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) 00089718 3 COMMITTEE NAME **OFFICE USE ONLY** Marchant Leadership Fund Date Received **ELECTRONICALLY FILED** 08/29/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 2125 N Josey Ln Ste 200 Carrollton, TX 75006 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Kenny NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Marchant Sr. CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 516 Christi Lane STREET **ADDRESS** (Residence or Business) Coppell, TX 75019 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 516 Christi Lane MAILING **ADDRESS** Coppell, TX 75019 **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 X September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2025 08/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 (COMMITTEE NAME	13 Filer ID (Ethics Commission Filers)					
ı	Marchant Leadership Fu	000897	18				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
ŗ	Attach lists on plain paper to complete this port if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed				
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	The Honorable Greg Abbott Go	overnor			
	CONTRIBUTION FOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
		2. TOTAL POLITICA (OTHER THAN PLEI	\$	10,000.00			
	EXPENDITURE FOTALS	3. TOTAL UNITEMIZED	\$	0.00			
		4. TOTAL POLITICA	L EXPENDITURES	\$	12,000.00		
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	DAY \$	15,067.51			
	OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00		
16 /	AFFIDAVIT			<u>'</u>			
			I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.				
Kenny Marchant Sr.							
			Signature of Car	npaign Trea	asurer		
	AFFIX NOTARY	STAMP / SEAL ABOVE					
			, th	is the	day		
	of	, 20, to certify v	which, witness my hand and seal of office.				
	Signature of officer add	ministering oath	Printed name of officer administering oath	Title of o	officer administering oath		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

			ı		Page 3 of 10
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
larchant Leadership Fun	d 			00089718	
4 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		Rep. Ben Bumgardner State Re	presentative	
0014447777	applicable, classify by party.)				
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.)		Rep. Dustin Burrows State Repr	esentative	
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.)		Rep. Will Metcalf State Represe	ntative	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 4 of 10
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Marchant Leadership Fund	1			00089718	
14 COMMITTEE ACTIVITY	1. 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.)		Rep. Brent Hagenbuch State Re	presentative	
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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Jared Patterson State Rep	resentative	
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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Rep. Brooks Landgraf State Rep	oresentative	

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					5 of 10
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commi	ssion Filers)
l		Leadership Fund	00089718	(,
19 SCI	HEDULI	E SUBTOTALS		Ī	
l	ME OF	SUBTOTAL AMOUNT			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
		LABOR ORGANIZATION		ļ ·	
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
	<u> </u>			<u> </u>	
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		 	
	Ш	ORGANIZATION		٩	
		COLIED HE D. DI EDGED CONTRIBUTIONS EDOM CORDODATION OF LABOR			
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (JRGANIZATION	\$	
9.	Ш	SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	2,000.00
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		\$	10,000.00
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
				Ţ	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	
	Ш	TO FILER			

2 FILER NAME Marchant Leadership Fund	SCHEDULE A1
Marchant Leadership Fund 4 Date	Total pages Schedule A1: Sch: 1/1 Rpt: 6/10
08/20/2025 Marchant Good Gvt Fund 6 Contributor address; City; State; Zip Code Carrollton, TX 75006	Filer ID (Ethics Commission Filers) 00089718
	Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	

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 (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/10	2 FILER NAME Marchant Leadership Fund 3 Filer ID (Ethics Commission Filers) 00089718
4 Date 08/24/2025	5 Payee name Lightfoot Guest Moore & Co, PC
6 Amount (\$) \$1,000.00 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11511 Luna Road Suite 180 Dallas, TX 75234
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Accounting
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 08/04/2025 Amount (\$)	Payee name Texans for Greg Abbott Payee address; City; State; Zip Code
\$1,000.00 Expenditure from corporate funds	P.O. Box 308 Austin, TX 78767
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense State Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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	thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Fil				sion Filers)		
	Sch: 1/3 Rpt: 8/10	Marchant Leadersh	ip Fund	00089718					
4	CREDIT CARD ISSUER	Name of finar	EXPEN	NDI	F UNITEMIZED TURES D TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid		
	Expenditure from corporate funds	\$1,000.00	08/20/2025	08/25/20	025	5			
7	PAYEE	(a) Payee name		(b) Payee	ad	ldress;	City,	State,	Zip Code
		Ben Bumgarner for	2201 Sp Ste 250 Flower N		s Rd und, TX 75022				
8	PURPOSE OF	(a) Category		(b) Descri	iptio	on			
	See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			State Co	onti	ribution			
				1	Г	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		-	Office held		
е	expenditure to benefit C/OH								
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge			redit Card Issuer	Paid		
	Expenditure from corporate funds	\$1,000.00	08/20/2025	08/25/20	025	5			
	PAYEE	(a) Payee name		(b) Payee	ad	ldress;	City,	State,	Zip Code
		B (T		10507 Q)ua	ker Ave			
		Burrows for Texas		Ste 103					
						X 79424			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•				
		Contributions/Donatio		State Contribution					
	X Political	Candidate/Officeholde	er/Political Committee						
	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 Office	e sought			Office held		
е	expenditure to benefit C/OH		T						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s 08/25/20		redit Card Issuer	Paid		
	Expenditure from corporate funds	\$1,500.00	08/20/2025	00/23/20	<i>J</i> 20	,			
	PAYEE	(a) Payee name		(b) Payee	ad	ldress;	City,	State,	Zip Code
l		Burrows for Texas		10507 Q)ua	ker Ave			
		Dullows for Texas		Ste 103					
						X 79424			
1	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•				
	_	Contributions/Donatio	,	State Co	onti	noituair			
1	X Political	Candidate/Officeholde							
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Ĺ	Check if Austin, TX,	officeholder living exp	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held		
е	expenditure to benefit C/OH								
ı									

