

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089718		2 Total pages filed: 9	
3 COMMITTEE NAME Marchant Leadership Fund				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/31/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 2125 N Josey Ln Ste 200 Carrollton, TX 75006				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Kenny NICKNAME LAST SUFFIX Marchant Sr.				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 516 Christi Lane Coppell, TX 75019				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 516 Christi Lane Coppell, TX 75019				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 781-4748				
9 REPORT TYPE	☒ Monthly ☐ 10th day after campaign treasurer termination ☐ Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	☐ January 5 ☐ April 5 ☐ July 5 ☐ October 5 ☐ February 5 ☐ May 5 ☐ August 5 ☒ November 5 ☐ March 5 ☐ June 5 ☐ September 5 ☐ December 5				
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09/26/2025 10/25/2025				

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Marchant Leadership Fund		13 Filer ID (Ethics Commission Filers) 00089718	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	
		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. Angie Chen Button State Representative	
	15 CONTRIBUTION TOTALS	1. 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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,000.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,421.35	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,866.62	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00	
16 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Kenny Marchant Sr. _____ Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____, this 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 officer administering oath			

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME Marchant Leadership Fund		13 Filer ID (Ethics Commission Filers) 00089718
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	Sen. Sparks Kevin State Senator
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)
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. David Cook State Representative
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (Identify by name or, if applicable, classify by party.)
	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.)	

SUBTOTALS - MPAC**FORM MPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Marchant Leadership Fund		18 Filer ID (Ethics Commission Filers) 00089718
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,000.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	☐ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
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.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,168.03
11.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5,253.32
14.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/9
2 FILER NAME Marchant Leadership Fund		3 Filer ID (Ethics Commission Filers) 00089718
4 Date 10/03/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Marchant Good Government Fund 6 Contributor address; City; State; Zip Code Carrollton, TX 75006-3016	7 Amount of Contribution (\$) \$25,000.00
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
Credit Card Payment

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 F1: Sch: 1/3 Rpt: 6/9	2 FILER NAME Marchant Leadership Fund	3 Filer ID (Ethics Commission Filers) 00089718
4 Date 10/20/2025	5 Payee name Cattle Raisers PAC	
6 Amount (\$) \$500.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 101988 Fort Worth, TX 76185	
8 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 Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name David Cook for Texas Senate	
Amount (\$) \$2,500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 309 E Broad St Mansfield, TX 76063	
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 TX Senate District 22
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Informed Texans	
Amount (\$) \$2,500.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 9438 Pearsall Dr Houston, TX 77064	
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 Contribution 501 c3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 2/3 Rpt: 7/9	2 FILER NAME Marchant Leadership Fund	3 Filer ID (Ethics Commission Filers) 00089718
4 Date 10/14/2025	5 Payee name Lilia Martinez Campaign	
6 Amount (\$) \$1,000.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 810651 Farmers Branch, TX 75234	
8 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 Farmers Branch City Council
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Mad Man Technology	
Amount (\$) \$168.03 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 1916 Glen Hill Dr Carrollton, TX 75007	
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 IT Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Montague Volunteer Fire Dept	
Amount (\$) \$250.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 131 Montague, TX 76251	
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 Charitable contribution 501 c3
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 3/3 Rpt: 8/9	2 FILER NAME Marchant Leadership Fund	3 Filer ID (Ethics Commission Filers) 00089718
4 Date 10/20/2025	5 Payee name Nocona Volunteer Fire Dept	
6 Amount (\$) \$250.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 55 Nocona, TX 76255	
8 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 Charitable contribution 501 c3
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 9/9		2 FILER NAME Marchant Leadership Fund		3 Filer ID (Ethics Commission Filers) 00089718	
4 CREDIT CARD ISSUER		Name of financial institution Citi		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT ☐ Expenditure from corporate funds		(a) Amount Charged \$2,500.00	(b) Date of Charge 10/03/2025	(c) Date(s) Credit Card Issuer Paid 10/07/2025	
7 PAYEE		(a) Payee name Kevin Sparks Campaign		(b) Payee address; City, State, Zip Code 2600 Mockingbird Ln Midland, TX 79705	
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description TX Senate Dist 31	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT ☐ Expenditure from corporate funds		(a) Amount Charged \$253.32	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 10/24/2025	
PAYEE		(a) Payee name Texas Capitol Gift Shop		(b) Payee address; City, State, Zip Code 1400 Congress Ave Austin, TX 78701	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Mementos/gifts	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT ☐ Expenditure from corporate funds		(a) Amount Charged \$2,500.00	(b) Date of Charge 10/03/2025	(c) Date(s) Credit Card Issuer Paid 10/07/2025	
PAYEE		(a) Payee name Angie Chen Button Campaign		(b) Payee address; City, State, Zip Code 1201 International Pkwy Richardson, TX 75081	
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description TX House 112	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	