texas Department of Transportation
	Amount (\$) \$108.25	Payee address; City; State; Zip Code
	Φ100.23	6230 E Stassney Lane
		Avertice TV 70744
		Austin, TX 78744
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel published at Taylor Camplete Schedule T
	EXPENDITURE	Transportation Equipment And Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Transportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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	
_	Total pages Cabardale Ed	
1	Total pages Schedule F1: Sch: 19/20 Rpt: 22/23	2 FILER NAME Raney, John N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067602
4	Date	5 Payee name
	02/05/2024	Travis Clardy Campaign
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 209 E. Main St Nacogdoches, TX 75961
	DUDDOCE	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2024	Trey Wharton Campaign Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1300 11th Street
		Ste. 630
		Huntsville, TX 77340
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/23/2024	Wayne Dickey Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 5965
		Bryan, TX 77805
	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
		Donation
_	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

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			nittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services	e Expense	Polling Expense Printing Expens Salaries/Wages	e		Travel in District Travel Out of D	
	Credit Card Payment			The Instruction Gu	ide explains l	now to comple	te this form.			
1	Total pages Schedule F1: Sch: 20/20 Rpt: 23/23	ı		n N. (The Honor	ablo)			3	Filer ID 00067602	(Ethics Commission Filers)
	*				abie)				00007002	
	Date 03/21/2024		ayee name Vings and I							
6	Amount (\$)	7 P	ayee addre	ss; City;	State;	Zip Code				
	\$39.20	1	511 Unive	rsity Dr						
				tion, TX 77840						
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch									
9	Complete ONLY if direct expenditure to benefit C/OI		.ndidate/Offi	ceholder name	C	office sought			Office h	eld