MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC **COVER SHEET PG 1**

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00088547	2 Total pages filed: 11			
3 COMMITTEE NAME	OFFICE USE ONLY					
Marchant Good G	overnment Fund		Date Received			
			ELECTRONICALLY FILED			
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP				
ADDRESS	2125 North Josey Lane					
	Suite 102					
Change of Addres	^s Carrollton, TX 75006		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI				
NAME	Mr. Kenny		Receipt # Amount			
			Date Processed			
	NICKNAME LAST	SUFF				
	Marchar	nt	Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; S	TATE; 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 #; CITY; S	STATE; ZIP CODE			
TREASURER	2125 North Josey Lane					
MAILING ADDRESS	Suite 200					
Change of Addres	^s Carrollton, TX 75006					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER	(400) 701 4740					
PHONE	(469) 781-4748					
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING	January 5 Apr	il 5 🛛 🗍 July 5	October 5			
DEADLINE	February 5 May	/ 5 August 5	X November 5			
	March 5 Jun		December 5			
11 PERIOD COVERED	Month Day Year	THROUGH Month	•			
	09/26/2024	10/25	5/2024			
	GO	TO PAGE 2				
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7						

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 File	er ID	(Ethics Commission Filers)
Marchant Good Govern	ment Fund			000)88547	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. John Jun State R	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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANT	CONTRIBUTIONS (OTHER EES OF LOANS, OR ONICALLY) nigher itemization threshold	THAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		JTIONS , OR GUARANTEES OF L	OANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDIT	URES		\$	15,981.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING		NS MAINTAINED AS OF T	THE LAST DAY	\$	2,077,355.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL / LAST DAY OF THE F		ALL OUTSTANDING LOAN PERIOD	IS AS OF THE	\$	0.00
16 AFFIDAVIT	L				•	
		t	l swear, or affirm, under pe true and correct and includ under Title 15, Election Co	es all information		
				Mr. Kenny Marc	chant	
		-	Signa	ture of Campaigr	n Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			, this the		day
			my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of	of officer administering oath	n Titl	e of offic	er administering oath
Forms provided by Texas E	thics Commission	www.e	ethics.state.tx.us			Version V4.1.0.48da51f7

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

Page 3 of 11

				-	
12 COMMITTEE NAME Marchant Good Governme	opt Fund			13 Filer ID 00088547	(Ethics Commission Filers)
Marchant Good Governine		-		00066547	
14 COMMITTEE ACTIVITY	1. 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			
	3. Officeholders Assisted		Ms. Christi Craddick Railroad C	commissioner	
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. 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	A. Supported			
	location of election and nature of issue.)	D. Owners d			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Angie Chen Button State Repre	esentative	
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Mr. Adam Hinojosa State Sena	tor	
(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.)				

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 4 of 11
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Marchant Good Governme	nt Fund			00088547	
14 COMMITTEE ACTIVITY	1. 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		The Honorable Tan Parker State	e Senator	
COMMITTEE ACTIVITY	1. 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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		The Honorable Ben Bumgarner	State Represe	ntative

SUB	TOTALS - MPAC	C	FORM MPAC
			5 of 11
17 COMMIT Marchar	(Ethics Commission Filers)		
	LE SUBTOTALS ⁻ SCHEDULE		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 LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 7,958.67
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 8,023.03
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 2,470.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense 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: 1/3 Rpt: 6/11	Marchant Good Government Fund 00088547				
4 Date	5 Payee name				
10/07/2024	Christi Craddick Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,000.00	3112 Windsor, Suite A				
	PMB 505				
Expenditure from					
corporate funds	Austin, TX 78703				
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				
	Railroad Commissioner				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
09/26/2024	John Jun Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	619 Allen Road				
Expenditure from corporate funds	Coppell, TX 75019				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Contributions/Donations Made By				
EXPENDITURE	Candidate/Officeholder/Political Committee				
	TX House District 115				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/02/2024	Marken Interests				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	2125 N Josey Ln, Ste 200				
\$300.00	2123 N 305ey LII, Sie 200				
Expenditure from corporate funds	Carrollton , TX 75006				
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				
	Office rent				
Osmalat, Other (1, 1					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District /- Gift/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 7/11	Marchant Good Government Fund 00088547
4 Date	5 Payee name
10/01/2024	Miller, Carol
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,250.00	581 Shadowcrest Ln
Expenditure from corporate funds	Coppell, TX 75019-5760
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/30/2024	NRG
Amount (\$)	Payee address; City; State; Zip Code
\$151.65	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) Office Overhead/Rental Expense (b) 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 Office held
Date	Payee name
09/30/2024	Prosperity Bank
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1801 Keller Springs
Expenditure from corporate funds	Carrollton, TX 75006
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District 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: 3/3 Rpt: 8/11	Marchant Good Government Fund		00088547
-			
4 Date 10/11/2024	5 Payee name United States Treasury		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$1,341.73	Internal Revenue Service		
Expenditure from corporate funds	Ogden, UT 84201		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	Check if travel o	outside of Texas. Complete Schedule T. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ffice sought	Office held
Date	Payee name		
10/09/2024	Verizon		
Amount (\$)	Payee address; City; State;	Zip Code	
\$205.29	P.O. Box 660108		
Expenditure from corporate funds	Dallas, TX 75266		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	Check if travel o	outside of Texas. Complete Schedule T. TX, officeholder living expense ternet
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ffice sought	Office held

