## STATEMENT OF

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FORM 1		OR	GANIZA	ATIC	N				Office I	lse Only		
1. NAME OF COMMITTEE (ir	n full)		ck if name anged)		nple:If typir the lines.	ıg, type	12F	'E4M5	Office C	ise Only		
ROCK THE	RED	POLITIC	CAL ACT	ΓΙΟΝ	COM	MITTE	EEIN	IC (F	ROCK	C THE	E RE	(D)
ADDRESS (number a	nd street)	9935 D REA I	ROAD SUITE 10	01 								
(Check if a		1		1 1 1	1 1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	, I
is changed	1)	CHARLOTTE					NC STAT	_   E ▲	28277	ZIP C	ODE	
COMMITTEE'S E-MA	AIL ADDRES	SS										
(Check if a is changed		tracie.hoef	I@gmail.com	n 								
		Optional Sec	ond E-Mail Add	dress								1
COMMITTEE'S WEB  X   ✓ (Check if a is changed	address	rockthered.co	m _									
2. DATE 0	M / D 01	D / Y Y 201	2									
3. FEC IDENTIFIC	CATION NU	MBER ▶	C c	0052260	7							
4. IS THIS STATEM	MENT X	NEW (N)	OR		AMEN	DED (A)						
certify that I have e	examined thi	s Statement a	nd to the best	of my k	nowledge a	nd belief i	t is true,	correct	and com	ıplete.		
Type or Print Name	of Treasurer	Teresa Ann I	Hoefl									
Signature of Treasure	er <i>Teresa</i>	Ann Hoefl			[Electronical	ly Filed]	Date	M N 08	/ D	01	2012	
NOTE: Submission of			ete information IN INFORMATION	-					the pena	lties of 2	U.S.C. §	437g.
Office Use Only					For further in Federal Electron Toll Free 800 Local 202-69	ion Commiss -424-9530				C FOF evised 06/		_

	FFC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	i aye Z
Can	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number	
	4.		

Title or Position treasurer

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Write or Type Committee Name		
ROCK THE RED	POLITICAL ACTION COMMITTE	E INC (ROCK THE RED)
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	STATE ZIP CODE
	Affiliated Committee Joint Fundraising Interpretation Joint Fundra	
Full Name		
Mailing Address	815 Beauhaven Lane	
	Waxhaw	NC   28173
Title or Position	CITY	STATE ZIP CODE
treasurer	Telephone numl	per 704 - 400 - 4578
3. <b>Treasurer:</b> List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the assistant treasurer).	committee; and the name and address of
Full Name Teresa An of Treasurer	n Hoefl	
Mailing Address	815 Beauhaven Lane	
	Waxhaw	NC 28173

CITY

STATE

Telephone number

704

ZIP CODE

4578

400

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Full Name of Designated	Chris Partridg	1
Agent	2308 Newtown Avenue	
Mailing Address		
	Astoria NY 11102	_  -
	CITY STATE Z	IP CODE
Title or Position assistant treasu	rier Telephone number 704 – 40	00 4578
	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds.  Depository, etc.   SunTrust Bank	accounts, rents
	B 0 B 000007	
Mailing Address	P.O. Box 622227	
Mailing Address	P.O. Box 622227	
Mailing Address	P.O. Box 622227  Orlando  FL 32862	
Mailing Address	Orlando FL 32862	ZIP CODE
Mailing Address  Name of Bank, I	Orlando FL 32862  CITY STATE Z	ZIP CODE
	Orlando FL 32862  CITY STATE Z	ZIP CODE
	Orlando FL 32862  CITY STATE Z	ZIP CODE
	Orlando FL 32862  CITY STATE Z	ZIP CODE
Name of Bank, I	Orlando FL 32862  CITY STATE Z	ZIP CODE
Name of Bank, I	Orlando FL 32862  CITY STATE Z	ZIP CODE

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## : 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H+CB

Form/Schedule: F1N Transaction ID:

This Committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committe will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: