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** 09/29/2025 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 X 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** 08/26/2025 09/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

		7		
2 COMMITTEE NAME	arrana ant Eurad	 	13 Filer ID	(Ethics Commission Filers)
Marchant Good Gove	ernment Fund 		00088547	
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.)			
		B. Opposed		
	Officeholders Assisted (Identify by name or, if	Rep. Andy Barr U.S. Congress	ional Distric	t KY 6
	applicable, classify by party.)			
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold		
	2. TOTAL POLITICA		\$	
	(OTHER THAN PLE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	39,260.37
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		
OUTSTANDING LOAN TOTALS		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.	rjury, that the a	accompanying report is d to be reported by me
		Mr Kenny	/ Marchant	
		Signature of Can		ırer
4550/1074	D)/ 07442 / 0541	Signature of Gall	npaign ricast	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	oed 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 offi	cer administering oath

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 3 of 9 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Marchant Good Government Fund 00088547 14 COMMITTEE 1. Candidates A. Supported **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Sen. John Cornyn United States Senator TX Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				4 of 9				
17 COM	IMITTE	EE NAME	18 Filer ID	(Ethics Commission Filers)				
Marc	Marchant Good Government Fund 00088547							
19 SCH NAM	EDULI 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 LABOURGANIZATION)R	\$				
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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 28,628.18				
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		\$ 10,632.19				
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 12,096.85				
I								

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	al 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: 1/2 Rpt: 5/9	Marchant Good Government Fund 00088547
4 Date	5 Payee name
09/11/2025	Marchant Leadership Fund
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25,000.00	2125 N Josey Ln, Ste 200
Expenditure from corporate funds	Carrollton, TX 75006
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
	Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/02/2025	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 travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office rent
	Office rent
Complete ONLY if direct	Condidate/Office helder notes Office possible
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/02/2025	Miller, Carol
Amount (\$)	Payee address; City; State; Zip Code
	581 Shadowcrest Ln
\$2,500.00	Sof Shadowciest Life
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 expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff 6/01	·

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 Com Event Expense
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
OTHER (other a cottographed listed above)

Candidate/Officeholder/Politica Credit Card Payment	cal 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	s)
Sch: 2/2 Rpt: 6/9	Marchant Good Government Fund 00088547	
4 Date	5 Payee name	
09/02/2025	NRG	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$181.33	P.O. Box 1532	
Expenditure from corporate funds	Houston, TX 77251	
•		
8 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	
	Electric utilities	
	Electric duffilles	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	7
expenditure to benefit C/O	JH	
Date	Payes name	_
	Payee name	
09/09/2025	Verizon	
Amount (\$)	Payee address; City; State; Zip Code	
\$196.85	P.O. Box 660108	
Expenditure from	Dallas TV 75000	
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	
EXPENDITORE	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 -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category	not listed at	oove)
1 Total pages Schedule F4:				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	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT Expenditure from corporate funds	(a) Amount Charged \$28.14	(b) Date of Charge 09/08/2025	(c) Date(s) Credit Card Issuer 09/10/2025 09/10/2025	Paid		
corporate lunus						
7 PAYEE	(a) Payee name Google		(b) Payee address; 1600 Amphitheatre Pky	City,	State,	Zip Code
			Mountain View, CA 94043	3		
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Internet fee			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse	
9 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 \$104.05	(b) Date of Charge 09/08/2025	(c) Date(s) Credit Card Issuer 09/10/2025	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	Amazon		2654 N Hwy 169			
			Coffeyville, KS 67339			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Reni		(b) Description Office supplies			
X Political						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living exper	ıse	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT Expenditure from corporate funds	(a) Amount Charged \$3,500.00	(b) Date of Charge 09/15/2025	(c) Date(s) Credit Card Issuer 09/17/2025	r Paid		
PAYEE	(a) Payee name Friends of Andy Ba	rr	(b) Payee address; 824 S Milledge Ave Ste 101 Athens, GA 30605	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Federal Contribution			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living exper	ıse	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	 Gift/Awards 	rage Expense s/Memorials Expense ces	Polling Expense 7 Printing Expense 7	Travel in District Travel Out of District OTHER (enter a category not list	·
		The Instr	uction Guide explains h	now to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Com	mission Filers)
	Sch: 2/2 Rpt: 8/9	Marchant Good Go	vernment Fund		00088547	
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED		
	ISSUER	see pr	revious	EXPENDITURES CHARGED TO A CREDITURED CARD	⊤ \$	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	 er Paid	
	Expenditure from corporate funds	\$7,000.00	09/15/2025	09/17/2025		
7	PAYEE	(a) Payee name		(b) Payee address;	City, Stat	te, Zip Code
		Cornyn Victory Con	nmittee	PO Box 13026		
				Austin, TX 78711		
8	PURPOSE OF	(a) Category		(b) Description		
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Federal Contribution		
	X Political	Candidate/Officeholde		ee		
	Non-Political	_	of Texas. Complete Schedule		X, officeholder living expense	
9	Complete ONLY if direct	Candidate/Officeholder	·	office sought	Office held	
e	xpenditure to benefit C/OH					

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 08/31/2025 \$12,096.85 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