

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084132	2 Total pages filed: 18
3 COMMITTEE NAME Rock Holdings Inc. State PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/08/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 201 Townsend St Ste 900 Lansing, MI 48933		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Bill NICKNAME LAST SUFFIX Emerson		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1050 Woodward Ave. Detroit, MI 48226		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1050 Woodward Ave. Detroit, MI 48226		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (888) 452-8179		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Rock Holdings Inc. State PAC		13 Filer ID (Ethics Commission Filers) 00084132	
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 Rep. Alan Schoolcraft State Representative	
		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
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 179,612.88
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 12,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 180,526.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00
16 AFFIDAVIT <p>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.</p> <p style="text-align: right;">Mr. Bill Emerson _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>			

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 18

12 COMMITTEE NAME Rock Holdings Inc. State PAC		13 Filer ID (Ethics Commission Filers) 00084132
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 Rep. Richard Hayes State Representative
		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 (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.)		
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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 4 of 18

12 COMMITTEE NAME Rock Holdings Inc. State PAC		13 Filer ID (Ethics Commission Filers) 00084132
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 Rep. Dustin Burrows State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Ryan Guillen State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Mihaela Plesa State Representative
		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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 5 of 18

12 COMMITTEE NAME Rock Holdings Inc. State PAC		13 Filer ID (Ethics Commission Filers) 00084132
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 Rep. Benjamin Bumgarner State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. Ramon Romero State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Rep. John Bucy State Representative
		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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 6 of 18

12 COMMITTEE NAME Rock Holdings Inc. State PAC		13 Filer ID (Ethics Commission Filers) 00084132
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 Rep. Nathaniel Parker State Representative
		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 - GPAC**FORM GPAC**
COVER SHEET PG 3
7 of 18

17 COMMITTEE NAME Rock Holdings Inc. State PAC		18 Filer ID (Ethics Commission Filers) 00084132
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 179,612.88
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 type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
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	\$ 12,500.00
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: 1/7 Rpt: 8/18
2 FILER NAME Rock Holdings Inc. State PAC		3 Filer ID (Ethics Commission Filers) 00084132
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banfield, Bill <hr/> 6 Contributor address; City; State; Zip Code Detroit, MI 48226	7 Amount of Contribution (\$) \$28,500.00
8 Principal occupation / Job title (See Instructions) Chief Risk Officer		9 Employer (See Instructions) Rocket Mortgage
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comensky, Carrie <hr/> Contributor address; City; State; Zip Code Detroit, MI 48226	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) Director, Strategic Community Outreach		Employer (See Instructions) Bedrock Detroit
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comensky, Carrie <hr/> Contributor address; City; State; Zip Code Detroit, MI 48226	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Director, Strategic Community Outreach		Employer (See Instructions) Bedrock Detroit
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comensky, Carrie <hr/> Contributor address; City; State; Zip Code Detroit, MI 48226	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Director, Strategic Community Outreach		Employer (See Instructions) Bedrock Detroit
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comensky, Carrie <hr/> Contributor address; City; State; Zip Code Detroit, MI 48226	Amount of Contribution (\$) \$8.34
Principal occupation / Job title (See Instructions) Director, Strategic Community Outreach		Employer (See Instructions) Bedrock Detroit

