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** 12/05/2024 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 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Marchant Good Govern	ment Fund			00088547	/
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(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.)	A. Supporteu			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
F CONTRIBUTION	14	DOLUTION CONTRIR	LITIONIC (OTLIED TILANI		
5 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold			\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS		\$	0.00
	(OTHER THAN PLEI	DGES, LOANS, OR GU	ARANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	40,158.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			DAY \$	2,070,546.68
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			THE \$	0.00
6 AFFIDAVIT	L			<u> </u>	
		true and	or affirm, under penalty of pe correct and includes all infor le 15, Election Code.	rjury, that the mation require	accompanying report is ed to be reported by me
			Mr Kenn	y Marchant	
			Signature of Ca		urer
AFFIX NOTARY	STAMP / SEAL ABOVE		J	, 3	
Comments and subscribed	la eferra con a la colla a colla			leter allere	dan
	, 20, to certify \		, tl	nis the	day
01	, 20, to certify (which, withess my halid	and Seal of Office.		
Signature of officer ad	ministering oath	Printed name of officer	administering oath	Title of off	icer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 8		
	MMITTE archant	(Ethics Commission Filers)				
		E 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 LABOURGANIZATION	PR	\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	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	\$ 12,693.33		
11		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
12		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
13	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 27,464.72		
14		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
15	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 10,419.03		

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 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 Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/2 Rpt: 4/8	Marchant Good Government Fund 00088547					
	l .					
4 Date	5 Payee name					
11/20/2024	Conservative Roundtable of Texas					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$10,000.00	3953 Maple Ave					
	Ste 105					
Expenditure from corporate funds	Dallas, TX 75219					
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Contribution 501(c)(4)					
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					
11/05/2024	Mad Man Technology					
Amount (\$)	Payee address; City; State; Zip Code					
\$863.50	1916 Glen Hill Dr					
- Cynanditura fram						
Expenditure from corporate funds	Carrollton, TX 75007					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense					
EXPENDITORE	Check if Austin, TX, officeholder living expense					
	Computer equipment upgrade/repair					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
10/28/2024	NRG					
Amount (\$)	Payee address; City; State; Zip Code					
\$165.60	P.O. Box 1532					
Ψ103.00	10.50.202					
Expenditure from						
corporate funds	Houston, TX 77251					
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 Electric utility					
Commission Chill M If allow	Condidate/Officeholder name Office county					
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 Com

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						
Sch: 2/2 Rpt: 5/8	Marchant Good Government Fund 00088547					
4 Date	5 Payee name					
11/14/2024	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	(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					
	Tax payment					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/12/2024	Verizon					
Amount (\$)	Payee address; City; State; Zip Code					
\$322.50	P.O. Box 660108					
Expenditure from corporate funds	Dallas, TX 75266					
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 Telephone/Internet						
	relephone/internet					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						

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)

1 Total pages Schedule F4: 2 FILER NAME Sch: 1/2 Rpt: 6/8 Marchant Good Government Fund 4 CREDIT CARD ISSUER Name of financial institution Citi Citi 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CHARGED TO A CREDIT	Commiss	sion Filers)		
4 CREDIT CARD Name of financial institution ISSUER Name of financial institution EXPENDITURES \$				
ISSUER EXPENDITURES \$				
CARD				
6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid				
Expenditure from corporate funds \$172.01 10/26/2024 10/29/2024				
7 PAYEE (a) Payee name (b) Payee address; City, S	State,	Zip Code		
GoDaddy 2155 E GoDaddyWay				
Tempe, AZ 85284				
8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule)				
EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Internet expense				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	e			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH				
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 11/12/2024				
Expenditure from corporate funds \$139.64 11/11/2024				
PAYEE (a) Payee name (b) Payee address; City, S	State,	Zip Code		
Texas Capitol Gift Store 1201 San Jacinto	1201 San Jacinto			
Austin, TX 78701				
PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Memortos/Capitol organization				
EXPENDITURE (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Mementos/Capitol ornaments	Mementos/Capitol ornaments			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	officeholder living expense			
Complete ONLY if direct				
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid				
Expenditure from corporate funds \$23.03 11/11/2024 11/12/2024	11/12/2024			
PAYEE (a) Payee name (b) Payee address; City, S	State,	Zip Code		
1600 Amphitheatre Pky				
Google				
Mountain View, CA 94043				
	(b) Description			
Office Overhead/Rental Expense	Internet fee			
X Political				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office holds	е			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
experimitare to benefit G/OTT				

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica	-	ruction Guide explains how		THER (enter a category	y not listed at	30Ve)	
1 Total pages Schedule F4:	·			3 Filer ID (Ethics Commission Filers)			
Sch: 2/2 Rpt: 7/8	Marchant Good Go	vernment Fund		00088547			
4 CREDIT CARD ISSUER		Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
Expenditure from corporate funds	\$25,850.84	11/08/2024	11/18/2024				
7 PAYEE	(a) Payee name Texas State Society	y of	(b) Payee address; P.O. Box 1283	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		Alexandria, VA 22313 (b) Description				
EXPENDITURE X Political	(See Categories listed at the top Event Expense	of this schedule)	Bluebonnet Sponsorship Black Tie & Boots Presidential Inaugural			dential	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$1,279.20	(b) Date of Charge 11/15/2024	(c) Date(s) Credit Card Issuer 11/19/2024	r Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Aristotle		205 Pennsylvania Ave, SE	Ξ			
	() 2		Washington, DC 20003				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Database/Software				
X Political	Office Overhead/Rent		Dalabase/Sullware				
Non-Political	<u> </u>	of Texas. Complete Schedule T.		officeholder living exp	ense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e 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 10/31/2024 Interactive Brokers \$10,419.03 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