FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088547 3 COMMITTEE NAME **OFFICE USE ONLY** Marchant Good Government Fund Date Received **ELECTRONICALLY FILED** 02/27/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 2125 North Josey Lane Suite 102 Change of Address Carrollton, TX 75006 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Kenny NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Marchant CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 2125 North Josey Lane STREET **ADDRESS** Suite 200 (Residence or Business) Carrollton, TX 75006 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2125 North Josey Lane MAILING **ADDRESS** Suite 200 Change of Address Carrollton, TX 75006 AREA CODE **CAMPAIGN** PHONE NUMBER **EXTENSION TREASURER PHONE** (469) 781-4748 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer	· ID	(Ethics Commission Filers)
Marchant Good Government Fund 000			88547		
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	I		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures Describe by data and leasting.	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER T DR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	HAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS OGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	12,434.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE PERIOD	IE LAST DAY	\$	1,867,094.32
OUTSTANDING LOAN TOTALS	1	MOUNT OF ALL OUTSTANDING LOANS REPORTING PERIOD	AS OF THE	\$	0.00
6 AFFIDAVIT					
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information r		
		М	r. Kenny Marcl	nant	
			ire of Campaign		er
AFFIX NOTA	RY STAMP / SEAL ABOVE				
			, this the _		day
of	, 20, to certify \	hich, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title	of offic	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of	10	
17 CC	MMITTE	(Ethics Commission Filer	s)			
Marchant Good Government Fund 00088547						
	HEDULI ME OF	SUBTOTAL AMOUN	١T			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	TION OR	\$		
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$		
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$		
9.		SCHEDULE E: LOANS		\$		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 12,4	14.89	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
13.	13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	19.19	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 13,3	11.00	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 4/10	Marchant Good Government Fund	00088547
4 Date	5 Payee name	
02/22/2024	Aristotle	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1,200.00	205 Pennsylvania Ave, SE	
Expenditure from		
corporate funds	Washington, DC 20003	
8 PURPOSE OF	(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. Check if Austin, TX, officeholder living expense
		Software/Database expense for FEC reporting
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
02/01/2024	Carol, Miller	
Amount (\$)	Payee address; City; State; Zip C	ode
\$2,300.00	581 Shadowcrest Ln	
Expenditure from corporate funds	Coppell, TX 75019	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bookkeeping/Clerical
		1
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
02/05/2024	Cooke Co Republican Party	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1,000.00	701 E. California St., #304	
Expenditure from corporate funds	Gainesville, TX 76240	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Sponsorship
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		ugnit Office nerd

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions' Donations Made By - Gill/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed a						
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: 2/5 Rpt: 5/10	Marchant Good Government Fund 00088547					
4 Date	5 Payee name					
02/08/2024						
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	1005 S Congress Ave					
	Ste 400					
Expenditure from corporate funds	Austin, TX 78704					
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					
	redetal Political Continuution					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Data						
Date 02/08/2024	Payee name Lance Gooden for Congress					
	<u> </u>					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	P.O. Box 2125					
Expenditure from	- U V					
corporate funds	Terrell, TX 75160					
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					
	Federal Political Contribution					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	1					
Date	Payee name					
02/01/2024	Marken Interests					
Amount (\$)	Payee address; City; State; Zip Code					
\$500.00	2125 N Josey Ln, Ste 200					
Expenditure from corporate funds	Carrollton , TX 75006					
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.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Office rent					
Operation Children	Our distance (Office health are now as the control of the control					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
4 7	· · · · · · · · · · · · · · · · · · ·				
1 Total pages Schedule F1: Sch: 3/5 Rpt: 6/10	2 FILER NAME Marchant Good Government Fund 3 Filer ID (Ethics Commission Filers) 00088547				
4 Date	5 Payee name				
02/08/2024	McCaul for Congress				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	815A Brazos S PMB 230				
Expenditure from	Augtin TV 70701				
corporate funds	Austin, TX 78701				
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				
	Federal Political Contributin				
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
02/25/2024	NRG				
Amount (\$)	Payee address; City; State; Zip Code				
` '					
\$154.88	P.O. Box 1532				
Expenditure from					
corporate funds	Houston, TX 77251				
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				
	Electric utilities				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
Date	Payee name				
02/08/2024	Pete Sessions for Congress				
	-				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	P.O. Box 7754				
Expenditure from corporate funds	Waco, TX 76714				
-	1				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) 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				
	Candidate/Oniceriolder/Political Committee Federal Political Contribution				
	r cuciai i oliticai contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 4/5 Rpt: 7/10	Marchant Good Government Fund 00088547				
4 Date	5 Payee name				
02/08/2024	Scott Armey for Congress				
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 51342				
Expenditure from corporate funds	Denton, TX 76206				
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.				
_/	Candidate/Officeholder/Political Committee				
	Federal Political Contribution				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
02/08/2024	Ted Cruz for Senate				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	P.O. Box 25376				
Expenditure from corporate funds	Houston, TX 77265				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
EXI ENDITORE	Candidate/Officeholder/Political Committee				
	Federal Political Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
02/08/2024	Texans for Senator John Cornyn				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	P.O. Box 13026				
Expenditure from corporate funds	Austin, TX 78711				
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				
	Federal Political Contribution				
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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor nins how to complete this form.	Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	[;	3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 8/10	Marchant Good Government Fund		00088547
4 Date	5 Payee name		
02/09/2024	Verizon		
6 Amount (\$)	7 Payee address; City; St	tate; Zip Code	
\$260.01	P.O. Box 660108		
Expenditure from corporate funds	Dallas, TX 75266		
8 PURPOSE	(a) Category (See Categories listed at the top of this	s schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense		utside of Texas. Complete Schedule T.
		Telephone/Inte	TX, officeholder living expense
		i elephone/into	ernet Expense
		000	000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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	- Gift/Awards	/Memorials Expense F	Printing Expense Tr	avel in District avel Out of District
	Candidate/Officeholder/Politica	· ·	ces S ruction Guide explains ho	Salaries/Wages/Contract Labor O	THER (enter a category not listed above)
<u> </u>	Total pages Cabadula E4		uction Guide explains no	w to complete this form.	2 Files ID (Ethios Commission Files)
	Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 1/1 Rpt: 9/10	Marchant Good Government Fund			00088547
4	CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	 \$
	IOOOLIK	C	iti	CHARGED TO A CREDIT	
Ļ		()	(1) = 1 (2)	CARD	<u></u>
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 02/09/2024	r Paid
l	Expenditure from corporate funds	\$19.19	02/08/2024	02/03/2024	
L					
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
l		Google		1600 Amphitheatre Pky	
		Coogic			
Ļ		() 2 :		Mountain View, CA 94043	3
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Internet fee	
		Internet fee	,	internet lee	
	X Political				
	Non-Political	1	of Texas. Complete Schedule T		officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held
e	xpenditure to benefit C/OH				
l					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marchant Good Government Fund 00088547 Date 8 Amount (\$) 5 Name of person from whom amount is received 02/25/2024 Interactive Brokers \$13,311.00 6 Address of person from whom amount is received; City; State; Zip Code Greenwich, CT 06830 Purpose for which amount is received Check if political contribution returned to filer Dividends/Interest