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** 05/29/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 2125 North Josey Lane Suite 102 Carrollton, TX 75006 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **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 Carrollton, TX 75006 **CAMPAIGN** AREA CODE 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 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2025 05/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

		•		
L2 COMMITTEE NAME	oramont Fund	1	13 Filer ID	(Ethics Commission Filers)
Marchant Good Gove	emment Fund		00088547	
.4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported		
	applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Magazina	A Supported		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	Don Crain Coldman United St	otos Congro	noman
	Assisted	Rep. Craig Goldman United States Congressman		
	(Identify by name or, if applicable, classify by party.)			
L5 CONTRIBUTION	1. TOTAL UNITEMIZE	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	\$	0.00
	check here if this report	qualifies for the higher itemization threshold		
		2. TOTAL POLITICAL CONTRIBUTIONS		
	`	DGES, LOANS, OR GUARANTEES OF LOANS)		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	4. TOTAL POLITICAL EXPENDITURES		9,999.69
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
.6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.	jury, that the a	accompanying report is d to be reported by me
		Mr. Kenny	Marchant	
		Signature of Can	npaign Treası	ırer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said	, th	is the	day
		which, witness my hand and seal of office.		
Signature of officer	administering 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		18 Filer ID	(Ethics Commission Filers)	
Marchant Good Governmer	00088547			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1. SCHEDULE A1: I	MONETARY POLITICAL CONTRIBUTIONS		\$	
2. SCHEDULE A2: 1	NON-MONETARY (IN-KIND) POLITICAL CONTRIB	UTIONS	\$	
3. SCHEDULE B: PI	LEDGED CONTRIBUTIONS		\$	
4. SCHEDULE C1: I ORGANIZATION	MONETARY CONTRIBUTIONS FROM CORPORAT	TION OR LABOR	\$	
5. SCHEDULE C2: I	NON-MONETARY (IN-KIND) CONTRIBUTIONS FR ZATION	OM CORPORATION OR	\$	
6. SCHEDULE C3: 1	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			
7. SCHEDULE C4: I ORGANIZATION	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			
8. SCHEDULE D: P	LEDGED CONTRIBUTIONS FROM CORPORATION	N OR LABOR ORGANIZATION	\$	
9. SCHEDULE E: LO	DANS		\$	
10. X SCHEDULE F1: F	POLITICAL EXPENDITURES FROM POLITICAL CO	ONTRIBUTIONS	\$ 7,467.64	
11. SCHEDULE F2: U	JNPAID INCURRED OBLIGATIONS		\$	
12. X SCHEDULE F3: F	PURCHASE OF INVESTMENTS FROM POLITICAL	. CONTRIBUTIONS	\$ 14,217.00	
13. X SCHEDULE F4: E	EXPENDITURES MADE BY CREDIT CARD		\$ 2,532.05	
14. SCHEDULE I: NO	N-POLITICAL EXPENDITURES FROM POLITICAL	CONTRIBUTIONS	\$	
15. X SCHEDULE K: IN	TEREST, CREDITS, GAINS, REFUNDS, AND CON	ITRIBUTIONS RETURNED	\$ 3,160.95	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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 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: 1/3 Rpt: 4/10	Marchant Good Government Fund 00088547
4 Date	5 Payee name
05/12/2025	Associated Republicans of Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	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
	Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/06/2025	Cogency Global Inc
Amount (\$)	Payee address; City; State; Zip Code
\$139.00	P.O. Box 3168
4 200.00	1.6.26.626
Expenditure from corporate funds	Hicksville, NY 11802
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Statutory representation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/20/2025	Marchant Leadership Fund
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2125 N Josey Ln, Ste 200
, , , , , , , , , , , , , , , , , , , ,	,,,,,
Expenditure from corporate funds	Carrollton, TX 75006-3016
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Contribution to Marchant Leadership Fund
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

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

Polling Expense Travel in District
Printing Expense Travel Out of Di
Salaries/Wages/Contract Labor OTHER (enter a

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 5/10	Marchant Good Government Fund	00088547
4 Date	5 Payee name	
04/30/2025	NRG	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$233.89	P.O. Box 1532	
720000	. 1.51. 2.57. 2.552	
Expenditure from corporate funds	Houston, TX 77251	
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
		Electric utilities
• • • • • • • • • • • • • • • • • • •		000
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
<u> </u>		
Date	Payee name	
05/05/2025	Ross Fisher Law PLLC	
Amount (\$)	Payee address; City; State; Zip Co	de
\$400.00	430 Old Fitzhugh, No 7	
— Formanditure from		
Expenditure from corporate funds	Dripping Springs, TX 78620	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Legal Services	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	ŭ	Check if Austin, TX, officeholder living expense
		Compliance
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experialiture to beliefit C/O	'	
Date	Payee name	
04/30/2025	United States Treasury	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1,495.91	Internal Revenue Service	
Expenditure from corporate funds	Ogden, UT 84201	
PURPOSE	_	(b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Onice Overneda/Nerital Expense	Check if Austin, TX, officeholder living expense
		Tax payment
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	1	

