PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2016, covering calendar year ending December 31, 2015.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
14

ACCOUNT #
00067602

OFFICE USE ONLY

Date Received
ELECTRONICALLY FILED
02/11/2016

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

1 NAME

TITLE; FIRST; MI
The Honorable John N.

NICKNAME; LAST; SUFFIX
Raney

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP
416 East Brookside

Bryan, TX 77801

[X] (CHECK IF FILER'S HOME ADDRESS)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
(979) 846-8606

4 REASON FOR FILIING STATEMENT

- [ ] CANDIDATE _____ (INDICATE OFFICE)
- [X] ELECTED OFFICER State Representative, District 14 (INDICATE OFFICE)
- [ ] APPOINTED OFFICER _____ (INDICATE AGENCY)
- [ ] EXECUTIVE HEAD _____ (INDICATE AGENCY)
- [ ] FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- [ ] STATE PARTY CHAIR _____ (INDICATE PARTY)
- [ ] OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Elizabeth Raney

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO

[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD ____

2 EMPLOYMENT

[X] EMPLOYED BY ANOTHER

[ ] SELF-EMPLOYED

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

The Nathan Company dba Texas Aggieland Bookstore

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

327 University Drive

College Station, TX 77840

POSITION HELD

President

NATURE OF OCCUPATION

INFORMATION RELATES TO

[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD ____

EMPLOYMENT

[X] EMPLOYED BY ANOTHER

[ ] SELF-EMPLOYED

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

State of Texas - House of Representatives

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

105 West 15th Street

Austin, TX 78701

POSITION HELD

State Representative

NATURE OF OCCUPATION

INFORMATION RELATES TO

[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD ____

EMPLOYMENT

[X] EMPLOYED BY ANOTHER

[ ] SELF-EMPLOYED

NAME AND ADDRESS OF EMPLOYER / POSITION HELD

[ ] (Check if Filer's Home Address)

EMPLOYER

The Nathan Company dba Texas Aggieland Bookstore

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

327 University Drive

College Station, TX 77840

POSITION HELD

Secretary

NATURE OF OCCUPATION

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1	BUSINESS ENTITY	NAME Citigroup, Inc.
2	STOCK HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
3	NUMBER OF SHARES	[X] LESS THAN 100 [ ] 100 TO 499 [ ] 500 TO 999 [ ] 1,000 TO 4,999 [ ] LESS THAN 10K [ ] 10,000 OR MORE
4	IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each source of income you, your spouse, or a dependent child received in excess of $500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 SOURCE OF INCOME	NAME AND ADDRESS Century 21 Beal (property manager for duplex) ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2009/2011 Colgate College Station, TX 77845
2 RECEIVED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
3 AMOUNT	[ ] $500 - $4,999 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS Sungram Kim ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 113/115 College Main College Station, TX 77840
RECEIVED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
AMOUNT	[ ] $500 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS Wells Fargo Bank ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 321 University Drive College Station, TX 77840
RECEIVED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
AMOUNT	[ ] $500 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

SOURCE OF INCOME	NAME AND ADDRESS Century 21 Beal (property manager for duplex) ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 906 A&B Camellia Court College Station, TX 77840
RECEIVED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
AMOUNT	[ ] $500 - $4,999 [ ] $5,000 - $9,999 [X] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than $1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Wells Fargo Bank
2 LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
3 GUARANTOR	
4 AMOUNT	[ ] $1,000 - $4,999 [X] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	US Bank
LIABILITY OF	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	[ ] $1,000 - $4,999 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [X] $25,000--OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
2 STREET ADDRESS [ ] NOT AVAILABLE [X] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 416 E. Brookside Dr. Bryan, TX 77801
3 DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Brazos
4 NAMES OF PERSONS RETAINING AN INTEREST [ ] NOT APPLICABLE (SEVERED MINERAL INTEREST)	USAA Federal Savings Bank
5 IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
STREET ADDRESS [ ] NOT AVAILABLE [ ] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 113/115 College Main College Station, TX 77840
DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 2.00000 lots Brazos
NAMES OF PERSONS RETAINING AN INTEREST [ ] NOT APPLICABLE (SEVERED MINERAL INTEREST)	The Bank & Trust of Bryan/College Station
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

