#### 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** 02/05/2025 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 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** 12/26/2024 01/25/2025

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

			ı				
2 COMMITTEE NAME	was a set Friend		13 File		(Ethics Commission Filers)		
Marchant Good Gove	rnment Fund		000	088547			
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. Capportos					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	applicable, classily by party.)						
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	POLITICAL CONTRIBUTIONS (C OR GUARANTEES OF LOANS, O ADE ELECTRONICALLY) qualifies for the higher itemization thres	R	\$	0.00		
	2. TOTAL POLITICA			\$	0.00		
	(OTHER THAN PLEI	GES, LOANS, OR GUARANTEES	S OF LOANS)	ľ	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					
	4. TOTAL POLITICA	L EXPENDITURES		\$	11,298.62		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	ONTRIBUTIONS MAINTAINED A	S OF THE LAST DAY	\$	2,055,793.50		
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING REPORTING PERIOD	LOANS AS OF THE	\$	0.00		
6 AFFIDAVIT				<u> </u>			
		I swear, or affirm, un true and correct and under Title 15, Electi	nder penalty of perjury, t includes all information ion Code.	hat the a required	ccompanying report is I to be reported by me		
			Mr. Kenny Mar	shant			
			Signature of Campaigr		rer		
AFFIX NOTAE	RY STAMP / SEAL ABOVE		o.g. atta. o o. oapa.g.				
					day		
of	, 20, to certify \	hich, witness my hand and seal of	f office.				
Signature of officer	administering oath	Printed name of officer administeri	ng oath Titl	e of offic	er administering oath		

# **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

				3 of 9
	MMITTE archant	<b>18</b> Filer ID 00088547	(Ethics Commission Filers)	
	HEDULE	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	ıR	\$
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 CONTRIBUTIONS	S	\$ 6,542.79
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		<b>\$</b> 4,755.83
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$ 3,630.15

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Di OTHER (enter a		e)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 1/3 Rpt: 4/9		Marchant G	ood Governmen	t Fund					00088547		
4	Date	5	Payee name									
	01/21/2025		Cooke Co F	Republican Party								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$1,000.00		701 E. Calif	ornia St., #304								
Г	Expenditure from corporate funds		Gainesville,	TX 76240								
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Event Expe	nse				<b>=</b>			plete Schedule T.	
								Sponsorship	, IX,	officeholder living	g expense	
								Sportoororup				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	<u>l</u> ıght			Office h	eld	
	expenditure to benefit C/O						J					
	Date		Payee name					_				
	12/30/2024		Former Mer	mbers of Congre	SS							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode					
	\$250.00		1491 K St, I	NW, Ste 901								
_	- Funanditure frame											
	Expenditure from corporate funds		Washington	, DC 20005								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Fees					ш			iplete Schedule T.	
	-							Membership		officeholder livin	g expense	
								Membership	auc			
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	office sou	<u>I</u> ught			Office h	eld	
L	Data	1										
	Date		Payee name									
	12/30/2024		Mad Man T									
	Amount (\$)		Payee addres		State;	Zip Co	ode					
	\$165.04		1916 Glen I	HIII Dr								
	Expenditure from corporate funds		Carrollton,	ΓX 75007								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental Exp	ense						plete Schedule T.	
								IT work	, IX,	officeholder living	g expensé	
								WOIN				
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	<u>l</u> Jaht			Office h	eld	
	expenditure to benefit C/O					55 500				000 11		

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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	Il 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: 2/3 Rpt: 5/9	Marchant Good Government Fund 00088547						
4 Date	5 Payee name						
01/15/2025	Mad Man Technology						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$75.72	1916 Glen Hill Dr						
- Funanditura from							
Expenditure from corporate funds	Carrollton, TX 75007						
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  IT work						
	11 WOIK						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							
Data	Para a same						
Date	Payee name						
01/02/2025	Marken Interests						
Amount (\$)	Payee address; City; State; Zip Code						
\$750.00	2125 N Josey Ln						
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 Austin, TX, officeholder living expense						
	Office rent						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI							
Date	Payee name						
01/02/2025	Miller, Carol						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,500.00	581 Shadowcrest Ln						
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						
	Check if Austin, TX, officeholder living expense						
	Salary						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
4 Takal manage Cabadala Edu						
1 Total pages Schedule F1:						
Sch: 3/3 Rpt: 6/9	Marchant Good Government Fund 00088547					
4 Date	5 Payee name					
12/30/2024	NRG					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$254.03	P.O. Box 1532					
Expenditure from	Houston, TX 77251					
corporate funds	Houston, TA 17201					
8 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					
	Electric utilities					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Payee name					
01/14/2025	United States Treasury					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,341.73	Internal Revenue Service					
Ψ1,541.73	internal Nevertue Service					
Expenditure from						
corporate funds	Ogden, UT 84201					
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					
	Tak paymon					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experiditure to beriefit C/O						
Date	Payee name					
01/09/2025	Verizon					
01/03/2023						
Amount (\$)	Payee address; City; State; Zip Code					
\$206.27	P.O. Box 660108					
Expenditure from corporate funds	Dallas, TX 75266					
Corporate lunus	Dallas, 17 13200					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense					
2/11/2/10/12	Check if Austin, TX, officeholder living expense					
	Telephone/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)

	The Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
Sch: 1/2 Rpt: 7/9	Marchant Good Go	vernment Fund	00088547				
4 CREDIT CARD ISSUER		ncial institution Citi	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer		Paid		
Expenditure from corporate funds	\$133.03	12/29/2024	12/30/202	4			
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Amazon		2654 N Hv	vy 169			
			Coffeyville	, KS 67339			
8 PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE  X Political	(See Categories listed at the top Office Overhead/Rent		Office supp	plies			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	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	\$23.03	01/07/2025	01/08/202	5			
PAYEE	PAYEE (a) Payee name (b) Payee address;		ddress;	City,	State,	Zip Code	
	Google		1600 Amp	hitheatre Pky			
			Mountain \	view, CA 94043	}		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti				
X Political	Office Overhead/Rent		Internet fee	9			
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 Offic	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	\$2,000.00	01/13/2025	01/15/202	5			
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
	American Ded Ones	_	430 17th S	St NW			
	American Red Cros	SS					
				n, DC 20006			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Contributions/Donatio	ns Made By	Donation CA fires 501(c)(3)				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
<b> </b>							

## **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.			
1 Total pa	ages Schedule F4:	2 FILER NAME	3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 2/	'2 Rpt: 8/9	Marchant Good Go	vernment Fund		00088547		
4 CREDIT ISSUER		see previous  EXPENDITURES CHARGED TO A CARD		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYME	ENT	(a) Amount Charged	(b) Date of Charge (c) Date(s) Credit Card Issue		r Paid		
	penditure from rporate funds	\$2,500.00	01/14/2025	01/22/2025			
7 PAYEE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Coalition For The F	ort	P.O. Box 101652			
				Fort Worth, TX 76185			
8 PURPO		(a) Category		(b) Description			
EXPEN	IDITURE	(See Categories listed at the top Contributions/Donatio		Donation			
X Po	olitical	Candidate/Officeholde					
No	on-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9 Complet	te <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditur	re to benefit C/OH						
PAYMENT		(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	penditure from rporate funds	\$99.77	01/16/2025	01/21/2025			
PAYEE		(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Amazon		2654 N Hwy 169			
				Coffeyville, KS 67339			
PURPO		(a) Category		(b) Description			
EXPEN	IDITURE	(See Categories listed at the top Office Overhead/Rent		Office supplies			
X Po	olitical	Office Overflead/Reffi	iai Experise				
No	on-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
1	te <u>ONLY</u> if direct re to benefit C/OH	Candidate/Officeholder		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: 9/9 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 12/31/2024 \$3,630.15 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 Dividends/Interest