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
OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 3/3 Rpt: 6/10	2 FILER NAME Marchant Good Government Fund 3 Filer ID (Ethics Commission Filers) 00088547
4 Date 04/30/2025	5 Payee name United States Treasury
6 Amount (\$) \$1,491.95	7 Payee address; City; State; Zip Code Internal Revenue Service
Expenditure from corporate funds	Ogden, UT 84201
8 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 Tax Payment
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/09/2025 Amount (\$)	Payee name Verizon Payee address; City; State; Zip Code
\$206.89	P.O. Box 660108
Expenditure from corporate funds	Dallas, TX 75266
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 Telephone/Internet
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

The Instr	uction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 1/1 Rpt: 7/10
LER NAME	overnment Fund	3 Filer ID (Ethics Commission Filers) 00088547
	5 Name of person from whom investment is purchased XAI Octagon Fltng Rt & Altrntv Inc 6 Address of person from whom investment is purchased; City; 321 N Clark St Ste 2430 Chicago, IL 60654 7 Description of investment XFLT Stock 8 Amount of investment (\$) 14,217.00	00088547

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 Inst	ruction Guide explains how	to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 1/2 Rpt: 8/10	Marchant Good Government Fund		00088547				
4 CREDIT CARD ISSUER		ncial institution Citi	EXPEN	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	\$69.92	04/30/2025	05/01/20	25			
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Cantina Laredo		4645 Bel				
	(a) Oatawari		Dallas, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	s luncheon			
X Political	Food/Beverage Expe	nse	Business	idilolicon			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u>I</u>	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
Expenditure from corporate funds	\$23.03	05/01/2025	05/03/20	25			
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Google		1600 Am	phitheatre Pky			
			Mountain	View, CA 94043	3		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Descrip				
X Political	Office Overhead/Ren		Internet f	ee			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	-1	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	r Paid		
Expenditure from corporate funds	\$1,439.10	05/15/2025	05/18/20	25			
PAYEE	(a) Payee name	-	(b) Payee	address;	City,	State,	Zip Code
	Aristotle		205 Penr	nsylvania Ave, SI	Ε		
	Alloud		l				
	(2) 0242 227		<u> </u>	ton, DC 20003			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion e/Software			
X Political	Office Overhead/Ren	tal Expense	במנמטמאל	S, SOILWAI E			
Non-Political	(a) 🗆 (b) = 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	of Toyon Committee C. L. L. T.	<u> </u>	Charlett A	officebal-t 15 '		
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense	
expenditure to benefit C/OH	Jananauc/Onicenoidei	name Office	o oougiit		Office field		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>I</u>						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	y - Gift/Awar	ds/Memorials Expense	Printing Expense Tr	avel Out of District	above)
	The Ins	truction Guide explains l	how to complete this form.		
Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commi	ssion Filers)
Sch: 2/2 Rpt: 9/10	Marchant Good Go	overnment Fund		00088547	
CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UNITEMIZED		
ISSUER	see p	orevious		 \$	
			CARD		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
Expenditure from	\$1,000,00	05/19/2025	05/25/2025		
corporate funds	42,000.00	00/10/2020			
PAYEE	(a) Payee name		(b) Payee address;	City, State	Zip Code
			P.O. Box 100039		
	Craig Goldman for	Congress			
			Fort Worth, TX 76185		
	(a) Category		(b) Description		
EXPENDITURE			U.S. Congressional Distri	ct 12	
X Political			ee l		
Non-Political	—			officeholder living expense	
Complete ONLY if direct	_ `	·		Office held	
·					
	Contributions/ Donations Made B: 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-Candidate/Officeholder/Political Committee The Ins Total pages Schedule F4: 2 FILER NAME Sch: 2/2 Rpt: 9/10 Marchant Good Go CREDIT CARD Name of finations See page 1 PAYMENT (a) Amount Charged \$1,000.00 PAYEE (a) Payee name Craig Goldman for See Categories listed at the to Contributions/Donations/	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee The Instruction Guide explains Total pages Schedule F4: 2 FILER NAME Sch: 2/2 Rpt: 9/10	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Offic	Contributions Made By- Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder name Candidate/Office holder name Candidate/Office holder name Candidate/Office holder name Candidate/Officeholder name Candidate/Office holder name Candidate/Officeholder name Candidate/Officehol

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 05/25/2025 \$3,160.95 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