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** 05/03/2024 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 X May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2024 04/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			ı		
2 COMMITTEE NAME Marchant Good Gove	ernment Fund		13 Filer	· ID 38547	(Ethics Commission Filers)
		T		30347	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Christopher Axberg C	City Council		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	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	1. TOTAL UNITEMIZE	I D POLITICAL CONTRIBUTIONS (OTHER THA	AN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA			\$	0.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOAN	IS)	"	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	17,861.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE I G PERIOD	LAST DAY	\$	1,914,859.51
OUTSTANDING LOAN TOTALS	-	AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	S OF THE	\$	0.00
6 AFFIDAVIT				<u> </u>	
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	y of perjury, tha Il information r	at the acc equired t	companying report is o be reported by me
		Mr. I	Kenny March	nant	
			of Campaign		er
AFFIX NOTA	RY STAMP / SEAL ABOVE	Ç	, ,		
Sworn to and subscrib	ped before me, by the said		. this the		day
		which, witness my hand and seal of office.	,		
		•			
Signature of officer	administering oath	Printed name of officer administering oath	Title	of office	r administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 3 of 14
L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Marchant Good Governme	ent Fund			00088547	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ms. Nancy Cline City Council		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Luis Palomo Independent	School District E	3oardmember
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Sen. John Cornyn U.S. Senate	9	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

ntify by name or, if cable, classify by party.) Measures cribe by date and ion of election and e of issue.)		Sen. Ted Cruz U.S. Senator	13 Filer ID 00088547	(Ethics Commission Filers)
Candidates utify by name or, if cable, classify by party.) Measures cribe by date and ion of election and re of issue.)	B. Opposed	Sen. Ted Cruz U.S. Senator	00088547	
ntify by name or, if cable, classify by party.) Measures cribe by date and ion of election and re of issue.)	B. Opposed	Sen. Ted Cruz U.S. Senator		
Measures cribe by date and ion of election and re of issue.)				
cribe by date and ion of election and re of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted httify by name or, if cable, classify by party.)				
Candidates ntify by name or, if cable, classify by party.)	A. Supported			
	B. Opposed			
Measures cribe by date and ion of election and re of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted htify by name or, if cable, classify by party.)		The Honorable Greg Abbott Go	vernor	
Candidates http by name or, if cable, classify by party.)		Rep. Dade Phelan State Repre	sentative	
	B. Opposed			
cribe by date and ion of election and re of issue.)	A. Supported B. Opposed			
Assisted ntify by name or, if				
A tic C tic C A tic C A tic C A tic	Assisted ify by name or, if hable, classify by party.) Candidates ify by name or, if hable, classify by party.) Measures tribe by date and on of election and e of issue.) Candidates ify by name or, if hable, classify by party.) Candidates ify by name or, if hable, classify by party.) Candidates ify by name or, if hable, classify by party.) Candidates ify by name or, if hable, classify by party.) Candidates ify by name or, if hable, classify by party.)	Assisted ify by name or, if lable, classify by party.) Candidates ify by name or, if lable, classify by party.) B. Opposed Measures bribe by date and on of election and e of issue.) Candidates ify by name or, if lable, classify by party.) Candidates ify by name or, if lable, classify by party.) Candidates ify by name or, if lable, classify by party.) Candidates ify by name or, if lable, classify by party.) B. Opposed Measures bribe by date and on of election and e of issue.) A. Supported B. Opposed A. Supported B. Opposed Measures bribe by date and on of election and e of issue.) B. Opposed Difficeholders Assisted ify by name or, if	Assisted ify by name or, if rable, classify by party.) Candidates ify by name or, if able, classify by party.) B. Opposed Measures ribe by date and on of election and ele	Assisted ify by name or, if able, classify by party.) Candidates ify by name or, if able, classify by party.) B. Opposed A. Supported A. Supported A. Supported Difficeholders A. Supported B. Opposed The Honorable Greg Abbott Governor able, classify by party.) Candidates ify by name or, if able, classify by party.) Candidates ify by name or, if able, classify by party.) B. Opposed A. Supported Rep. Dade Phelan State Representative ibe by date and not election and e of issue.) B. Opposed Difficeholders A. Supported B. Opposed Difficeholders A. Supported B. Opposed Difficeholders A. Supported B. Opposed

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 5 of 14
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Marchant Good Governme	ent Fund			00088547	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Jeff Bauknight State F	Representative	
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Lynn Stucky State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Kelly Hancock State	Senator	
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		•			

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					6 of 14
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Con	nmission Filers)
Ма	rchant	00088547			
	HEDULI ME OF		SUBTO	OTAL 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 LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION 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 O	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	7,361.78
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	10,500.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	2,408.92

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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 By Candidate/Officeholder/Politica Credit Card Payment	l 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:	
Sch: 1/4 Rpt: 7/14	Marchant Good Government Fund 00088547
4 Date	5 Payee name
04/22/2024	Associated Republicans of Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	807 Brazos St, Ste 601
Expenditure from corporate funds	Austin, TX 78701
8 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 Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
	Political Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
04/02/2024	Axberg for Carrollton City Council
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	3709 Old Orchard Ct
Expenditure from corporate funds	Carrollton, TX 75007
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.
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Carrollton City Council
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	<u> </u>
Date	Payee name
04/02/2024	Luis Palomo for C/FB ISD
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1434 Lincoln
Expenditure from corporate funds	Carrollton, TX 75006
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUDE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Carrollton Farmers Branch ISD
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

