CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00067602		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONI V
OFFICEHOLDER NAME	The Honorable	John N.			Date Received	
					ELECTRONICAL	LLY FILED
	NICKNAME	LAST	•••••	SUFFIX	01/14/2025	
		Raney			<u> </u>	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or [Date Postmarked
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	Mr.	Russell C.		IVII		
NAME	IVII.	Nussell C.				
	NICKNAME	LAST		SUFFIX		
		Ford				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STAT	TE; ZIP CODE
TREASURER ADDRESS	13955 Democrat Road	,		,		_,
(Residence or Business)	Bryan, TX 77802					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER I	EXTENSION			
TREASURER PHONE	(979) 589-3213					
8 REPORT TYPE	X January 15	30th day before	e election	Runoff	15th day after cam	
		T Oth day hafara	alastian \square	Eveneded modified	appointment (office	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attac	n C/OH-FK)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	HROUGH	12/31/202	<u>'</u> 4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	L ⁶	Primary	Runoff	Other	
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
11 011102	State Representative Distr	rict 14		State Represent		
	·					
	-					
		GO T	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Raney, John N. (The	Honorable)	14 Filer ID 00067602	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political e These expenditures may have been made officeholders are required to report this in	without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER	NAME	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTH ES OF LOANS, OR CONTRIBUTIONS MA		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF	F LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 10,757.78
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS O RIOD	F THE LAST DAY OF THE	\$ 11,341.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LO TING PERIOD	ANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			er penalty of perjury, that the accicludes all information required to Code.	
			he Honorable John N. Rane	у
		Sign	nature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
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 of o	ffice.	
Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 13								
Raney, Jo	18 FILER NAME Raney, John N. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00067602										
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT										
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$								
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$								
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$								
4.	SCHEDULE E: LOANS		\$								
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 10,757.78								
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$								
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$								
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$								
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$								
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$								
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$								
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$								

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 4/13	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	12/24/2024	AdMail
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,732.00	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.
		Check if Austin, TX, officeholder living expense Christmas Cards
		Cinistinus Curus
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/07/2024	Austin Airport
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	1600 Hwy 71 E
		Austin, TX 78742
	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
		T withing
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/27/2024	Capital Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$408.83	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Staff Dinner
\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) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	tical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category r	not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 2/10 Rpt: 5/13	L: 2 FILER NAME 3 Filer ID (Ethics Raney, John N. (The Honorable) 00067602	Commission Filers)
	<u> </u>		
4	Date	5 Payee name	
	11/25/2024	Community Foundation of the Brazos Valley	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	1733 Briarcrest Dr #203,	
		Bryan, TX 77801	
L			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense	dule T.
		Check if Austin, TX, officeholder living expense	
		Fundraiser Sponsorship	
9	Complete ONLY if direct		
	expenditure to benefit C/OI	OH	
	Date	Payee name	
	11/07/2024	Fish Daddy's Resturant	
		· · · · · · · · · · · · · · · · · · ·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$153.88	3 1611 University Dr E	
		College Station, TX 77840	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	dule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Staff Lunch	
	Complete ONLY if direct		
	expenditure to benefit C/OI	OH	
H	Date	Payee name	
	08/06/2024	Galt House	
	00/00/2024		
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.26	140 N Fourth St,	
		Louisville, KY 40202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Sche	dule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Lunch	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract The Instruction Guide explains how to complete this	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 6/13	Raney, John N. (The Honorable)	00067602
4	Date	5 Payee name	
	08/09/2024	Galt House	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.21	140 N Fourth St,	
		Louisville, KY 40202	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE	1 dod/Beverage Expense	ck if travel outside of Texas. Complete Schedule T.
			ck if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	08/21/2024	Galt House	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$212.08	140 N Fourth St,	
		Louisville, KY 40202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE	1 000/Beverage Expense	ck if travel outside of Texas. Complete Schedule T.
		United States Dinner	ck if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	10/07/2024	Hyatt Regency Lost Pines Resort and Spa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.64	575 Hyatt Lost Pines Rd	
		Cedar Creek, TX 78612	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE	1 000/Beverage Expense	ck if travel outside of Texas. Complete Schedule T.
		Lunch	ck if Austin, TX, officeholder living expense
		Lunci	icon
_	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 -Candidate/Officeholder/Political Committee

