

**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		<b>OFFICE USE ONLY</b> <p>Date Received ELECTRONICALLY FILED 01/08/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>			
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 Mr. FIRST Bill  NICKNAME LAST Emerson SUFFIX			MI	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1050 Woodward Ave.  Detroit, MI 48226	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 1050 Woodward Ave.  Detroit, MI 48226	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (888) 452-8179	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" 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"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other	

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**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Rock Holdings Inc. State PAC		<b>13 FILER ID</b> (Ethics Commission Filers) 00084132
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>15 CONTRIBUTION TOTALS</b>	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
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 179,612.88
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 12,500.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 180,526.81
<b>OUTSTANDING LOAN TOTALS</b>	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. Bill Emerson

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

**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE**

**FORM GPAC  
ADDENDUM**

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<b>12 COMMITTEE NAME</b> Rock Holdings Inc. State PAC		<b>13 FILER ID</b> (Ethics Commission Filers) 00084132
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>COMMITTEE ACTIVITY</b>  (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. Janis Holt 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.)	
<b>COMMITTEE ACTIVITY</b>  (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. Todd Hunter 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**

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<b>12 COMMITTEE NAME</b> Rock Holdings Inc. State PAC		<b>13 FILER ID</b> (Ethics Commission Filers) 00084132	
<b>14 COMMITTEE ACTIVITY</b>  (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.)		
	<b>COMMITTEE ACTIVITY</b>  (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.)			
<b>COMMITTEE ACTIVITY</b>  (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**

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<b>12 COMMITTEE NAME</b> Rock Holdings Inc. State PAC		<b>13 FILER ID</b> (Ethics Commission Filers) 00084132
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>COMMITTEE ACTIVITY</b>  (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.)	
<b>COMMITTEE ACTIVITY</b>  (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**

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<b>12 COMMITTEE NAME</b> Rock Holdings Inc. State PAC		<b>13 Filer ID</b> (Ethics Commission Filers) 00084132
<b>14 COMMITTEE ACTIVITY</b>  (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**  
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<b>17</b> COMMITTEE NAME Rock Holdings Inc. State PAC	<b>18</b> Filer ID (Ethics Commission Filers) 00084132
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/7 Rpt: 8/18
<b>2</b> FILER NAME Rock Holdings Inc. State PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00084132
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banfield, Bill	<b>7</b> Amount of Contribution (\$) \$28,500.00
	<b>6</b> Contributor address; City; State; Zip Code  Detroit, MI 48226	
<b>8</b> Principal occupation / Job title (See Instructions) Chief Risk Officer		<b>9</b> Employer (See Instructions) Rocket Mortgage
<b>Date</b> 09/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Comensky, Carrie	<b>Amount of Contribution (\$)</b> \$8.34
	<b>Contributor address; City; State; Zip Code</b>  Detroit, MI 48226	
<b>Principal occupation / Job title (See Instructions)</b> Director, Strategic Community Outreach		<b>Employer (See Instructions)</b> Bedrock Detroit
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Comensky, Carrie	<b>Amount of Contribution (\$)</b> \$8.33
	<b>Contributor address; City; State; Zip Code</b>  Detroit, MI 48226	
<b>Principal occupation / Job title (See Instructions)</b> Director, Strategic Community Outreach		<b>Employer (See Instructions)</b> Bedrock Detroit
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Comensky, Carrie	<b>Amount of Contribution (\$)</b> \$8.33
	<b>Contributor address; City; State; Zip Code</b>  Detroit, MI 48226	
<b>Principal occupation / Job title (See Instructions)</b> Director, Strategic Community Outreach		<b>Employer (See Instructions)</b> Bedrock Detroit
<b>Date</b> 12/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Comensky, Carrie	<b>Amount of Contribution (\$)</b> \$8.34
	<b>Contributor address; City; State; Zip Code</b>  Detroit, MI 48226	
<b>Principal occupation / Job title (See Instructions)</b> Director, Strategic Community Outreach		<b>Employer (See Instructions)</b> Bedrock Detroit

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; 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 ONLY 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	Payee address; City; 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 ONLY 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	Payee address; City; 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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 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	7 Payee address; City; State; Zip Code P.O. Box 1311  Silsbee, TX 77656	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name John H. Bucy Campaign	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 536  Austin, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Mihaela E. Plesa Campaign	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 796311  Dallas, TX 75248	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; State; Zip Code P.O. Box 271741  Flower Mound, TX 75027	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; State; Zip Code PO BOX 181  Fort Worth, TX 76101	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; State; Zip Code 1225 Sycamore Bend Rd.  Hickory Creek, TX 75065	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 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	7 Payee address; City; P.O. Box 1024  Austin, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; 445 Cape Henry  Corpus Christi, TX 78412	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held