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: 2/4 Rpt: 8/14	Marchant Good Government Fund 00088547
4 Date	5 Payee name
04/01/2024	Marken Interests
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	2125 N Josey Ln, Ste 200
Expenditure from corporate funds	Carrollton, TX 75006
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office rent
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/01/2024	Miller, Carol
Amount (\$)	Payee address; City; State; Zip Code
\$2,250.00	581 Shadowcrest
Ψ2,200.00	561 Griddoworest
Expenditure from corporate funds	Coppell, TX 75019
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/28/2024	NRG
Amount (\$)	Payee address; City; State; Zip Code
\$228.25	P.O. Box 1532
Ψ220.20	1.0. Box 1002
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
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Electric utilities
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage 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	
4 7 1	
1 Total pages Schedule F1:	
Sch: 3/4 Rpt: 9/14	Marchant Good Government Fund 00088547
4 Date	5 Payee name
04/02/2024	Nancy Cline for Carrollton City Council
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	3036 Silverado
φ300.00	3030 Silverado
Expenditure from	
corporate funds	Carrollton, TX 75007
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Carrollton City Council
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	David and the second se
Date	Payee name
03/26/2024	Prosperity Bank
Amount (\$)	Payee address; City; State; Zip Code
\$115.38	1801 Keller Springs
Expenditure from corporate funds	Carrollton, TX 75006
•	
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
	Check order
	Check order
0 1: 0.11.7.7.1.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to senionic ere-	
Date	Payee name
04/22/2024	Texans for Kelly Hancock
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 821349
Ψ1,000.00	1101 50% 522575
Expenditure from	
corporate funds	North Richland Hills, TX 76182
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LADITORL	Candidate/Officeholder/Political Committee
	State Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	 I Committee	Gift/Awards/Memorials Ex Legal Services The Instruction Guid	kpense Printing Salarie	g Expense s/Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>			3 Filer ID (Ethics Commission Filers)	
	Sch: 4/4 Rpt: 10/14		Good Government	Fund		00088547	
4	Date	5 Payee name					
	04/09/2024	Verizon					
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code		\neg
	\$268.15	P.O. Box 6	60108				
l							
	Expenditure from corporate funds	Dallas, TX	75266				
8	PURPOSE	(a) Category (S	ee Categories listed at the	top of this schedule)	(b) Description		
l	OF EXPENDITURE	Office Over	head/Rental Expe	ense		vel outside of Texas. Complete Schedule T.	
l						stin, TX, officeholder living expense	
l					Telephone	mieriei	
╙							
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Off H	iceholder name	Office s	ought	Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

		The Inst	ruction Guide explains how	to complete t	his form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	3 Filer ID (Ethics Commission Filers)		
	Sch: 1/3 Rpt: 11/14	Marchant Good Go	vernment Fund			00088547		
4	CREDIT CARD ISSUER		ncial institution Citi	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$1,000.00	04/15/2024	04/16/202	24 04/16/2024			
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Texans for Senator	John Cornyn	P.O. Box				
Ļ		(-) O-t		Austin, T				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
	X Political	Contributions/Donatio	ns Made By	US Serial	е			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid		
	Expenditure from corporate funds	\$1,000.00	04/15/2024	04/16/202	24			
	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code
		Ted Cruz for Senat	e	P.O. Box	25376			
				Houston,	TX 77265			
	PURPOSE OF	(a) Category		(b) Descrip	tion			
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio		US Senat	e			
	X Political	Candidate/Officeholde						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid		
	Expenditure from corporate funds	\$1,000.00	04/15/2024	04/16/202	24			
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
		Toward for Cross Ale	.la att	P.O. Box	308			
		Texans for Greg Ab	DOU					
L				Austin, T				
	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Descrip				
	EXPENDITURE	Contributions/Donatio		State Cor	itribution			
	X Political	Candidate/Officeholde						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e	xpenditure to benefit C/OH							
1		·					·	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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)

	The Inst	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 2/3 Rpt: 12/14	Marchant Good Government Fund				00088547		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
Expenditure from corporate funds	\$1,000.00	04/15/2024	04/16/202	24			
7 PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Texans for Dade Pl	nelan	P.O. Box	848			
			Nederland	d, TX 77627			
8 PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		TX HD 21				
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
Expenditure from corporate funds	\$1,000.00	04/15/2024	04/16/202	24 04/16/2024			
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
	Jeff Bauknight for T	exas House	P.O. Box	4122			
			Victoria, T	X 77903			
PURPOSE OF	(a) Category		(b) Descrip	tion			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		TX HD 30)			
X Political	Candidate/Officeholde						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
Expenditure from corporate funds	\$1,000.00	04/15/2024	04/16/202	24			
PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code
			P.O. Box	464			
	Lynn Stucky Campa	aign					
			Denton, T	X 76202			
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
EXPENDITURE	Contributions/Donatio	,	TX HD 64				
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Food/Bever - Gift/Awards I Committee Legal Servi	rage Expense s/Memorials Expense ces	Printing Expense	Transportation Equipment & Related Expense Travel in District OTHER (enter a category not listed above)
	The Instr	uction Guide explains h	ow to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 13/14	Marchant Good Go	vernment Fund		00088547
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CRED CARD	\$
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged \$4,500.00	(b) Date of Charge 04/20/2024	(c) Date(s) Credit Card Issu 04/22/2024	uer Paid
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Manhattan Institute		52 Vanderbilt Avenue	
			New York, NY 10017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Conference	
X Political	Event Expense	,	Conference	
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held
expenditure to benefit C/OH				

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: 14/14 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 03/31/2024 Interactive Brokers \$2,408.92 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 Dividend