

# 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<br>(Ethics Commission Filers)<br>00087104 |  | 2 Total pages filed:<br>10                                                                                                                                                            |  |
| 3 COMMITTEE NAME<br>Enchanted Rock Holdings, LLC. Employee Political Action Committee |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>09/05/2025<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount<br><br>Date Processed<br><br>Date Imaged |  |
| 4 COMMITTEE ADDRESS                                                                   | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>1113 Vine St Ste 101<br><br>Houston, TX 77002                                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                                       |  |
| 5 CAMPAIGN TREASURER NAME                                                             | MS / MRS / MR FIRST MI<br>Mr. Joel<br><br>NICKNAME LAST SUFFIX<br>Yu                                                                                                                                                                                                                                                                                                                                                                       |                                                      |  |                                                                                                                                                                                       |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                        | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1113 Vine St Ste 101<br><br>Houston, TX 77002                                                                                                                                                                                                                                                                                                                   |                                                      |  |                                                                                                                                                                                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                                                  | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1113 Vine St Ste 101<br><br>Houston, TX 77002                                                                                                                                                                                                                                                                                                                            |                                                      |  |                                                                                                                                                                                       |  |
| 8 CAMPAIGN TREASURER PHONE                                                            | AREA CODE PHONE NUMBER EXTENSION<br>(713) 440-9967                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                                       |  |
| 9 REPORT TYPE                                                                         | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                                       |  |
| 10 MONTHLY REPORT FILING DEADLINE                                                     | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5 |                                                      |  |                                                                                                                                                                                       |  |
| 11 PERIOD COVERED                                                                     | Month Day Year    THROUGH    Month Day Year<br>07/26/2025    08/25/2025                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                                       |  |

GO TO PAGE 2

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

|                                                                                               |                                                           |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Enchanted Rock Holdings, LLC. Employee Political Action Committee | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00087104 |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                         |                                                                                              |              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |
|                                                                                                         |                                                                                              |              |

|                               |                                                                                                                                                                                                                                                   |             |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00     |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                                                                                                                    | \$ 1,005.54 |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                                                                                                                                 | \$ 0.00     |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                                                                                                                            | \$ 0.00     |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                                     | \$ 9,097.98 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                              | \$ 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.

