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** 03/05/2025 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 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2025 02/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Marchant Good Gove	ernment Fund		00088547		
14 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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	The Honorable Tony Gonzales	Congressma	an TX 23	
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	L EXPENDITURES	\$	17,561.35	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	2,093,737.64	
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00	
16 AFFIDAVIT	•		•		
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.	jury, that the a nation required	ccompanying report is I to be reported by me	
		Mr. Kenny	Marchant		
		Signature of Can	npaign Treasui	rer	
AFFIX NOTAR	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ed before me, by the said	, th	is the	day	
of	, 20, to certify v	vhich, witness my hand and seal of office.			
Signature of officer	administering oath	Printed name of officer administering oath	Title of offic	er administering oath	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

					ADDENDUM
					Page 3 of 10
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Marchant Good Governme	ent Fund			00088547	
14 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			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		The Honorable Sylvester Turner	Congressman	TX 18
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			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		The Honorable Craig Goldman	Congressman ⁻	ΓX 12
	•				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					4 of 10
17			EE NAME Good Government Fund	18 Filer ID 00088547	(Ethics Commission Filers)
19			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 LABO ORGANIZATION	R	\$
	5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
	6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
	7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
	8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	\$	
	9.		SCHEDULE E: LOANS		\$
	10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 10,038.32
	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		\$ 7,523.03
	14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
	15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 7,710.83
l					

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Great Gara i ayınıcın	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 5/10	Marchant Good Government Fund 00088547
4 Date	5 Payee name
02/21/2025	Associated Republican of Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	807 Brazos Street
	Suite 601
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Continuouions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Membership dues
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/19/2025	Lightfoot Guest Moore & Co PC
Amount (\$)	Payee address; City; State; Zip Code
\$1,275.25	11511 Luna Road
Expenditure from corporate funds	Farmers Branch, TX 75234
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Accounting services
	Accounting services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/03/2025	Marken Interests
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	2125 N Josey Ln
Φ130.00	ZIZO N OUSEY LII
Expenditure from corporate funds	Carrollton , TX 75006
	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (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
	Office rent
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-

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

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: 6/10	Marchant Good Government Fund 00088547
4 Date	5 Payee name
02/03/2025	Miller, Carol
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	581 Shadowcrest Ln
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
	Salary
	Sultry
Complete CNI V if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/03/2025	NRG
Amount (\$)	Payee address; City; State; Zip Code
\$264.78	P.O. Box 1532
Expenditure from corporate funds	Houston, TX 77251
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Crossing to the control of the con
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Electric utilities
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/03/2025	United States Treasury
Amount (\$)	Payee address; City; State; Zip Code
\$42.00	Internal Revenue Service
Ψ+2.00	Internal Nevenue Service
Expenditure from	Onder 117 04004
corporate funds	Ogden, UT 84201
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
	ταν ραγιπετίτ
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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 Salaring Magas/Contract Labor

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	mmittee L	Gift/Awards/Memor Legal Services The Instruction	ials Expense Guide explains		ense ges/Contract Labor	Travel Out of D OTHER (enter	istrict a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME					3 Filer ID	(Ethics Commission Filers)
	Sch: 3/3 Rpt: 7/10		Marchant Go	od Governm	nent Fund			00088547	
4	Date	5	Payee name						
	02/11/2025		Verizon						
6	Amount (\$)	7	Payee address	s; City;	State;	; Zip Cod	е		
	\$206.29		P.O. Box 660	0108					
\vdash	Expenditure from		5 II - TV 7						
ᆙ	corporate funds	(0)	Dallas, TX 75			1,	h) · · ·		
8	PURPOSE OF	(a) 	Category (See			edule)	b) Description	outside of Texas. Co	mploto Cohodulo T
l	EXPENDITURE		Office Overh	ead/Rental E	-xpense		ш	n, TX, officeholder livir	
							Telephone/Ir		.gp
9	Complete ONLY if direct	<u> </u>	Candidate/Office	eholder name			ht	Office h	
ľ	expenditure to benefit C/O	⊣ `	Janarate, Ome	cholaci hame		Jilioc Soug		Omice i	iciu

