#### 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** 08/29/2025 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 X September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2025 08/25/2025

GO TO PAGE 2

## 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	rnment 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.)	Sen. Andy Barr United States S	Senator KY				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				0.00			
	4. TOTAL POLITICA	L EXPENDITURES	\$	30,325.60			
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD					
OUTSTANDING LOAN TOTALS	I	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD					
16 AFFIDAVIT	<u>'</u>		<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 nation required	accompanying report is d to be reported by me			
		Mr. Kenny	Marchant				
		Signature of Can	npaign Treasu	rer			
AFFIX NOTAF	RY STAMP / SEAL ABOVE						
Sworn to and subscribe	ed before me, by the said	, th	is the	day			
of	, 20, to certify \	which, witness my hand and seal of office.					
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath			

## MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC **ADDENDUM**

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
larchant Good Governm	ent Fund			00088547	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)				
(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. James Comer United State	es Representat	ive KY-1
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. James Lankford United Sta	ates Senator O	K
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. Tony Gonzalez United Sta	tes Representa	tive TX 23

## **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

				4 of 11	
<b>17</b> COM	MITTE	EE NAME	18 Filer ID	(Ethics Commission Filers)	
Marc	hant (	Good Government Fund	00088547		
19 SCHE NAME	EDULE E OF S	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 CORPORAL 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 (	\$		
9.		SCHEDULE E: LOANS	\$		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 18,886.50	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 11,439.10	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 6,234.55	

## 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

Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	, , , , , , , , , , , , , , , , , , ,						
Sch: 1/4 Rpt: 5/11	Marchant Good Government Fund  00088547						
4 Date	5 Payee name						
08/07/2025	Amazon						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$44.94	2654 N Hwy 169						
Expenditure from corporate funds	Coffeyville, KS 67339						
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						
	Office supplies						
	Sinso supplies						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Date	Payee name						
08/24/2025	Lightfoot Guest Moore & Co PC						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,500.00	11511 Luna Road						
— E ditura tram							
Expenditure from corporate funds	Farmers Branch, TX 75234						
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.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Accounting services						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	1						
Date	Payee name						
08/20/2025	Marchant Leadership Fund						
Amount (\$)	Payee address; City; State; Zip Code						
\$10,000.00	516 CHRISTI LN						
<del>+</del> 20,000.00							
Expenditure from corporate funds	Coppell, TX 75019						
•	To a second seco						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions/Donations Made By  Contributions/Donations Made By						
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Contribution						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	<b>y</b>						

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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 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/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 6/11	Marchant Good Government Fund 00088547
4 Date	5 Payee name
08/01/2025	Marken Interests
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$750.00	2125 N Josey Ln
Expenditure from corporate funds	Carrollton , TX 75006
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  Office rent
	Office ferit
O O consider ONE V if discret	Our stide to 10 ff as health are seen as 10 ff as a south to 10 ff as health
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/01/2025	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to serious eye.	·
Date	Payee name
07/30/2025	Miller, Isabella
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	3935 Alto Ave
Expenditure from corporate funds	Carrollton, TX 75007
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Office help
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

## 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/Political Committee Credit Card Payment		nmittee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME						3	3 Filer ID (Ethics Commission Filers				
	Sch: 3/4 Rpt: 7/11		Marchant G	ood Governme	nt Fund					00088547				
4	Date	5	Payee name											
L	08/18/2025		Mullin Victo	ry Fund										
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode							
	\$1,500.00		P.O. Box 16	632										
	Expenditure from corporate funds		Oklahoma (	City, OK 73101										
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description						
	OF EXPENDITURE		Event Expe	nse				<b>=</b>			plete Schedule T.			
	-							_		officeholder living	g expense			
								Event sponso	אוופונ					
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	laht Taht			Office he	eld			
_	expenditure to benefit C/Oh			osnoidei name			ag:it			- Cilico III				
	Date		Payee name											
	08/04/2025		Museum of	the Stonewall S	Saloon, Ltd.									
	Amount (\$)		Payee address; City; State; Zip Code											
	\$1,000.00		P.O. Box 51	18										
	Expenditure from corporate funds		Saint Jo, T	K 76265										
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description						
	OF EXPENDITURE		Contribution	ns/Donations M	ade By			<b>=</b>			plete Schedule T.			
		Carratace, Cinconstaci, Cincoa Commisso				_	stin, TX, officeholder living expense contribution 501 (c) (3)							
								CHAHIADIE CO	riul	เมนแบบ 501 (	(G) (G)			
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	C	Office sou	<u>I</u> ught			Office he	eld			
H	Date		Payee name											
	07/31/2025		NRG											
$\vdash$	Amount (\$)	$\vdash$	Payee addres	ss; City;	State:	Zip Co	ode							
	\$171.49		P.O. Box 15		Jiaie,	_ip	J40							
	Ψ111.43		O. DOX 10	,0 <u>2</u>										
	Expenditure from corporate funds		Houston, TX	X 77251										
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description						
	OF EXPENDITURE		Office Over	head/Rental Ex	pense						plete Schedule T.			
	-							Electric utilitie		officeholder living	g expense			
								LICOUIC UUIILIE	,,					
	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name		Office sou	laht Iaht			Office he	eld			
	expenditure to benefit C/Oh						9.10			211100 110	<del></del> -			