Mr. Joel Yu

\_\_\_\_\_  
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

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 10

|                                                                                               |                                                                                                                   |                                                           |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Enchanted Rock Holdings, LLC. Employee Political Action Committee |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00087104 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                              |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                                                            | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 753.03                                                 |
| 2.                                                                                            | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$                                                        |
| 3.                                                                                            | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                        | \$                                                        |
| 4.                                                                                            | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                                                        |
| 5.                                                                                            | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                                                        |
| 6.                                                                                            | <input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION          | \$ 52.51                                                  |
| 7.                                                                                            | <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION      | \$ 200.00                                                 |
| 8.                                                                                            | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 9.                                                                                            | <input type="checkbox"/> SCHEDULE E: LOANS                                                                        | \$                                                        |
| 10.                                                                                           | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                         | \$                                                        |
| 11.                                                                                           | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                 | \$                                                        |
| 12.                                                                                           | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 13.                                                                                           | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                            | \$                                                        |
| 14.                                                                                           | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                                                        |
| 15.                                                                                           | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                                                        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                          |                                                                                                                                                                                                     |                                                          |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                         |                                                                                                                                                                                                     | <b>1</b> Total pages Schedule A1:<br>Sch: 1/5 Rpt: 4/10  |
| <b>2</b> FILER NAME<br>Enchanted Rock Holdings, LLC. Employee Political Action Committee |                                                                                                                                                                                                     | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087104 |
| <b>4</b> Date<br>07/29/2025                                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bowen, Gregory<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77479 | <b>7</b> Amount of Contribution (\$)<br><br>\$15.45      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP, Sector               |                                                                                                                                                                                                     | <b>9</b> Employer (See Instructions)                     |
| Date<br>07/30/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bowen, Gregory<br><hr/> Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77479                   | Amount of Contribution (\$)<br><br>\$15.45               |
| Principal occupation / Job title (See Instructions)<br>VP, Sector                        |                                                                                                                                                                                                     | Employer (See Instructions)                              |
| Date<br>08/15/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bowen, Gregory<br><hr/> Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77479                   | Amount of Contribution (\$)<br><br>\$15.45               |
| Principal occupation / Job title (See Instructions)<br>VP, Sector                        |                                                                                                                                                                                                     | Employer (See Instructions)                              |
| Date<br>07/29/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bowron, Joshua<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77092                      | Amount of Contribution (\$)<br><br>\$79.41               |
| Principal occupation / Job title (See Instructions)<br>VP, Structuring                   |                                                                                                                                                                                                     | Employer (See Instructions)                              |
| Date<br>07/30/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bowron, Joshua<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77092                      | Amount of Contribution (\$)<br><br>\$79.41               |
| Principal occupation / Job title (See Instructions)<br>VP, Structuring                   |                                                                                                                                                                                                     | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                          |                                                                                                                                                                                                  |                                                          |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                         |                                                                                                                                                                                                  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/5 Rpt: 5/10  |
| <b>2</b> FILER NAME<br>Enchanted Rock Holdings, LLC. Employee Political Action Committee |                                                                                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087104 |
| <b>4</b> Date<br>08/15/2025                                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bowron, Joshua<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77092 | <b>7</b> Amount of Contribution (\$)<br><br>\$79.41      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP, Structuring          |                                                                                                                                                                                                  | <b>9</b> Employer (See Instructions)                     |
| Date<br>07/29/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cashell, Robert<br><hr/> Contributor address; City; State; Zip Code<br><br>Colorado Springs, CO 80920         | Amount of Contribution (\$)<br><br>\$42.59               |
| Principal occupation / Job title (See Instructions)<br>Director, Asset Management        |                                                                                                                                                                                                  | Employer (See Instructions)                              |
| Date<br>07/30/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cashell, Robert<br><hr/> Contributor address; City; State; Zip Code<br><br>Colorado Springs, CO 80920         | Amount of Contribution (\$)<br><br>\$42.59               |
| Principal occupation / Job title (See Instructions)<br>Director, Asset Management        |                                                                                                                                                                                                  | Employer (See Instructions)                              |
| Date<br>08/15/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cashell, Robert<br><hr/> Contributor address; City; State; Zip Code<br><br>Colorado Springs, CO 80920         | Amount of Contribution (\$)<br><br>\$42.59               |