INTERESTS IN REAL PROPERTY

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
2 STREET ADDRESS [ ] NOT AVAILABLE [ ] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 2009/2011 Colgate College Station, TX 77840
3 DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 2.00000 lots Brazos
4 NAMES OF PERSONS RETAINING AN INTEREST [ ] NOT APPLICABLE (SEVERED MINERAL INTEREST)	Wells Fargo Bank
5 IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
STREET ADDRESS [X] NOT AVAILABLE [ ] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION [ ] LOTS [X] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 35.00000 acres Madison
NAMES OF PERSONS RETAINING AN INTEREST [X] NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

INTERESTS IN REAL PROPERTY

PART 7A

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
2 STREET ADDRESS [ ] NOT AVAILABLE [ ] CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 906 A&B Camellia Court College Station, TX 77840
3 DESCRIPTION [X] LOTS [ ] ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Brazos
4 NAMES OF PERSONS RETAINING AN INTEREST [X] NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale.
For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	[X] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS [ ] (Check if Filer's Home Address) The Nathan Company dba Texas Aggieland Bookstore 327 University Drive College Station, TX 77840
3 IF SOLD [ ] NET GAIN [ ] NET LOSS	[ ] LESS THAN $5,000 [ ] $5,000 - $9,999 [ ] $10,000 - $24,999 [ ] $25,000--OR MORE

ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (Check If Filer's Home Address) The Nathan Company dba Texas Aggieland Bookstore 327 University Drive College Station, TX 77840
2 BUSINESS TYPE	Retail Store
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____
4 ASSETS	DESCRIPTION: Inventory, Furniture, Fixtures, Equipment CATEGORY: ☐ LESS THAN $5,000 ☐ $5,000 - $9,999 ☐ $10,000 - $24,999 ☒ $25,000 OR MORE

LIABILITIES OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS ☐ (Check If Filer's Home Address) The Nathan Company dba Texas Aggieland Bookstore 327 University Drive College Station, TX 77840
2 BUSINESS TYPE	Retail Store
3 HELD, ACQUIRED, OR SOLD BY	☒ FILER ☒ SPOUSE ☐ DEPENDENT CHILD _____

4 LIABILITIES	DESCRIPTION	CATEGORY	
	Wells Fargo Bank	☐ LESS THAN $5,000	☐ $5,000 - $9,999
		☐ $10,000 - $24,999	☒ $25,000--OR MORE
	The Bank & Trust of Bryan/College Station	☐ LESS THAN $5,000	☐ $5,000 - $9,999
		☐ $10,000 - $24,999	☒ $25,000--OR MORE

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1	ORGANIZATION	The Nathan Company dba Texas Aggieland Bookstore
2	POSITION HELD	President
3	POSITION HELD BY	[X] FILER [ ] SPOUSE [ ] DEPENDENT CHILD _____

ORGANIZATION	The Nathan Company dba Texas Aggieland Bookstore
POSITION HELD	Secretary
POSITION HELD BY	[ ] FILER [X] SPOUSE [ ] DEPENDENT CHILD _____

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- [ ] N/A Part 1A - Sources of Occupational Income
- [X] N/A Part 1B - Retainers
- [ ] N/A Part 2 - Stock
- [X] N/A Part 3 - Bonds, Notes & Other Commercial Paper
- [X] N/A Part 4 - Mutual Funds
- [ ] N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- [ ] N/A Part 6 - Personal Notes and Lease Agreements
- [ ] N/A Part 7A - Interests in Real Property
- [ ] N/A Part 7B - Interests in Business Entities
- [X] N/A Part 8 - Gifts
- [X] N/A Part 9 - Trust Income
- [X] N/A Part 10A - Blind Trusts
- [X] N/A Part 10B - Trustee Statement
- [ ] N/A Part 11A - Assets of Business Associations
- [ ] N/A Part 11B - Liabilities of Business Associations
- [ ] N/A Part 12 - Boards and Executive Positions
- [X] N/A Part 13 - Expenses Accepted Under Honorarium Exception
- [X] N/A Part 14 - Interest in Business in Common with Lobbyist
- [X] N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- [X] N/A Part 16 - Representation by Legislator Before State Agency
- [X] N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- [X] N/A Part 18 - Legislative Continuances

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2014, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable John N. Raney

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath