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** 01/06/2025 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 X 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** 11/26/2024 12/25/2024

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	nment 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.)	7. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	applicable, classily by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIE OR GUARANTEES OF IADE ELECTRONICAL qualifies for the higher iten	LY)	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	i	\$	0.00
	(OTHER THAN PLEI	DGES, LOANS, OR GU	ARANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	O POLITICAL EXPEND	ITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	53,738.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING		NTAINED AS OF THE LAST	DAY \$	2,108,317.65
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUT REPORTING PERIOD	STANDING LOANS AS OF	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.	erjury, that the mation require	accompanying report is d to be reported by me
			Mr. Kenn	y Marchant	
			Signature of Ca		urer
AFFIX NOTARY	/ STAMP / SEAL ABOVE				
Curama ta anal aubanibas	d b a f a wa a a a a b			h: - 4h -	day
	, 20, to certify \		, t	nis trie	day
UI	_, 20, to certify (milion, withess my manu	and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer	administering oath	Title of offi	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 10	
17 COMMITTEE NAME Marchant Good Government Fund		18 Filer ID 00088547	(Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLIT	ICAL CONTRIBUTIONS		\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIE	BUTIONS		\$	
4. SCHEDULE C1: MONETARY CONT ORGANIZATION	RIBUTIONS FROM CORPORATION OR LABO	DR	\$	
5. SCHEDULE C2: NON-MONETARY LABOR ORGANIZATION	(IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
6. SCHEDULE C3: MONETARY SUPP	ORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7. SCHEDULE C4: NON-MONETARY : ORGANIZATION	SUPPORT FROM CORPORATION OR LABOR	2	\$	
8. SCHEDULE D: PLEDGED CONTRIE	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
9. SCHEDULE E: LOANS			\$	
10. X SCHEDULE F1: POLITICAL EXPEN	DITURES FROM POLITICAL CONTRIBUTION	S	\$ 49,922.48	
11. SCHEDULE F2: UNPAID INCURRE	O OBLIGATIONS		\$	
12. SCHEDULE F3: PURCHASE OF IN	/ESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
13. X SCHEDULE F4: EXPENDITURES M	ADE BY CREDIT CARD		\$ 3,815.63	
14. SCHEDULE I: NON-POLITICAL EXP	ENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15. SCHEDULE K: INTEREST, CREDITS	S, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
4 7						
1 Total pages Schedule F1:						
Sch: 1/4 Rpt: 4/10	Marchant Good Government Fund 00088547					
4 Date	5 Payee name					
12/05/2024	Associated Republicans of Texas					
6 Amount (t)	·					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$5,000.00	807 Brazos St, Ste 601					
Expenditure from						
corporate funds	Austin, TX 78701					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By					
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense					
	Contribution					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Payee name					
12/03/2024	Dallas Christian College					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	2700 Christian Pkwy					
Ψ1,000.00	2700 Gillisuali i kwy					
Expenditure from						
corporate funds	Dallas, TX 75234					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Contributions/Donations Made By					
EXPENDITURE	Candidate/Officeholder/Political Committee					
	Charitable contribution 501(c)(3)					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	1					
Data						
Date	Payee name					
12/03/2024	Manhattan Institute					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,000.00	52 Vanderbilt Avenue					
Expenditure from	New York, NY 10017					
corporate funds						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense					
	Membership fees					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
	·				
1 Total pages Schedule F1: Sch: 2/4 Rpt: 5/10	2 FILER NAME Marchant Good Government Fund 3 Filer ID (Ethics Commission Filers) 00088547				
4 Date	5. Dougo namo				
12/02/2024	5 Payee name Marchant Family Foundation				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$25,000.00	2125 N Josey Ln, Ste 200				
Expenditure from corporate funds	CARROLLTON, TX 75006-3016				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
LAPENDITORE	Candidate/Officeholder/Political Committee				
	Charitable contribution 501(c)(3)				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/02/2024	Marken Interests				
Amount (\$)	Payee address; City; State; Zip Code				
\$500.00	2125 N Josey Ln, Ste 200				
Ψ500.00	2123 N 303cy En, 31c 200				
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				
EXPENDITORE	Check if Austin, TX, officenoider living expense				
	Office rent				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/02/2024	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	Salaries/Wages/Contract Labor				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Salary				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
4 Total manua Cabadula F1.					
1 Total pages Schedule F1: Sch: 3/4 Rpt: 6/10	2 FILER NAME Marchant Good Government Fund 3 Filer ID (Ethics Commission Filers) 00088547				
4 Date	5 Payee name				
12/20/2024	Miller, Carol				
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 581 Shadowcrest Ln				
\$2,500.00	301 Siladowciest Lii				
Expenditure from corporate funds	COPPELL, TX 75019				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Salaries/Wages/Contract Labor				
	Bonus				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
Date	Power name				
11/26/2024	Payee name NRG				
Amount (\$)	Payee address; City; State; Zip Code				
\$125.42	P.O. Box 1532				
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 utilities				
	Licotrio dunides				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Date	Payee name				
12/03/2024	Southern Nazarene University				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	6729 NW 39th Expressway				
Expenditure from corporate funds	Bethany, OK 73008				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
LA LABITORE	Candidate/Officeholder/Political Committee				
	Charitable contribution 501(c)(3)				
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/Ol					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total marian Cabadida F1.	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 4/4 Rpt: 7/10	2 FILER NAME Marchant Good Government Fund 3 Filer ID (Ethics Commission Filers) 00088547
4 Date	5 Payee name
12/23/2024	Southern Nazarene University
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	6729 NW 39th Expressway
Expenditure from corporate funds	Bethany, OK 73008
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Charitable contribution 501()(3)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2024	United States Treasury
Amount (t)	Payee address; City; State; Zip Code
Amount (\$)	, , , , , , , , , , , , , , , , , , ,
\$1,341.73	Internal Revenue Service
Expenditure from corporate funds	Ogden, UT 84201
•	To a second seco
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
	Tax payment
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
12/10/2024	Verizon
12/10/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$205.33	P.O. Box 660108
Expenditure from	Dallac TV 75366
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
EXI ENDITORE	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	

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 Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 1/3 Rpt: 8/10	Marchant Good Government Fund			00088547				
4	CREDIT CARD	Name of final	Name of financial institution 5 TOTAL OF UNITEMIZED						
	ISSUER	Chase Ca	rd Services	EXPENDITURES CHARGED TO A CREDIT	 \$				
				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	Expenditure from corporate funds	\$2,274.94	12/02/2024	12/04/2024					
	corporate idilus								
7	PAYEE	(a) Payee name	•	(b) Payee address;	City, State	, Zip Code			
		Maria in the state of Little or		1919 Connecticut Ave NW	I				
		Washington Hilton							
L				Washington, DC 20009					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
		Travel Out of District	,	Inaugural travel expenses					
	X Political								
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		officeholder living expense				
9	· —	Candidate/Officeholder	name Office	e sought	Office held				
e	expenditure to benefit C/OH	(-) A	(h) Data at Obarra	(-) D-+-(-) O	- D-1:1				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	PAYEE	(a) Davisa nama		(h) Davisa address:	City Ctata	Zin Codo			
(a) Payee nam		(a) Payee name		(b) Payee address;	City, State	, Zip Code			
H	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top	of this schedule)						
	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
e	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	PAYEE	(a) Payee name		(b) Payee address;	City, State	, Zip Code			
L		() 2 :	(1) = 1 11						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
			•						
	Political								
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Non-Political	(*) 	of Texas. Complete Schedule T.	o cought	Office held				
 	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
\vdash^{ϵ}	expenditure to benefit C/OH								
l									

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 Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 2/3 Rpt: 9/10	Marchant Good Government Fund			00088547			
4	CREDIT CARD ISSUER	Citi			OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$1,123.95	11/29/2024	12/05/20	24			
7	PAYEE	(a) Payee name American Airlines		(b) Payee P.O. Box		City,	State,	Zip Code
					oort, TX 75261			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Descrip Inaugura	otion I travel expense			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$72.31	12/03/2024	12/11/2024 12/11/2024				
PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code	
		Albertsons		2160 N Josey Ln				
L		Carrollton, TX						
	PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Descrip Refreshn				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chack if Austin TV	officeholder living exp	onso	
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Check ii Austin, 1X,	Office held	ense	
e	expenditure to benefit C/OH			J				
	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$30.23	(b) Date of Charge 12/06/2024	(c) Date(s)	Credit Card Issuer 24	r Paid		
Г	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
		Hobby Lobby		Ste 400E	stemmons Fwy s e, TX 75067			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip Office su				
1	X Political							
L	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
۵	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
۲	Sponditure to benefit Groff							

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 Insti	ruction Guide explains how	to complete this form	l .			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 3/3 Rpt: 10/10	Marchant Good Go	00088547					
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITED EXPENDITURE CHARGED TO A CARD	S	\$		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged \$23.03	(b) Date of Charge 12/15/2024	(c) Date(s) Credit (12/18/2024	Card Issuer	Paid		
7 PAYEE	(a) Payee name (b) Payee address; 1600 Amphitheatre Pky Mountain View, CA 94043			City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	B PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			0,134040			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	c if Austin, TX, o	fficeholder living expe	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$203.51	(b) Date of Charge 12/23/2024	(c) Date(s) Credit 0 12/24/2024	Card Issuer	Paid		
PAYEE	Amazon PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Payee address; 2654 N Hwy 169 Coffeyville, KS 6)	City,	State,	Zip Code
			(b) Description Office supplies				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check	c if Austin, TX, o	fficeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$87.66	(b) Date of Charge 12/03/2024	(c) Date(s) Credit 0 12/11/2024	Card Issuer	Paid		
PAYEE	(a) Payee name Amazon		(b) Payee address; 2654 N Hwy 169 Coffeyville, KS 6)	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Toner				
Non-Political	(c) Check if travel outside	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	e sought		Office held			