## 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 Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

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: 4/4 Rpt: 8/11	Marchant Good Government Fund 00088547
4 Date	5 Payee name
08/04/2025	Texas Workforce Commission
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.22	P.O. Box 149037
Expenditure from corporate funds	Austin, TX 78714
8 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
	Payroll tax
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/11/2025	Verizon
Amount (\$)	Payee address; City; State; Zip Code
\$206.85	P.O. Box 660108
Expenditure from 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 Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Telephone/Internet
Complete ONLY if direct expenditure to benefit C/O	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 IIIS	ruction Guide explains how	ro combiere n	101111.						
1 Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethics Commission Filers)				
Marchant Good Go	vernment Fund			00088547					
	EXPEND	DITURES	\$						
(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid					
\$1,439.10	08/15/2025	08/22/202	25						
(a) Payee name		(b) Payee a	ıddress;	City,	State,	Zip Code			
Aristotle		205 Penns	sylvania Ave, SE						
		<u> </u>							
1 ' ' '	of this schodulo)								
		Database/	/Software						
	•								
(1)	<u> </u>		Check if Austin, TX,		ense				
Candidate/Officeholder	name Office	e sought		Office held					
	L (1) 2 (2)	145-45							
(a) Amount Charged \$2,500.00	(b) Date of Charge 08/21/2025			Paid					
(a) Pavee name		(h) Pavee a	iddress:	City	State	Zip Code			
			J.,	Otato,	p				
Andy Barrior Seria	ic .	Lexington	, KY 40588						
(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	tion						
		Office Siz	ales Seriator ICT						
(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Candidate/Officeholder	name Office	e sought		Office held					
		-							
(a) Amount Charged \$2,500.00	(b) Date of Charge 08/21/2025	. ,		Paid					
(a) Payee name	<u> </u>	(b) Payee a	ıddress;	City,	State,	Zip Code			
	P.O. Box	338							
Comer, James (Rep	0.)								
		Tompkinsville, KY 42167							
(a) Category	of this schedule)			r . 1044					
Contributions/Donatio	ns Made By	United Sta	ates Representa	tive KY 1					
<del>                                     </del>		<u> </u>	<b></b>						
(*) <b>—</b>	<u> </u>	Coucht	Check if Austin, TX,		ense				
Candidate/Officeholder	name Office	e sougnt		Office held					
	2 FILER NAME Marchant Good Go Name of final (a) Amount Charged \$1,439.10  (a) Payee name Aristotle  (a) Category (See Categories listed at the top Office Overhead/Rent (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$2,500.00  (a) Payee name Andy Barr for Sena  (a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholder  (c) Check if travel outside Candidate/Officeholder  (a) Amount Charged \$2,500.00  (a) Payee name Comer, James (Re)  (a) Category (See Categories listed at the top Contributions/Donation Candidate/Officeholder  (a) Category (See Categories listed at the top Contributions/Donation Candidate/Officeholder  (a) Category (See Categories listed at the top Contributions/Donation Candidate/Officeholder  (c) Check if travel outside	Aristotle  (a) Amount Charged (b) Date of Charge \$1,439.10 (08/15/2025)  (a) Payee name Aristotle  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office \$2,500.00 (08/21/2025)  (a) Payee name Andy Barr for Senate  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Date of Charge \$2,500.00 (08/21/2025)  (a) Payee name Andy Barr for Senate  (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. Candidate/Officeholder name Office \$2,500.00 (08/21/2025)  (a) Amount Charged (b) Date of Charge \$2,500.00 (08/21/2025)  (a) Payee name Comer, James (Rep.)	Amount Charged   (b) Date of Charge   (c) Date(s)   O8/21/2025	2 FILER NAME Marchant Good Government Fund  Name of financial institution Citi  (a) Amount Charged \$1,439.10  (b) Date of Charge (c) Date(s) Credit Card Issuer 08/22/2025  (a) Payee name Aristotle  (b) Payee address; 205 Pennsylvania Ave, SE Washington, DC 20003  (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense  (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name  (d) Payee address; 205 Pennsylvania Ave, SE Washington, DC 20003  (e) Description Database/Software  (f) Description Database/Software  (g) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder Name  (g) Payee address; P.O. Box 2059  Lexington, KY 40588  (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (g) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee  (h) Payee address; P.O. Box 2059  (a) Amount Charged S2,500.00  (b) Date of Charge O8/21/2025  (c) Date(s) Credit Card Issuer Office Sought  (d) Amount Charged S2,500.00  (e) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder/Political Committee  (o) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder Name  (b) Payee address; P.O. Box 338  Complete Schedule T. Check if Austin, Tx. Candidate/Officeholder/Political Committee  (b) Payee address; P.O. Box 338  Tompkinsville, KY 42167  (a) Category (b) Description United States Representa	2 FILER NAME Marchant Good Government Fund  Name of financial institution Citi  Date of Charge \$1,439.10  (a) Amount Charged \$1,439.10  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 08/22/2025  (a) Payee name Aristotle  (b) Payee address; City, 205 Pennsylvania Ave, SE  Washington, DC 20003  (b) Description Database/Software  (c) Check if travel outside of Texas. Complete Schedule T.  Candidate/Officeholder name  Andy Barr for Senate  (a) Category (See Categories listed at the top of this schedule) Office ontributions/Donations Made By Candidate/Officeholder name  Office sought  (b) Dayee address; City, 205 Pennsylvania Ave, SE  Washington, DC 20003  (b) Description Database/Software  (c) Check if Austin, TX. officeholder living exp Office sought  (c) Date(s) Credit Card Issuer Paid 08/24/2025  (c) Date(s) Credit Card Issuer Paid 08/24/2025  (d) Payee name Andy Barr for Senate  (e) Payee address; City, P.O. Box 2059  Lexington, KY 40588  (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (c) Check if Austin, TX. officeholder living exp Office sought  Office held  (a) Amount Charged \$2,500.00  (b) Date of Charge 08/21/2025  (c) Date(s) Credit Card Issuer Paid 08/24/2025  (a) Payee name Office sought Office held  (b) Date of Charge 08/21/2025  (c) Date(s) Credit Card Issuer Paid 08/24/2025  (d) Payee address; City, P.O. Box 338  Comer, James (Rep.)  Tompkinsville, KY 42167  (b) Description United States Representative KY 1  Check if Austin, TX. officeholder living exp Candidate/Officeholder/Political Committee (c) Check if ravel outside of Texas. Complete Schedule) Contributions/Donations Made By Candidate/Officeholder (Committee) (c) Check if ravel outside of Texas. Complete Schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	2 FILER NAME Marchant Good Government Fund  Name of financial institution Citi  STOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  (a) Amount Charged \$1,439.10  (b) Date of Charge 08/15/2025  (c) Date(s) Credit Card Issuer Paid 08/22/2025  (a) Payee name Aristotle  (b) Payee address; City, State, 205 Pennsylvania Ave, SE Washington, DC 20003  (a) Category Cisee Categories Island at the top of this schedule) Office Overhead/Rental Expense  (c) Check if Iravel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office Sought  (c) Date(s) Credit Card Issuer Paid 08/22/2025  (d) Date(s) Credit Card Issuer Paid 08/24/2025  (e) Date(s) Credit Card Issuer Paid 08/24/2025  (f) Date(s) Credit Card Issuer Paid 08/24/2025  (g) Date(s) Credit Card Issuer Paid 08/24/2025			

#### **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 (	Commiss	ion Filers)				
Sch: 2/2 Rpt: 10/11	Marchant Good Go	vernment Fund	00088547					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
Expenditure from corporate funds	\$2,500.00	08/20/2025	08/24/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Families for James	Lankford	P.O. Box 1639					
			Bethany, OK 73008					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	•				
I	Contributions/Donatio	ns Made By	United States Senator OK					
X Political	Candidate/Officeholde							
Non-Political	(c) Check if travel outside			officeholder living expens	ie			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 08/24/2025	r Paid				
Expenditure from corporate funds	\$2,500.00	08/20/2025	06/24/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Tony Gonzales for	Congress	P.O. Box 700442					
			San Antonio, TX 78270					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description					
X Political	Contributions/Donatio	ns Made By	United States Representa	tive TX 23				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	ie .			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	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: 11/11 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 07/31/2025 \$6,234.55 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