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 9/18
2 FILER NAME Rock Holdings Inc. State PAC		3 Filer ID (Ethics Commission Filers) 00084132
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisenshtadt, Jeff <hr/> 6 Contributor address; City; State; Zip Code Detroit, MI 48226	7 Amount of Contribution (\$) \$48,900.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Amrock Holdings
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emerson, Bill <hr/> Contributor address; City; State; Zip Code Detroit, MI 48226	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions) Former President		Employer (See Instructions) Rocket Companies
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fifer, David <hr/> Contributor address; City; State; Zip Code Cohasset, MA 02025	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Senior Director, State Government Affairs		Employer (See Instructions) Rocket Companies
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fifer, David <hr/> Contributor address; City; State; Zip Code Cohasset, MA 02025	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Senior Director, State Government Affairs		Employer (See Instructions) Rocket Companies
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fifer, David <hr/> Contributor address; City; State; Zip Code Cohasset, MA 02025	Amount of Contribution (\$) \$41.66
Principal occupation / Job title (See Instructions) Senior Director, State Government Affairs		Employer (See Instructions) Rocket Companies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 10/18
2 FILER NAME Rock Holdings Inc. State PAC		3 Filer ID (Ethics Commission Filers) 00084132
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fifer, David <hr/> 6 Contributor address; City; State; Zip Code Cohasset, MA 02025	7 Amount of Contribution (\$) \$41.67
8 Principal occupation / Job title (See Instructions) Senior Director, State Government Affairs		9 Employer (See Instructions) Rocket Companies
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fifer, David <hr/> Contributor address; City; State; Zip Code Cohasset, MA 02025	Amount of Contribution (\$) \$41.67
Principal occupation / Job title (See Instructions) Senior Director, State Government Affairs		Employer (See Instructions) Rocket Companies
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fifer, David <hr/> Contributor address; City; State; Zip Code Cohasset, MA 02025	Amount of Contribution (\$) \$41.66
Principal occupation / Job title (See Instructions) Senior Director, State Government Affairs		Employer (See Instructions) Rocket Companies
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Gary <hr/> Contributor address; City; State; Zip Code Beverly Hills, CA 90210	Amount of Contribution (\$) \$30,000.00
Principal occupation / Job title (See Instructions) Film Producer		Employer (See Instructions) Gilbert Films
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramer, Robert <hr/> Contributor address; City; State; Zip Code Highland Beach, FL 33487	Amount of Contribution (\$) \$22,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 11/18
2 FILER NAME Rock Holdings Inc. State PAC		3 Filer ID (Ethics Commission Filers) 00084132
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahfouz, Angela <hr/> 6 Contributor address; City; State; Zip Code Lincoln Park, MI 48146	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Director, State Government and External Affairs		9 Employer (See Instructions) Rocket Companies
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahfouz, Angela <hr/> Contributor address; City; State; Zip Code Lincoln Park, MI 48146	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director, State Government and External Affairs		Employer (See Instructions) Rocket Companies
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahfouz, Angela <hr/> Contributor address; City; State; Zip Code Lincoln Park, MI 48146	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director, State Government and External Affairs		Employer (See Instructions) Rocket Companies
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahfouz, Angela <hr/> Contributor address; City; State; Zip Code Lincoln Park, MI 48146	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director, State Government and External Affairs		Employer (See Instructions) Rocket Companies
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahfouz, Angela <hr/> Contributor address; City; State; Zip Code Lincoln Park, MI 48146	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Director, State Government and External Affairs		Employer (See Instructions) Rocket Companies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 12/18
2 FILER NAME Rock Holdings Inc. State PAC		3 Filer ID (Ethics Commission Filers) 00084132
4 Date 12/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahfouz, Angela <hr/> 6 Contributor address; City; State; Zip Code Lincoln Park, MI 48146	7 Amount of Contribution (\$) \$12.50
8 Principal occupation / Job title (See Instructions) Director, State Government and External Affairs		9 Employer (See Instructions) Rocket Companies
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandell, Richard <hr/> Contributor address; City; State; Zip Code Bloomfield Hills, MI 48302	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Quicken Loans
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Allyson <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Senior Director, Government Affairs		Employer (See Instructions) Rocket Mortgage
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Allyson <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Senior Director, Government Affairs		Employer (See Instructions) Rocket Mortgage
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Allyson <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) Senior Director, Government Affairs		Employer (See Instructions) Rocket Mortgage

