CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The	e C/OH Instruction (Guide explains how to compl	ssion Filers)	2 Total pages	filed: 8		
3	CANDIDATE /	MS / MRS / MR	FIRST	00067602	MI		
	OFFICEHOLDER NAME	The Honorable	John N.		IVII	OFFICE Date Received	USE ONLY
						ELECTRONI	CALLY FILED
		NICKNAME	LAST		SUFFIX	07/17/2025	
		WORLD WILL	Raney		301117		
	CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
	OFFICEHOLDER MAILING ADDRESS	416 E Brookside Dr				Receipt #	Amount
	Change of Address	Bryan, TX 77801-3701					
						Date Processed	
						Date Imaged	
	CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
	TREASURER NAME	Mr.	Russell C.				
		NICKNAME	LAST		SUFFIX		
		MONVAME	Ford		301117		
			Toru				
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	ΔP ⁻	Γ / SUITE #; CITY;		TATE; ZIP CODE
	TREASURER	13955 Democrat Road	BOXT LLAGE),	A	173011E#, CITT,	J	TATE, ZII CODE
	ADDRESS	20000 Bomoorat Road					
	(Residence or Business)	Bryan, TX 77802					
		Bryan, 17 77002					
<u> </u>	CAMPAICN	ADEA CODE DUOS	IE NILIMBED - F	VTENCION			
	CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
	PHONE	(979) 589-3213					
8	REPORT						
	TYPE	January 15	30th day before	election	Runoff		campaign treasurer
					Fire and address of F		officeholder only)
		X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (A	Attach C/OH-FR)
	PERIOD	Month Day Year			Month Day	Year	
	COVERED	01/01/2025	T⊦	IROUGH	06/30/202	25	
10	ELECTION	ELECTION DATE			ELECTION TYPE	□ o∵	
		Month Day Year	LIP	rimary	Runoff	Other	
			G	eneral	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
		State Representative Dist	rict 14 Brazos		None District 14		
			GO T	O PAGE 2			
I							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 8

13 C / OH NAME	Raney, John N. (The	Honorable)	14 Filer ID 00067602	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made witho I officeholders are required to report this informa	ut the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	:	
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 6,089.80
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 5,251.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	all information required t	
		The Ho	onorable John N. Rane	у
		Signature	of Candidate or Officehol	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	eer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 8							
	8 FILER NAME Raney, John N. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00067602						
20 SCHED	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	3	\$ 6,089.80				
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	DNS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Ever Accounting/Banking Feet Consulting Expense Foot Contributions/ Donations Made By - Giff Candidate/Officeholder/Political Committee Legi

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete t	· • • • • • • • • • • • • • • • • • • •		
1	Total pages Schedule F1:	·			
	Sch: 1/5 Rpt: 4/8	Raney, John N. (The Honorable) 00067602			
4	Date	5 Payee name	•		
	02/12/2025	ALC Restaurant			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$291.42	1205 N Lamar			
		Austin, TX 78701			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	scription		
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.		
	LA LABITORE		Check if Austin, TX, officeholder living expense		
			nner		
_	Complete ONLY if direct	Condidate/Officeholder name Office cought	Office hold		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held		
	Date	Payee name			
	05/05/2025	ALC Restaurant			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$214.65	1205 N Lamar			
		Austin, TX 78701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	scription		
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.		
			Check if Austin, TX, officeholder living expense nner		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O		Chiec held		
	Date	Davisa nama			
	01/01/2025	Payee name Admail			
	Amount (\$)	Payee address; City; State; Zip Code 427 Dellwood			
	\$1,307.83	427 Deliwood			
		B TV 77004			
		Bryan, TX 77801			
	PURPOSE OF		scription		
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Ma			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O				
_					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Lenal 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)	_
	Sch: 2/5 Rpt: 5/8	Raney, John N. (The Honorable) 00067602	
4	Date	5 Payee name	
	03/18/2025	Capital Grill	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$183.72	117 W 4th ST	
		Ste 404	
		Ausin, TX 78701	
8	PURPOSE		_
ľ	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	
		Dinner	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			_
	Date	Payee name	
	05/05/2025	Ciscos Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$66.30	1511 E 6th	
		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	
		Breakfast	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
⊨	Data	Davida nama	_
	Date 01/13/2025	Payee name Quorum Report	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$519.60	8407 So 1st St	
		Austin, TX 78748	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Subscriptions Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Subscription	
L	Occasilete ONUVIII	Openhidate (Office health are now as a first of the control of the	_
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			_

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 3/5 Rpt: 6/8	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	03/18/2025	Republican Party Brazos Co
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1640 Briarcrest Dr
		Bryan, TX 77802
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.
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Campaign Contribution
_		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2025	Russ, Ford
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	13955 Democrat Rd
		Bryan, TX 77808
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZXI ZXIDITORZ	Candidate/Officeholder/Political Committee Candidate/Officeholder living expense
		Campaign Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	_
	Date	Payee name
	01/17/2025	TDCJ
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.28	8801 So 1st St
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 4/5 Rpt: 7/8	Raney, Jol	nn N. (The Honorable)				00067602		
4	Date	5 Payee name	e							
	01/02/2025	Villa Maria	Storage							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$95.00	1246 Villa	Maria RD							
		Bryan, TX	77802							
8	PURPOSE OF		See Categories listed at the top		(b)	Description				
	EXPENDITURE	Office Ove	rhead/Rental Expens	se		=		ide of Texas. Com , officeholder living		
						Storage Rent		•		
						ŭ				
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	
		Т								
	Date	Payee name								
	02/03/2025	Villa Maria	Storage							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$95.00	1246 Villa	Maria RD							
		Bryan, TX	77802							
	PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expens	se		=		ide of Texas. Com		
						Storage Rent		, officeholder livinç	expense	
						Otorage rent	.ai			
\vdash	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office sou	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/OI	Н			J					
F	Date	Payee name	<u> </u>							
	03/17/2025	Villa Maria								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$95.00	1246 Villa		Otato, Zip Ot	ouc					
	400.00	12 10 11110	Maria Ka							
		Bryan, TX	77802							
Г	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		rhead/Rental Expens					ide of Texas. Com		
	LAI LINDITORE							, officeholder living	expense	
						Storage Rent	.dl			
\vdash	Complete ONLY if direct	Candidata/Of	ficeholder name	Office sou	labt			Office he	nld	
	expenditure to benefit C/OI		nccholuci name	Office Suc	agrit			Onice H	лu	
\vdash										
Ļ										

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/5 Rpt: 8/8	Raney, John N. (The Honorable) 00067602
4	Date	5 Payee name
	04/15/2025	Villa Maria Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.00	1246 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 Storage Rental
		Storage Nental
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Data	Davies same
	Date	Payee name
	05/27/2025	Villa Maria Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	1246 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
		Storage Rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 06/16/2025	Payee name
		Villa Maria Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	1246 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 Austin, TX, officeholder living expense Storage Rental
		Storage Kental
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		