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** 07/03/2024 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 X July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 05/26/2024 06/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME	-			13 Filer ID	(Ethics Commission Filers)		
Marchant Good Govern	ment Fund			00088547	7		
4 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					
	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.)						
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUT OR GUARANTEES OF LO ADE ELECTRONICALLY) qualifies for the higher itemizat	ANS, ÒR	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARA	ANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES		\$	4,629.59			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			DAY \$	1,923,747.20		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$	0.00		
6 AFFIDAVIT	I			<u> </u>			
		true and corr	ffirm, under penalty of pe ect and includes all infor 5, Election Code.				
			Mr. Kenn	y Marchant			
		-	Signature of Ca		surer		
AFFIX NOTARY	STAMP / SEAL ABOVE						
Sworn to and subscribed	before me, by the said		, tl	his the	day		
of	_, 20, to certify v	vhich, witness my hand and	I seal of office.				
Signature of officer ad	ministering oath	Printed name of officer adr	ninistering oath	Title of off	ficer administering oath		

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

	3 of 8		
17 COMMITTEE NAME Marchant Good Government Fund 18 Filer ID 00088547	(Ethics Commission Filers)		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
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 LABOR ORGANIZATION	\$		
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$		
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$		
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 CONTRIBUTIONS	\$ 4,506.56		
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$		
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 123.03		
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$		
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 9,741.50		

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 Committ

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	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 Filer)				
Sch: 1/3 Rpt: 4/8	Marchant Good Government Fund 00088547				
4 Date	5 Payee name				
05/30/2024	Cogency Global Inc				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$139.00	P.O. Box 3168				
Expenditure from corporate funds	Hicksville, NY 11802				
8 PURPOSE					
OF	(a) Category (See Categories listed at the top of this schedule) Legal Services (b) Description Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Statutory representation				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
06/03/2024	Marken Interests				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	2125 N Josey Ln, Ste 200				
- Cynonditure from					
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.				
	∴ Check if Austin, TX, officeholder living expense Office rent				
	Office feril				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Data	Davies same				
Date 06/03/2024	Payee name Miller, Carol				
	Miller, Carol				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,250.00	581 Shadowcrest Ln				
Expenditure from corporate funds	Coppell, TX 75019-5760				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Salaries/Wages/Contract Labor				
D. LIDITORE	Check if Austin, TX, officeholder living expense				
	Salary				
Complete CALL V if direct	Candidate/Officeholder name Office cought Office hold				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

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 Commit

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

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: 2/3 Rpt: 5/8	Marchant Good Government Fund 00088547				
4 Date	5 Payee name				
06/19/2024	Miller, Isabella				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$200.00	3935 Alto Ave				
Expenditure from					
corporate funds	Carrollton, TX 75007				
8 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				
	Archive project				
	7 WOTHVO PROJECT				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·				
Date	Payee name				
05/28/2024	NRG				
Amount (\$)	Payee address; City; State; Zip Code				
\$115.79	P.O. Box 1532				
Ψ113.73	1.0. BOX 1332				
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 Austin, TX, officeholder living expense Electric utilities				
	Liectric dumines				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Date	Douge name				
06/14/2024	Payee name United States Treasury				
	,				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,097.80	Internal Revenue Service				
Expenditure from	Orden LIT 94201				
corporate funds	Ogden, UT 84201				
PURPOSE 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				
	Tax payment				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH					

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
OTHER (other a cottographed listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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)	\neg
Sch: 3/3 Rpt: 6/8	Marchant Good Government Fund 00088547	
4 Date	5 Payee name	
06/11/2024	Verizon	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$203.97	P.O. Box 660108	
Expenditure from corporate funds	Dallas, TX 75266	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Telephone/Internet	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought 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 to	his form.	(,	,
1 Total pages Schedule F4:	: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 1/1 Rpt: 7/8	Marchant Good Go			00088547			
4 CREDIT CARD ISSUER		ncial institution Citi	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
Expenditure from corporate funds	\$100.00	05/29/2024	06/06/2024				
7 PAYEE	(a) Payee name Metrocrest Services		(b) Payee a	osey Ln	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Descript	tion			
EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ons Made By	1 ' '	e contribution 50	1c3		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	- Γ	Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Cradit Card Issuel	r Daid		
Expenditure from corporate funds	\$23.03	06/01/2024	(c) Date(s) Credit Card Issuer Paid 06/06/2024				
PAYEE	(a) Payee name	-	(b) Payee address; City, State, Z			Zip Code	
	Google			-	.		
PURPOSE OF	(a) Category		(b) Descript	View, CA 94043	<u> </u>		
EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Internet fe				
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						

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: 8/8 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Marchant Good Government Fund 00088547 Date 8 Amount (\$) 5 Name of person from whom amount is received 05/31/2024 \$9,741.50 Interactive Brokers 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 Interest/Dividends