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 (Ethic	3 Filer ID (Ethics Commission Filers)		
	Sch: 1/2 Rpt: 8/10	Marchant Good Government Fund				00088547			
4	CREDIT CARD ISSUER	Name of financial institution Citi 5 TOTAL OF UNITE EXPENDITURES CHARGED TO A CARD				\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid			
	Expenditure from corporate funds	\$2,500.00	02/21/2025	02/25/202	25				
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		Tony Gonzales for	Congress	P.O. Box					
Ļ		(-) O-t			nio, TX 78270				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Contributions/Donatio	ns Made By	Continuati	OII				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living expe	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	er Paid			
	Expenditure from corporate funds	\$2,500.00	02/21/2025	02/25/202	25				
	PAYEE	(a) Payee name	•	(b) Payee a	address;	City,	State,	Zip Code	
		Sylvester Turner Ca	ampaign	P.O. Box	56386				
				Houston,	TX 77256				
	PURPOSE OF	(a) Category		(b) Descrip	tion				
	EXPENDITURE X Political	(See Categories listed at the top Contributions/Donatio	ns Made By	Contribution					
	Non-Political	Candidate/Officeholde		<u> </u>					
	Ш	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	o oought	Check if Austin, TX	Office held	ense		
е	Complete ONLY if direct xpenditure to benefit C/OH			e sought					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid					
	Expenditure from corporate funds	\$2,500.00	02/18/2025	02/20/20	23				
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		Craig Goldman for	Congress	P.O. Box	100039				
		Craig Goldman ion	Congress						
					h, TX 76185				
PURPOSE OF (a) Category EXPENDITURE (See Categories listed at the top of this schedule)			(b) Descrip						
	_	Contributions/Donatio		Contributi	on				
	X Political	Candidate/Officeholde	er/Political Committee						
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	j	Check if Austin, TX	, officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

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	- Gift/Award:	s/Memorials Expense	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)	
	The Inst	ruction Guide explains h	now to complete this form.		
Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)			
Sch: 2/2 Rpt: 9/10	Marchant Good Go	vernment Fund		00088547	
CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZ	ED	
	see ni	evious	EXPENDITURES	\$	
	, , , , , , , , , , , , , , , , , , ,		CARD CARD	ווט:	
PAYMENT	(a) Amount Charged	(b) Date of Charge		suer Paid	
Expenditure from	\$23.03	02/06/2025	02/10/2025		
corporate funds	720.00	02/00/2020			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip C	Code
			1600 Amphitheatre Pk	ry	
	Google				
				.043	
	(a) Category	of this cohodul-	(b) Description		
EXPENDITURE			Internet fee		
X Political		<u>_</u> ,,pooo			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense	
·	Candidate/Officeholder	name O	office sought	Office held	
penditure to benefit C/OH					
	Contributions/ Donations Made By Candidate/Officeholder/Politica Total pages Schedule F4: Sch: 2/2 Rpt: 9/10 CREDIT CARD ISSUER PAYMENT Expenditure from corporate funds PAYEE PURPOSE OF EXPENDITURE X Political	Contributions/ Donations Made By - Gift/Awards Legal Servi The Instruction Total pages Schedule F4: Sch: 2/2 Rpt: 9/10 CREDIT CARD	Contributions/ Donations Made By-Candidate/Officeholder/Political Committee Total pages Schedule F4: Sch: 2/2 Rpt: 9/10 CREDIT CARD ISSUER PAYMENT Expenditure from corporate funds PAYEE (a) Amount Charged (b) Date of Charge 9/206/2025 PAYEE (a) Payee name Google PURPOSE OF EXPENDITURE X Political Non-Political Non-Political Non-Political Complete ONLY if direct Committee Gift/Awards/Memorials Expense Legal Services Capture of Instruction Guide explains Istended Name of financial institution See previous Name of financial institution See previous Output Office overnment Fund Amount Charged (b) Date of Charge Output Office overnment Fund O	Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Capal Services The Instruction Guide explains how to complete this form. Total pages Schedule F4: Sch: 2/2 Rpt: 9/10 CREDIT CARD ISSUER Name of financial institution See previous Total pages Schedule F4: Sch: 2/2 Rpt: 9/10 Name of financial institution See previous See previous Total OF UNITEMIZ EXPENDITURES CHARGED TO A CRECARD PAYMENT Scharge Schedule F4: (a) Amount Charged Scharge Schedule F4: (b) Date of Charge O2/10/2025 PAYEE (a) Payee name Google (b) Payee address; 1600 Amphitheatre Pk Mountain View, CA 94 PURPOSE OF EXPENDITURE See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Internet fee Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office Sought	Contributions Nade By- Candidate/Officeholder/Political Committee Travel Out of District OTHE (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: Sch: 2/2 Rpt: 9/10 Name of financial institution ISSUER Name of financial institution See previous Name of Charge Cardidate/Officeholder Note (b) Date of Charge Cardidate/Officeholder Note (c) Date(s) Credit Card Issuer Paid 02/10/2025 PAYEE (a) Payee name Google (a) Category EXPENDITURE See Categories listed at the top of this schedule) Office Overhead//Rental Expense Complete ONLY if direct Candidate/Officeholder name Office Sought Travel Out of District OTHE (enter a category not listed above) OTHER (on ON

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: 10/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Marchant Good Government Fund 00088547 Date 8 Amount (\$) 5 Name of person from whom amount is received 01/31/2025 \$7,710.83 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