| Principal occupation / Job title (See Instructions)<br>Director, Asset Management        |                                                                                                                                                                                                  | Employer (See Instructions)                              |
| Date<br>07/29/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cooley, Harrison<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77063                 | Amount of Contribution (\$)<br><br>\$16.52               |
| Principal occupation / Job title (See Instructions)<br>Analyst, Structuring              |                                                                                                                                                                                                  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                          |                                                                                                                                                                                                    |                                                          |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                         |                                                                                                                                                                                                    | <b>1</b> Total pages Schedule A1:<br>Sch: 3/5 Rpt: 6/10  |
| <b>2</b> FILER NAME<br>Enchanted Rock Holdings, LLC. Employee Political Action Committee |                                                                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087104 |
| <b>4</b> Date<br>07/30/2025                                                              | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cooley, Harrison<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77063 | <b>7</b> Amount of Contribution (\$)<br><br>\$16.52      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Analyst, Structuring     |                                                                                                                                                                                                    | <b>9</b> Employer (See Instructions)                     |
| Date<br>08/15/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cooley, Harrison<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77063                   | Amount of Contribution (\$)<br><br>\$16.52               |
| Principal occupation / Job title (See Instructions)<br>Analyst, Structuring              |                                                                                                                                                                                                    | Employer (See Instructions)                              |
| Date<br>07/29/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Maness, Clifford<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77018                   | Amount of Contribution (\$)<br><br>\$0.03                |
| Principal occupation / Job title (See Instructions)<br>Director, Solutions Engineering   |                                                                                                                                                                                                    | Employer (See Instructions)                              |
| Date<br>07/30/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Maness, Clifford<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77018                   | Amount of Contribution (\$)<br><br>\$0.03                |
| Principal occupation / Job title (See Instructions)<br>Director, Solutions Engineering   |                                                                                                                                                                                                    | Employer (See Instructions)                              |
| Date<br>08/15/2025                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Maness, Clifford<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77018                   | Amount of Contribution (\$)<br><br>\$0.03                |
| Principal occupation / Job title (See Instructions)<br>Director, Solutions Engineering   |                                                                                                                                                                                                    | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                           |                                                                                                                                                                                                |                                                          |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                          |                                                                                                                                                                                                | <b>1</b> Total pages Schedule A1:<br>Sch: 4/5 Rpt: 7/10  |
| <b>2</b> FILER NAME<br>Enchanted Rock Holdings, LLC. Employee Political Action Committee  |                                                                                                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087104 |
| <b>4</b> Date<br>07/29/2025                                                               | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schurr, Allan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Spring, TX 77381 | <b>7</b> Amount of Contribution (\$)<br><br>\$41.67      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Officer, Chief Commercial |                                                                                                                                                                                                | <b>9</b> Employer (See Instructions)                     |
| Date<br>07/30/2025                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schurr, Allan<br><hr/> Contributor address; City; State; Zip Code<br><br>Spring, TX 77381                   | Amount of Contribution (\$)<br><br>\$41.67               |
| Principal occupation / Job title (See Instructions)<br>Officer, Chief Commercial          |                                                                                                                                                                                                | Employer (See Instructions)                              |
| Date<br>08/15/2025                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schurr, Allan<br><hr/> Contributor address; City; State; Zip Code<br><br>Spring, TX 77381                   | Amount of Contribution (\$)<br><br>\$41.67               |
| Principal occupation / Job title (See Instructions)<br>Officer, Chief Commercial          |                                                                                                                                                                                                | Employer (See Instructions)                              |
| Date<br>07/29/2025                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Yu, Joel<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78739                        | Amount of Contribution (\$)<br><br>\$55.34               |
| Principal occupation / Job title (See Instructions)<br>VP, Policy & Regulatory Affairs    |                                                                                                                                                                                                | Employer (See Instructions)                              |
| Date<br>07/30/2025                                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Yu, Joel<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78739                        | Amount of Contribution (\$)<br><br>\$55.34               |
| Principal occupation / Job title (See Instructions)<br>VP, Policy & Regulatory Affairs    |                                                                                                                                                                                                | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                                                 |                                                                                                                                                                                           |                                                          |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                |                                                                                                                                                                                           | <b>1</b> Total pages Schedule A1:<br>Sch: 5/5 Rpt: 8/10  |
| <b>2</b> FILER NAME<br>Enchanted Rock Holdings, LLC. Employee Political Action Committee        |                                                                                                                                                                                           | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087104 |
| <b>4</b> Date<br>08/15/2025                                                                     | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Yu, Joel<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78739 | <b>7</b> Amount of Contribution (\$)<br><br>\$55.34      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP, Policy & Regulatory Affairs |                                                                                                                                                                                           | <b>9</b> Employer (See Instructions)                     |

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C3**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C3:  
Sch: 1/1 Rpt: 9/10

2 FILER NAME  
Enchanted Rock Holdings, LLC. Employee Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00087104

4 Date  
08/05/2025

5 Corporation / Labor Organization name  
Enchanted Rock Holdings, LLC

6 Amount (\$)  
52.51

# NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C4**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C4:  
Sch: 1/1 Rpt: 10/10

2 FILER NAME

Enchanted Rock Holdings, LLC. Employee Political Action Committee

3 Filer ID (Ethics Commission Filers)  
00087104

4 Date

08/25/2025

5 Corporation / Labor Organization name

Enchanted Rock Holdings, LLC

6 Amount (\$)

200.00