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: 2/3 Rpt: 9/10	Marchant Leadersh	ip Fund	00089718					
4	CREDIT CARD ISSUER	Name of final see pi	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge) Credit Card Issue	r Paid			
	Expenditure from corporate funds			08/25/20)25				
7	PAYEE	(a) Payee name Will Metcalf Campa	ign	(b) Payee P.O. Box		City,	State,	Zip Code	
					TX 77305				
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee				ption ontribution				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge) Credit Card Issue	r Paid			
	Expenditure from corporate funds	\$1,000.00	08/20/2025	08/25/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
Brent Hag		Brent Hagenbuch fo	ent Hagenbuch for Texas		oreline Dr TX 76210				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde		(b) Descri State Co	ption Intribution				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT Expenditure from corporate funds	(a) Amount Charged \$2,000.00	(b) Date of Charge 08/21/2025	(c) Date(s 08/25/20) Credit Card Issue)25	r Paid			
	PAYEE	(a) Payee name	1	(b) Payee P.O. Box		City,	State,	Zip Code	
		Jared Patterson Campaign		Frisco, T	X 75035				
	PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Contributions/Donations Made By		(b) Descri					
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
l									

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

- Gift/Awards Committee Legal Serv	s/Memorials Expense ices	Printing Expense Tr Salaries/Wages/Contract Labor O	avel Out of District	not listed at	pove)		
	ruction Guide explains h	ow to complete this form.					
2 FILER NAME		3 Filer ID (Ethics	s Commiss	sion Filers)			
Marchant Leadersh	ip Fund		00089718				
REDIT CARD Name of financial institution							
see pi	revious						
		CARD					
AYMENT (a) Amount Charged (b) Date of Charge			r Paid				
\$1,000.00	08/21/2025	08/25/2025					
corporate funds							
(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
Brooks Landgraf Ca	ampaign						
		Odessa, TX 79768					
(a) Category		(b) Description					
		State Contribution					
		e					
(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX,	officeholder living expe	nse			
Candidate/Officeholder	name Of	ffice sought	Office held				
	Committee Gitt/Awards Legal Serv The Instr 2 FILER NAME Marchant Leadersh Name of finar see pr (a) Amount Charged \$1,000.00 (a) Payee name Brooks Landgraf Ca (a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde (c) Check if travel outside	The Instruction Guide explains h Parchant Leadership Fund Name of financial institution see previous (a) Amount Charged \$1,000.00 (b) Date of Charge \$1,000.00 08/21/2025 (a) Payee name Brooks Landgraf Campaign (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committe (c) Check if travel outside of Texas. Complete Schedule	Committee Legal Services Salaries/Wages/Contract Labor O The Instruction Guide explains how to complete this form. 2 FILER NAME Marchant Leadership Fund Name of financial institution see previous (a) Amount Charged \$1,000.00 (b) Date of Charge \$1,000.00 (c) Date(s) Credit Card Issue 08/25/2025 (a) Payee name Brooks Landgraf Campaign (b) Payee address; P.O. Box 13146 (b) Description Contributions/Donations Made By Candidate/Officeholder/Political Committee	Travel Out of District OTHER (enter a category The Instruction Guide explains how to complete this form. 2 FILER NAME Marchant Leadership Fund Name of financial institution see previous (a) Amount Charged \$1,000.00 (b) Date of Charge \$1,000.00 08/21/2025 (a) Payee name Brooks Landgraf Campaign (b) Payee address; City, P.O. Box 13146 (b) Description Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Committee Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 2 FILER NAME Marchant Leadership Fund 00089718 Name of financial institution see previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (b) Date of Charge \$1,000.00 08/21/2025 (c) Date(s) Credit Card Issuer Paid 08/25/2025 (a) Payee name (b) Payee address; City, State, P.O. Box 13146 Odessa, TX 79768 (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		