FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084132 3 COMMITTEE NAME **OFFICE USE ONLY** Rock Holdings Inc. State PAC Date Received **ELECTRONICALLY FILED** 01/16/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 201 Townsend St Date Hand-delivered or Date Postmarked Ste 900 Change of Address Lansing, MI 48933 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Bill Mr. NAME NICKNAME LAST **SUFFIX Emerson** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1050 Woodward Ave. STREET **ADDRESS** (Residence or Business) Detroit, MI 48226 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1050 Woodward Ave. MAILING **ADDRESS** Detroit, MI 48226 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (888) 452-8179 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Rock Holdings Inc. St	ate PAC		00084132	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Barbara Gervin-Hawkins	State Repres	sentative
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	104,957.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	15,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	82,973.45
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			L	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Bill	Emerson	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, ti	his 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 offic	er administering oath

FORM GPAC ADDENDUM

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						1 490 0 01 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Rock Holdings Inc. State	e PAC			00084132	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Philip Cortez State Repres	entative	
	(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.)				
	COMMITTEE	1. Candidates	A. Supported	Sen. Cesar Blanco State Senat	or	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Janes State School	OI	
	(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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Giovanni Capriglone State	Representative	
	(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.)				
		applicable, classily by party.)				

FORM GPAC ADDENDUM

Page 4 of 19

						Fage 4 01 19
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Rock Holdings Inc. State	e PAC			00084132	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ryan Guillen State Repres	sentative	
	(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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Stan Lambert State Repre	esentative	
	(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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Bryan Hughes State Sena	tor	
	(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.)				
		applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 5 of 19

					1 ago o oi 10
12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	Rock Holdings Inc. State	e PAC			00084132
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Ray Lopez State Represer	ntative
	(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.)			
	COMMITTEE	1. Candidates	A. Supported	Rep. Trey Martinez Fischer Stat	e Representative
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Trop. Troy martinez r tooner eta.	o Nopresentative
	(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.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Rep. Dustin Burrows State Rep.	resentative
	(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.)			
		1	<u> </u>		

FORM GPAC ADDENDUM

Page 6 of 19

						1 ago 0 01 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Rock Holdings Inc. State	e PAC			00084132	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Sen. Jose Menendez State Sen	ator	
	(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.)				
	COMMITTEE	1. Candidates	A. Supported	Sen. Charles Schwertner State	Senator	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			C o a c.	
	(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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sen. Phil King State Senator		
	(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.)				
		1 , , , , , , , , , , , , , , , , ,				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

Page 7 of 19 COMMITTEE NAME COMMITTEE ACTIVITY (Allach lists on plain paper to complete this report if necessary.) 2. Measures (Docrino by date and floored floore
Rock Holdings Inc. State PAC COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Sen. Nathan Johnson State Senator B. Opposed A. Supported B. Opposed B. Opposed B. Opposed B. Opposed
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported Sen. Nathan Johnson State Senator B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted
B. Opposed 3. Officeholders Assisted
3. Officeholders Assisted
Assisted
[dentity by name or, if applicable, classify by party.]
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SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			8 of 19
17 COMMITT	EE NAME lings Inc. State PAC	18 Filer ID 00084132	(Ethics Commission Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 104,957.04
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	1	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 15,000.00
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONEI	ARY POLITICAL CONTR	IBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to compl	ete this for	m.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 9/19	
2	FILER NAME Rock Holding	gs Inc. State PAC			3	Filer ID (Ethics Commission 00084132	Filers)
4	Date 12/28/2023	Fifer, David 6 Contributor address; City; State; Zip Code	te PAC (ID#:)	7	Amount of Contribution (\$)	\$22.70
8		Cohasset, MA 02025 pation / Job title (See Instructions) tor, State Government Affairs	9	Employer (See Instructions Rocket Companies)		
	Date 11/30/2023	Fifer, David Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$22.73
		Cohasset, MA 02025 pation / Job title (See Instructions) tor, State Government Affairs		Employer (See Instructions Rocket Companies)		
	Date 08/25/2023	Full name of contributor out-of-sta Fifer, David Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$22.73
		Cohasset, MA 02025 pation / Job title (See Instructions) tor, State Government Affairs		Employer (See Instructions)		
	Date 09/22/2023		te PAC (ID#:	Rocket Companies		Amount of Contribution (\$)	\$22.73
		pation / Job title (See Instructions) tor, State Government Affairs		Employer (See Instructions Rocket Companies)		
	Date 10/20/2023	Full name of contributor out-of-star Fifer, David Contributor address; City; State; Zip Code Cohasset, MA 02025	te PAC (ID#:			Amount of Contribution (\$)	\$22.73
		pation / Job title (See Instructions) tor, State Government Affairs		Employer (See Instructions Rocket Companies)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 10/19
2	FILER NAME Rock Holding	gs Inc. State PAC			3	Filer ID (Ethics Commission Filers) 00084132
4	Date 07/31/2023	 Full name of contributor out-of-state PAC (ID#: Fifer, David Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$22.73
_	<u> </u>	Cohasset, MA 02025	1.	5 1 (0 1 1 1	<u></u>	
8		pation / Job title (See Instructions) tor, State Government Affairs	9	Employer (See Instructions Rocket Companies	5)	
	Date 09/15/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$40,000.00
	Principal occu	Detroit, MI 48226 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> s)	
	Chairman	,		Rocket Mortgage	,	
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Gilbert, Jennifer Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$40,000.00
	Data dis al acces	Franklin, MI 48025	_	Familia de Constituit de la constituit d	<u></u>	
	Founder	pation / Job title (See Instructions)		Employer (See Instructions Gilbert Family Foundation		
	Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Kramer, Robert Contributor address; City; State; Zip Code Highland Beach, FL 33487				Amount of Contribution (\$) \$23,600.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#: McLean, Allyson Contributor address; City; State; Zip Code Detroit, MI 48201)		Amount of Contribution (\$) \$13.64
		pation / Job title (See Instructions) tor, Government Affairs		Employer (See Instructions Rocket Mortgage	5)	
	Seriioi Biree	C., Cotomicity mans	<u> </u>	. Tooker Mortgage		