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

	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: 4/10 Rpt: 7/13	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	12/27/2024	Hynes, Anna
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	07/23/2024	Mail Chimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	512 Means Street
	Ψ30.01	Ste 404
		Atlanta, GA 30318
	DUDDOCE	
	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.
	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
	experiulture to beliefft C/Oi	
	Date	Payee name
	08/23/2024	Mail Chimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.07	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 Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legislative newsletter email
		Legislative newsletter 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)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1		2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/10 Rpt: 8/13	Raney, John N. (The Honorable)		00067602
4	Date	5 Payee name		
	09/23/2024	Mail Chimp		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$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
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O		,	
	Date	Payee name		
	10/23/2024	Mail Chimp		
	Amount (\$)	Payee address; City; State; Zip Coo	1 ₀	
	\$98.07	512 Means Street	Je	
	Ψ30.01	Ste 404		
	DUDD 0.5	Atlanta, GA 30318	<i></i>	
	PURPOSE OF	,	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Legislative newsletter email
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	11/22/2024	Mail Chimp		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$98.07	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		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDHORL			Check if Austin, TX, officeholder living expense
				Legislative newsletter email
	Complete ONLY if direct	Condidate/Officeholder name	nh+	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	JIIL	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Валкіпд Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services		Polling Ex Printing E	kpense Expens			Travel in	n District Out of Dis			
L	Cicuit Caru Fayillelit			The Instruction Gui	de explains l	how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer II	D	(Ethics Commission File	ers)
	Sch: 6/10 Rpt: 9/13		Raney, Johi	n N. (The Honora	ıble)				1	0006	7602		
4	Date	5	Payee name										
	12/24/2024		Mail Chimp										
6	Amount (\$)	7	Payee addres	City:	Ctata	Zip Co	nd c						
6	()	7	•	•	State,	Zip Cc	oue						
	\$98.07		512 Means	Sireei									
			Ste 404										
			Atlanta, GA	30318									
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Advertising									plete Schedule T.	
								Check if Austin				j expense	
								Legislative ne	ews	siettei	eman		
L							<u> </u>						
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Office	ceholder name		Office sou	ıght			0	ffice he	eld	
	Date		Payee name										
	11/01/2024		Newman Pr	inting Company I	nc.								
	Amount (\$)	T	Payee addres	ss; City;	State;	Zip Co	ode						
\$1,700.61			1300 E 29th St										
	,												
		⊢	Bryan, TX 7										
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description			_		
	EXPENDITURE		Advertising	Expense				Check if travel Check if Austin				plete Schedule T.	
								Republican S			aci nviilg	, 0.,001100	
									- ອ '				
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		Office sou	laht I			0	ffice he	əld	
	expenditure to benefit C/O		· · · · · · · · · · · · ·			55 500				J	55 110	- · - ·	
 	Data	_											
	Date		Payee name	0(
	08/09/2024		Pappadeau:	x Seafood DFW									
	Amount (\$)		Payee addres		State;	Zip Co	ode						
	\$70.84		2610 Interna	ational Pkwy									
			Dallas, TX 7	75261									
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sch	edule)	(b)	Description					
	OF	ĺ <i>′</i>		age Expense	5. 1115 5611	- 30.0,			outsi	de of Tex	as. Com	plete Schedule T.	
	EXPENDITURE		-	- '				Check if Austin	ı, TX	officehol	der living	j expense	
								Lunch					
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ıght			0	ffice he	eld	
	expenditure to benefit C/OF	H											

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total manage Cabadula F1.	2 Files ID (Fthise Commission Files)	_
1	Total pages Schedule F1: Sch: 7/10 Rpt: 10/13	2 FILER NAME Raney, John N. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067602	
4	Date 10/03/2024	5 Payee name Paul Dyson Campaign	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$1,000.00	4040 HWY 6	
		Suite 200. 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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/27/2024	Porter, Julie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P.O. Box 3963	
		Bryan, TX 77805	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Contract Labor	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/01/2024	Rockett Cafe & Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.11	5790 FM813	
		Waxahachie, TX 75165	
	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	
		Lunch	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica		mmittee	Legal Services		ries/Wa		Contract Labor		OTHER (enter	a category not listed a	bove)
	Credit Card Payment			The Instruction Gu	iide explains how t	o com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 8/10 Rpt: 11/13		Raney, John	n N. (The Honor	able)					00067602		
4	Date	5	Payee name									
	11/25/2024			d Restaurant								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Cod	le					
	\$21.32		203 E Villa I	Maria Rd								
			Bryan, TX 7	7801								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	ne ton of this schedule)	((b)	Description				
	OF	<u> </u>		age Expense	ie top of this schedule)	`			outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	, TX,	officeholder livi	ng expense	
								Staff Dinner				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	soug	ht			Office I	neld	
		_										
	Date		Payee name									
	09/27/2024		Shoal Creek	Restaurant								
	Amount (\$)		Payee addres	•	State; Zip	Cod	le					
	\$43.58		909 N. Lam	ar Blvd.								
			Austin, TX 7	8703								
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	((b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				_			mplete Schedule T.	
								Check if Austin, Constituent D			ng expense	
								Ooriotitaent D	,,,,,	101		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name	Office	soua	ht			Office I	neld	
	expenditure to benefit C/OI					9						
	Date		Payee name									
	07/15/2024		Sis, Raymon	nd								
	Amount (\$)		Payee addres		State; Zip	Cod	ا ما					
	\$95.00		1429 W Villa	-	State, Zip	Cou	ic					
	400.00		1120 11 1111	a mana ra								
			Bryan, TX 7	7802								
	PURPOSE	(0)	-			1,	'b\	D				
	OF	(a)		e Categories listed at the cad/Rental Exp		١	D)	Description Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Office Overi	ieau/Rentai Exp	Jense			Check if Austin,				
								Campaign				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	soug	ht			Office I	neld	
L	expenditure to benefit C/OI	H —										

SCHEDULE F1

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

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

	Candidate/Officenoider/Politica 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: 9/10 Rpt: 12/13	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	08/30/2024	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 EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/30/2024	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/11/2024	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

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

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

	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: 10/10 Rpt: 13/13	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	11/14/2024	Sis, Raymond
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.00	1429 W Villa Maria Rd
L		Bryan, TX 77802
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
		Campaign
		Campaign
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/16/2024	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/OI	
┡		