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 13/18
2 FILER NAME Rock Holdings Inc. State PAC		3 Filer ID (Ethics Commission Filers) 00084132
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Allyson <hr/> 6 Contributor address; City; State; Zip Code Detroit, MI 48201	7 Amount of Contribution (\$) \$16.67
8 Principal occupation / Job title (See Instructions) Senior Director, Government Affairs		9 Employer (See Instructions) Rocket Mortgage
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Allyson <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201	Amount of Contribution (\$) \$16.67
Principal occupation / Job title (See Instructions) Senior Director, Government Affairs		Employer (See Instructions) Rocket Mortgage
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Allyson <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201	Amount of Contribution (\$) \$16.66
Principal occupation / Job title (See Instructions) Senior Director, Government Affairs		Employer (See Instructions) Rocket Mortgage
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Robert <hr/> Contributor address; City; State; Zip Code Detroit, MI 48226	Amount of Contribution (\$) \$4,200.00
Principal occupation / Job title (See Instructions) President & COO		Employer (See Instructions) Quicken Loans
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Brian <hr/> Contributor address; City; State; Zip Code Detroit, MI 48226	Amount of Contribution (\$) \$9.09
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Rock Central

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 14/18
2 FILER NAME Rock Holdings Inc. State PAC		3 Filer ID (Ethics Commission Filers) 00084132
4 Date 08/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Brian 6 Contributor address; City; State; Zip Code Detroit, MI 48226	7 Amount of Contribution (\$) \$9.09
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Rock Central
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Brian Contributor address; City; State; Zip Code Detroit, MI 48226	Amount of Contribution (\$) \$9.09
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Rock Central
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Brian Contributor address; City; State; Zip Code Detroit, MI 48226	Amount of Contribution (\$) \$9.09
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Rock Central
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Brian Contributor address; City; State; Zip Code Detroit, MI 48226	Amount of Contribution (\$) \$9.09
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Rock Central
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Brian Contributor address; City; State; Zip Code Detroit, MI 48226	Amount of Contribution (\$) \$9.09
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Rock Central

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: 1/4 Rpt: 15/18	2 FILER NAME Rock Holdings Inc. State PAC	3 Filer ID (Ethics Commission Filers) 00084132
4 Date 12/29/2025	5 Payee name Alan L. Schoolcraft Campaign	
6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8647 FM 725 McQueeney, TX 78123	
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 Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Benjamin C. Bumgarner Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5150 Kensington Ct. Flower Mound, TX 75022	
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 Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Dustin R. Burrows Campaign	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2569 Lubbock, TX 79408	
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 Contribution
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: 2/4 Rpt: 16/18	2 FILER NAME Rock Holdings Inc. State PAC	3 Filer ID (Ethics Commission Filers) 00084132
4 Date 12/29/2025	5 Payee name Janis A. Holt Campaign	
6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 1311 Silsbee, TX 77656	
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 Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/29/2025	Candidate/Officeholder name John H. Bucy Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought P.O. Box 536 Austin, TX 78767	
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 Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/29/2025	Candidate/Officeholder name Mihaela E. Plesa Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 796311 Dallas, TX 75248	
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 Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 3/4 Rpt: 17/18	2 FILER NAME Rock Holdings Inc. State PAC	3 Filer ID (Ethics Commission Filers) 00084132
4 Date 12/29/2025	5 Payee name Nathaniel W. Parker Campaign	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 271741 Flower Mound, TX 75027	
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 Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Ramon Romero Campaign	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 181 Fort Worth, TX 76101	
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 Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Richard D. Hayes Campaign	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1225 Sycamore Bend Rd. Hickory Creek, TX 75065	
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 Contribution
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: 4/4 Rpt: 18/18	2 FILER NAME Rock Holdings Inc. State PAC	3 Filer ID (Ethics Commission Filers) 00084132
--	---	--

4 Date 12/29/2025	5 Payee name Ryan A. Guillen Campaign
-----------------------------	---

6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 1024 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 Contribution
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 12/29/2025	Payee name Todd A. Hunter Campaign
--------------------	---------------------------------------

Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 445 Cape Henry Corpus Christi, TX 78412
--	--

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 Contribution
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--