	MONET	ARY POLITICAL C	ONTRIBUTIO	N5		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 11/19	
2	FILER NAME Rock Holding	gs Inc. State PAC			3	Filer ID (Ethics Commission 00084132	Filers)
4	Date 10/20/2023	Full name of contributor McLean, Allyson Contributor address; City; Star)	7	Amount of Contribution (\$)	\$13.64
		Detroit, MI 48201	<u>, </u>				
8	•	pation / Job title (See Instructions) tor, Government Affairs	!	Employer (See Instructions Rocket Mortgage	5)		
	Date 07/31/2023	Full name of contributor McLean, Allyson Contributor address; City; Star Detroit, MI 48201	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$13.64
	•	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Senior Direc	tor, Government Affairs		Rocket Mortgage			
	Date 12/28/2023	Full name of contributor [McLean, Allyson Contributor address; City; Star	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$13.60
		Detroit, MI 48201					
	•	pation / Job title (See Instructions) tor, Government Affairs		Employer (See Instructions Rocket Mortgage	s)		
	Date 08/25/2023	Full name of contributor McLean, Allyson Contributor address; City; Star				Amount of Contribution (\$)	\$13.64
	•	Detroit, MI 48201 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Senior Direc	tor, Government Affairs		Rocket Mortgage	_		
	Date 11/30/2023	Full name of contributor McLean, Allyson Contributor address; City; Star Detroit, MI 48201	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$13.64
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Direc	tor, Government Affairs		Rocket Mortgage			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 12/19	
2	FILER NAME Rock Holding	gs Inc. State PAC			3	Filer ID (Ethics Commission 00084132	n Filers)
4	Date 10/20/2023	5 Full name of contributor Robinson, Wendell6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$166.67
8		Mentor , OH 44060 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 11/30/2023	Full name of contributor Robinson, Wendell Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	Rocket Companies		Amount of Contribution (\$)	\$166.67
		Mentor , OH 44060 pation / Job title (See Instructions) tor of Government Affairs		Employer (See Instructions Rocket Companies	<u>;</u>)		
	Date 08/25/2023	Full name of contributor Robinson, Wendell Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$166.67
	Principal occu	Mentor , OH 44060 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Direct	tor of Government Affairs		Rocket Companies			
	Date 07/31/2023	Full name of contributor Robinson, Wendell Contributor address; City; Sta Mentor , OH 44060	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$166.67
		pation / Job title (See Instructions) tor of Government Affairs		Employer (See Instructions Rocket Companies)		
	Date 12/28/2023	Full name of contributor Robinson, Wendell Contributor address; City; Sta Mentor , OH 44060	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$166.66
		pation / Job title (See Instructions) tor of Government Affairs		Employer (See Instructions Rocket Companies	<u>.</u>		
			<u> </u>				

	MONEI	ARY POLITICAL CONTRIBUTION	JΝ	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	forr	n.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 13/19	
2	FILER NAME Rock Holding	gs Inc. State PAC			3	Filer ID (Ethics Commission 00084132	n Filers)
4	Date 09/22/2023	 5 Full name of contributor out-of-state PAC (ID#:_Robinson, Wendell 6 Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$166.66
8	Principal occu	Mentor , OH 44060 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)		
	Senior Direct	tor of Government Affairs		Rocket Companies			
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_ Torres, Lisette Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$27.77
		Redwood City, CA 94061	_		_		
		pation / Job title (See Instructions) tate Government and External Affairs		Employer (See Instructions Rocket Companies	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	,		Amount of Contribution (\$)	
	08/25/2023	Torres, Lisette Contributor address; City; State; Zip Code				y another of containing the containi	\$27.78
		Redwood City, CA 94061					
		pation / Job title (See Instructions) tate Government and External Affairs		Employer (See Instructions Rocket Companies)		
	Date 09/22/2023	Full name of contributor out-of-state PAC (ID#:_ Torres, Lisette Contributor address; City; State; Zip Code Redwood City, CA 94061				Amount of Contribution (\$)	\$27.78
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Director of S	tate Government and External Affairs		Rocket Companies			
	Date 07/31/2023	Full name of contributor out-of-state PAC (ID#:_ Torres, Lisette Contributor address; City; State; Zip Code Redwood City, CA 94061				Amount of Contribution (\$)	\$27.78
		pation / Job title (See Instructions)		Employer (See Instructions	()		
_	Director of S	tate Government and External Affairs	\perp	Rocket Companies			

	MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1			
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 6/6 Rpt: 14/19		
2	FILER NAME Rock Holdings Inc. State PAC	3 Filer ID (Ethics Commission Filers) 00084132		
4	Date 10/20/2023 5 Full name of contributor out-of-state PAC (ID#:) Torres, Lisette 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$27.78		
8	Redwood City, CA 94061 Principal occupation / Job title (See Instructions) Director of State Government and External Affairs Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions)	ons)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: Sch: 1/5 Rpt: 15/19	2 FILER NAME3 Filer ID(Ethics Commission Filers)Rock Holdings Inc. State PAC00084132			
4 Date	5. Dougo nama			
08/30/2023	5 Payee name Barbara Gervin-Hawkins Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$750.00	P.O. Box 39602			
·				
Expenditure from corporate funds	San Antonio, TX 78218			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXI ENDITORE	Candidate/Officeholder/Political Committee			
	Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/30/2023	Cesar Blanco Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
` ′				
\$1,000.00	P.O. Box 27074			
Expenditure from				
corporate funds	El Paso, TX 79926			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF				
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense			
	Contribution			
Operation ONLY if allowed	On alidate (Office hadden grown of the country of t			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
·				
Date	Payee name			
08/30/2023	Dustin Burrows Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,500.00	P.O. Box 2569			
φ1,500.00	1 .O. DOX 2303			
Expenditure from				
corporate funds	Lubbock, TX 79408			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense			
	Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O	•			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By 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:			
Sch: 2/5 Rpt: 16/19	Rock Holdings Inc. State PAC 00084132		
4 Date	5 Payee name		
08/30/2023	Giovanni Capriglone Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,500.00	PO Box 92007		
Expenditure from corporate funds	Southlake, TX 76092		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
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		
08/30/2023	Jose Menendez Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 100833		
Expenditure from corporate funds	San Antonio, TX 78201		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
EXI ENDITORE	Candidate/Officeholder/Political Committee		
	Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experientare to benefit 6/01			
Date	Payee name		
08/30/2023	Nathan Johnson Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	P.O. Box 670994		
Expenditure from corporate funds	Dallas, TX 75367		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Candidate/Officeholder/Political Committee		
	Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in 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: 3/5 Rpt: 17/19	Rock Holdings Inc. State PAC 00084132
4 Date	5 Payee name
08/30/2023	Phil King Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	P.O. Box 1913
Expenditure from	
corporate funds	Weatherford, TX 76086
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Contribution
	Sofialbatton
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/30/2023	Philip Cortez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	7919 Liberty Island
Expenditure from	
corporate funds	San Antonio, TX 78227
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin TV, officeholder living expenses
	Candidate/Officeholder/Political Committee Contribution
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
08/30/2023	Ray Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$750.00	7015 Quiet Ridge Walk
Expenditure from	
corporate funds	San Antonio, TX 78250
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Contributions/Donations
	Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution
	Sommadon.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in 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: 4/5 Rpt: 18/19	Rock Holdings Inc. State PAC 00084132			
4 Date	5 Payee name			
08/30/2023	Ryan Guillen Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$750.00	P.O. Box 1024			
Expenditure from corporate funds	Austin, TX 78767			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXI ENDITORE	Candidate/Officeholder/Political Committee			
	Contribution			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/30/2023	Texans for Charles Schwertner			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,250.00	P.O Box 2448			
. ,				
Expenditure from corporate funds	Georgetown, TX 78627			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee			
	Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experientare to benefit ere				
Date	Payee name			
08/30/2023	Texans for Stan Lambert			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,250.00	P.O. Box 3752			
Expenditure from corporate funds	Abilene, TX 79604			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Continuuton			
Occupation Children	Open districts (Office health a group of the seconds)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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

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

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: 5/5 Rpt: 19/19	Rock Holdings Inc. State PAC 00084132
4 Date	5 Payee name
08/30/2023	The Bryan Hughes Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,250.00	110 North College Avenue
	Suite 207
Expenditure from corporate funds	Tyler, TX 75702
·	To a second seco
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) 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 expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
08/30/2023	Trey Martinez Fischer Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,250.00	104 Babcock Rd
	Ste 107
Expenditure from corporate funds	San Antonio , TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	