	EXPE		ES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve - Gift/Awards	Fees Office Overhead/Rental Expense Trar Food/Beverage Expense Polling Expense Trav Gift/Awards/Memorials Expense Printing Expense Trav			vlicitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above)		
	·	ruction Guide explains ho	w to complete this form.				
1 Total pages Schedule F4:				3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 1/2 Rpt: 9/11	Marchant Good Go			00088547			
4 CREDIT CARD ISSUER	Name of financial institution 5 TOTAL OF UNITEMIZED Citi EXPENDITURES CHARGED TO A CREDIT CARD CARD		\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
Expenditure from corporate funds	\$2,500.00	10/08/2024	10/21/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Ben Bumgarner Ca	mpaign	5150 Kensington Ct				
			Flower Mound, TX 75022	2			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Contributions/Donatio Candidate/Officeholde	ns Made By	TX House District 63				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX			X, officeholder living exp	ense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
Expenditure from corporate funds	\$1,000.00	10/21/2024	10/21/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Adam Hinojosa Campaign		P.O. Box 18301				
			Corpus Christi, TX 78480	0			
PURPOSE OF	(a) Category		(b) Description	-			
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		TX Senate District 27				
X Political	Candidate/Officeholde						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	. Check if Austin, T	X, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held			
expenditure to benefit C/OH		4.5.5.					
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 10/21/2024	er Paid			
Expenditure from corporate funds	\$2,500.00	10/08/2024	10/21/2024				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Tan Parker Campai	an	P.O. Box 271741				
	ran Faiker Campai	gn					
			Flower Mound, TX 7502	7			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description TX Senate District 12				
_	Contributions/Donatio	ns Made By					
X Political	Candidate/Officeholde						
Non-Political		of Texas. Complete Schedule T		X, officeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought	Office held			

EXPENDITURES MADE BY CREDIT CARD

Forms provided by Texas Ethics Commission

		ENDITURE CATEGORIE		• •		_		
Advertising Expense Accounting/Banking	Event Expe Fees	C	Office Overhead/R	ice Overhead/Rental Expense Tr		Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense Contributions/ Donations Made By	/- Gift/Awards	s/Memorials Expense F	Polling Expense Printing Expense	Ti	ravel in District ravel Out of District	upot listed al		
Candidate/Officeholder/Politica	0	ruction Guide explains ho	Salaries/Wages/Co		THER (enter a categor	y not listed al	oove)	
1 Total pages Schedule F4:	·				3 Filer ID (Ethic	s Commiss	sion Filers)	
Sch: 2/2 Rpt: 10/11	Marchant Good Go	vernment Fund			00088547			
4 CREDIT CARD		ncial institution	5 TOTAL	OF UNITEMIZED				
ISSUER		revious	EXPEN	IDITURES	\$			
			CHARC	GED TO A CREDIT				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
Expenditure from	\$1,000.00	10/21/2024	10/21/20)24				
corporate funds	,							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Annia Chan Dutton	0	1500 Jac	ckson St				
	Angie Chen Button	Campaign	# 817					
				X 75201				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri					
	Contributions/Donatio		TX Hous	e District 112				
X Political	Candidate/Officeholde	er/Political Committee	•					
Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Off	ice sought		Office held			
expenditure to benefit C/OH			(-) D - + - (-		- Daid			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s 10/05/20) Credit Card Issue	r Pald			
corporate funds	\$1,000.00	09/30/2024						
PAYEE	(a) Payee name		(b) Payee	address:	City,	State,	Zip Code	
	(a) r ayee hame		., .	iverside Dr	Oity,	Olulo,		
	Liberty for the Kids							
			Austin, T	X 78704				
PURPOSE OF	(a) Category		(b) Descri	•				
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Contribu	tion 501 (c)(4)				
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 Off	ice sought		Office held			
expenditure to benefit C/OH			-					
	(a) Amount Charged	(b) Date of Charge	(c) Date(s 10/05/20	Credit Card Issue 224	r Paid			
Expenditure from corporate funds	\$23.03	09/30/2024	10/05/20	JZ4				
PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
	Google		1600 An	nphitheatre Pky				
	Ŭ		Mountair	n View, CA 94043	2			
PURPOSE OF	(a) Category		(b) Descri		J			
EXPENDITURE	(See Categories listed at the top		Internet					
X Political	Office Overhead/Rent	tal Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin TY	, officeholder living exp	ense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder		ice sought		Office held			
expenditure to benefit C/OH			U U					
	·							

EXPENDITURES MADE BY CREDIT CARD

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

SCHEDULE K

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule K: Sch: 1/1 Rpt: 11/11			
2	FILER NAME			3	Filer II	D (Ethics Commission Filers)	
	Marchant Go	bod	Government Fund		00088	3547	
4	Date	5	Name of person from whom amount is received	1		8 Amount (\$)	
	09/30/2024		Interactive Brokers			\$2,470.00	
		6	Address of person from whom amount is received; City; State; Zip Code				
			Greenwich, CT 06830				
		7	Purpose for which amount is received Check if p	oliti	cal cont	tribution returned to filer	
			Interest/Dividends				
┢							
I							