

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00087104		2 Total pages filed: 10		OFFICE USE ONLY	
3 COMMITTEE NAME Enchanted Rock Holdings, LLC. Employee Political Action Committee				Date Received ELECTRONICALLY FILED 12/05/2025	
4 TREASURER NAME Yu, Joel (Mr.)				Date Hand-delivered or Date Postmarked	
5 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input checked="" type="checkbox"/> Other (specify) <u>November 5</u>	
6 ORIGINAL PERIOD COVERED		Month Day Year 09/26/2025		Month Day Year THROUGH 10/25/2025	
				Receipt # Amount	
				Date Processed	
				Date Imaged	

7 EXPLANATION OF CORRECTION

The attached corrects the report as originally filed as follows: add entry dated 10/14/2025 to Schedule F1; add same name to Cover Sheet Page 2, Box 14.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☐ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00087104		2 Total pages filed: 10	
3 COMMITTEE NAME Enchanted Rock Holdings, LLC. Employee Political Action Committee				OFFICE USE ONLY Date Received ELECTRONICALLY FILED 12/05/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 1113 Vine St Ste 101 Houston, TX 77002				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Joel NICKNAME LAST SUFFIX Yu				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1113 Vine St Ste 101 Houston, TX 77002				
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1113 Vine St Ste 101 Houston, TX 77002				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (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 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input checked="" type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> 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 Enchanted Rock Holdings, LLC. Employee Political Action Committee	13 Filer ID (Ethics Commission Filers) 00087104
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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 Greg Abbott Governor
		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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> 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)	\$ 5,852.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,102.02
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.

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
4 of 10

17 COMMITTEE NAME Enchanted Rock Holdings, LLC. Employee Political Action Committee		18 Filer ID (Ethics Commission Filers) 00087104
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,502.02
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	\$ 50.83
7.	<input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 300.00
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,000.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 5/10
2 FILER NAME Enchanted Rock Holdings, LLC. Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00087104
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amthor, Corey 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer, Enchanted Rock		9 Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Gregory Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$15.45
Principal occupation / Job title (See Instructions) VP, Sector		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowen, Gregory Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$15.45
Principal occupation / Job title (See Instructions) VP, Sector		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowron, Joshua Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$79.41
Principal occupation / Job title (See Instructions) VP, Structuring		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowron, Joshua Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$79.41
Principal occupation / Job title (See Instructions) VP, Structuring		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 6/10
2 FILER NAME Enchanted Rock Holdings, LLC. Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00087104
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashell, Robert <hr/> 6 Contributor address; City; State; Zip Code Colorado Springs, CO 80920	7 Amount of Contribution (\$) \$42.59
8 Principal occupation / Job title (See Instructions) Director, Asset Management		9 Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashell, Robert <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80920	Amount of Contribution (\$) \$42.59
Principal occupation / Job title (See Instructions) Director, Asset Management		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Harrison <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$16.52
Principal occupation / Job title (See Instructions) Analyst, Structuring		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Harrison <hr/> Contributor address; City; State; Zip Code Houston, TX 77063	Amount of Contribution (\$) \$16.52
Principal occupation / Job title (See Instructions) Analyst, Structuring		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maness, Clifford <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$0.03
Principal occupation / Job title (See Instructions) Director, Solutions Engineering		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 7/10
2 FILER NAME Enchanted Rock Holdings, LLC. Employee Political Action Committee		3 Filer ID (Ethics Commission Filers) 00087104
4 Date 10/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maness, Clifford <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77018	7 Amount of Contribution (\$) \$0.03
8 Principal occupation / Job title (See Instructions) Director, Solutions Engineering		9 Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schurr, Allan <hr/> Contributor address; City; State; Zip Code Spring, TX 77381	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Officer, Chief Commercial		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schurr, Allan <hr/> Contributor address; City; State; Zip Code Spring, TX 77381	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Officer, Chief Commercial		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yu, Joel <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$55.34
Principal occupation / Job title (See Instructions) VP, Policy & Regulatory Affairs		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yu, Joel <hr/> Contributor address; City; State; Zip Code Austin, TX 78739	Amount of Contribution (\$) \$55.34
Principal occupation / Job title (See Instructions) VP, Policy & Regulatory Affairs		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: 8/10

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

3 Filer ID (Ethics Commission Filers)
00087104

4 Date
10/05/2025

5 Corporation / Labor Organization name
Enchanted Rock Holdings, LLC

6 Amount (\$)
50.83

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: 9/10

2 FILER NAME

Enchanted Rock Holdings, LLC. Employee Political Action Committee

3 Filer ID (Ethics Commission Filers)
00087104

4 Date

10/25/2025

5 Corporation / Labor Organization name

Enchanted Rock Holdings, LLC

6 Amount (\$)

300.00

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: 1/1 Rpt: 10/10	2 FILER NAME Enchanted Rock Holdings, LLC. Employee Political Action	3 Filer ID (Ethics Commission Filers) 00087104
4 Date 10/14/2025	5 Payee name Abbott Campaign, Greg	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 308 Austin, TX 78767	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held