MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instructio	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00088547		2 Total pages filed: 8		
3 COMMITTEE NAM	IE	•	ſ	OFFICE USE ONLY		
Marchant Good	Government Fund		ŀ	Date Received		
				03/27/2024		
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
	2125 North Josey Lane					
Change of Addr	Suite 102					
				Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI			
NAME	Mr. Kenny			Receipt # Amount		
			ŀ	Date Processed		
	NICKNAME LAST		SUFFIX	Date Processed		
	Marchar	nt	ŀ	Date Imaged		
				J		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CIT	/; STA	TE; ZIP CODE		
TREASURER STREET	2125 North Josey Lane					
ADDRESS	Suite 200					
(Residence or Business)	Carrollton, TX 75006					
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CIT	Y; STA	TE; ZIP CODE		
TREASURER	2125 North Josey Lane		1, 31A			
MAILING ADDRESS	Suite 200					
Change of Addr						
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION				
PHONE	(469) 781-4748					
9 REPORT TYPE						
	X Monthly	10th day after campaign treasurer termination	י [Dissolution (Attach PAC-DR)		
10 MONTHLY						
REPORT FILING	January 5 X Apr	il 5 🛛 🗌 July 5		October 5		
DEADLINE	February 5 May		t 5	November 5		
	March 5 Jun	e 5 Septer	mber 5	December 5		
11 PERIOD	Month Day Year		Month	Day Year		
COVERED	02/26/2024	THROUGH	03/25/20	024		
	GO TO PAGE 2					
Forms provided by 1	exas Ethics Commission www.e	thics.state.tx.us		Version V3.5.1.5b35d027		

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Marchant Good Govern	ment Fund		00088547			
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Craig Goldman Congres	sional TX-12			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,815.45		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,874,094.94		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT			•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the a mation require	accompanying report is d to be reported by me		
		Mr. Kenn	v Marchant			
	Mr. Kenny Marchant Signature of Campaign Treasurer					
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said	, ti	his the	day		
		which, witness my hand and seal of office.		uuy		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of offi	cer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

						Page 3 of 8
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Marchant Good Governme	ent Fund				00088547	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Gonzales To	ony Congressi	onal TX-23	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and	A. Supported				
	nature of issue.)	B. Opposed				
	3. Officeholders					
	Assisted (Identify by name or, if applicable, classify by party.)					

SUBTOTALS - MPAC	с	FORM MPAC OVER SHEET PG 3 4 of 8
17 COMMITTEE NAME Marchant Good Government Fund	18 Filer ID 00088547	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	I	SUBTOTAL AMOUNT
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 LABC	DR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 10,815.45
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 9,419.36

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense	Event Expense		nent/Reimbursement Solicitation/Fundraising Expense					
Accounting/Banking Consulting Expense	Fees Office Ove Food/Beverage Expense Polling Exp							
Contributions/ Donations Made E Candidate/Officeholder/Politic			ense Travel Out of District es/Contract Labor OTHER (enter a category not listed above)					
Credit Card Payment	C C	-						
The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)					
Sch: 1/3 Rpt: 5/8	Marchant Good Governme	ent Fund	00088547					
4 Date	5 Payee name							
03/19/2024	Craig Goldman for Congre	SS						
6 Amount (\$)	7 Payee address; City;	State; Zip Code						
\$2,000.00	P.O. Box 100039							
Expenditure from	Fort Worth, TX 76185							
corporate funds								
8 PURPOSE	(a) Category (See Categories listed a	the top of this schedule) (b	Description					
OF EXPENDITURE	Contributions/Donations M	lade By	Check if travel outside of Texas. Complete Schedule T.					
EXPENDITORE	Candidate/Officeholder/Po	litical Committee	Check if Austin, TX, officeholder living expense					
			Federal TX-12					
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name	Office sough	t Office held					
expenditure to benefit C/C		Onice Sough	di Chice heid					
Date	Payee name							
03/01/2024	Marken Interests							
		Otata, Zia Orda						
Amount (\$)	Payee address; City;	State; Zip Code						
\$500.00	2125 N Josey Ln, Ste 200							
Expenditure from	Carrollton , TX 75006							
corporate funds								
PURPOSE	(a) Category (See Categories listed a	the top of this schedule) (b	Description					
OF EXPENDITURE	Office Overhead/Rental E	kpense	Check if travel outside of Texas. Complete Schedule T.					
			Check if Austin, TX, officeholder living expense					
			Office rent					
Complete ONLY if direct	Candidate/Officeholder name	Office sough	t Office held					
expenditure to benefit C/C		e mee eeugn						
Date	Payee name							
03/01/2024	Miller, Carol							
Amount (Փ)		Stata: Zin Cada						
Amount (\$)	Payee address; City;	State; Zip Code	-					
\$2,250.00	581 Shadowcrest Ln							
Expenditure from corporate funds	Coppell, TX 75019							
		i						
PURPOSE OF	(a) Category (See Categories listed a	the top of this schedule) (b	Description					
EXPENDITURE	Salaries/Wages/Contract	abor	Check if travel outside of Texas. Complete Schedule T.					
			Check if Austin, TX, officeholder living expense					
Salary								
Complete ONLY if direct	Candidate/Officeholder name	Office sough	t Office held					
expenditure to benefit C/C		eoo oougii						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expens /- Gift/Awards/Memorials Expense Printing Expens	e Travel Out of District /Contract Labor OTHER (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 2/3 Rpt: 6/8	Marchant Good Government Fund	00088547					
4 Date 02/28/2024	5 Payee name NRG						
6 Amount (\$) \$106.10	\$106.10 P.O. Box 1532						
corporate funds	Houston, TX 77251						
8 PURPOSE OF EXPENDITURE	OF Office Overhead/Rental Expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held					
Date	Payee name						
03/21/2024	NRG						
Amount (\$) \$206.27	Payee address; City; State; Zip Code P.O. Box 1532						
Expenditure from corporate funds	Houston, TX 77251						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electric Utilities					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held					
Date	Payee name						
03/06/2024	Ross Fischer Law, PLLC						
Amount (\$) \$4,495.00	Payee address; City; State; Zip Code 430 Old Fitzhugh, No. 7						
Expenditure from corporate funds	Dripping Springs, TX 78620						
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) (b) Legal Services 	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Legal Services					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sought H	Office held					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula E1;	
1 Total pages Schedule F1:	
Sch: 3/3 Rpt: 7/8	Marchant Good Government Fund 00088547
4 Date	5 Payee name
03/19/2024	Tony Gonzales Victory Fund
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	14439 NW Military Pkwy
\$1,000.00	
Expenditure from	Ste 108
corporate funds	Shavano Park, TX 78231
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
	Federal Contribution TX-23
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/11/2024	Verizon
Amount (\$)	Payee address; City; State; Zip Code
\$258.08	P.O. Box 660108
Expenditure from corporate funds	Dallas, TX 75266
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
	Telephone/Internet
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form.			1		ages Schedule K: ./1 Rpt: 8/8
2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Marchant Good Government Fund				00088	547
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	02/29/2024		Interactive Brokers			\$9,419.36
		6	Address of person from whom amount is received; City; State; Zip Code			
			Greenwich, CT 06830			
		7		politi	cal conti	ribution returned to filer
			Interest/Dividends			