**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. RIGHT FOR NC 838 EAST HIGH STREET, #240 ADDRESS (number and street) (Check if address is changed) **LEXINGTON** 40502 ΚY CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address treasurer@rockconsultingfirm.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2024 C00864215 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer BARLOW, HEATHER, , BARLOW, HEATHER, , , Date 01 03 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	TYPE OF COMMITTEE:				
	Candidate 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. (Complete the ca information below.)	ndidate			
	Name of Candidate				
	Candidate Party Affiliation Office Sought: House Senate President	State			
	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
	Party Committee:				
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.	.) Party			
	Political Action Committee (PAC):				
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	ganization is a:			
	Corporation Corporation w/o Capital Stock Labor Organ	nization			
	Membership Organization Trade Association Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	(g) X This committee is an independent expenditure-only political committee (Super PAC).				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).				
	In addition, this committee is a Lobbyist/Registrant PAC.				
	Joint Fundraising Representative:				
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Committees Participating in Joint Fundraiser				
	1. C				

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٧	Vrite or Type Committee Name					
	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor			
,.	NONE	gamzation, Anniated Committee, Commit undraising hepresentative,	or Leadership FAO Sponsor			
	Mailing Address					
			I I-I I			
		CITY ▲ STATE ▲	ZIP CODE ▲			
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representa	ative Leadership PAC Sponso			
7.	Custodian of Records: Identi	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	BARLOW	HEATHER, , ,				
	Full Name					
	Mailing Address	838 EAST HIGH STREET, #240				
		1				
		LEXINGTON	40502			
		CITY ▲ STATE ▲	ZIP CODE ▲			
	Title or Position ▼	STATE	ZIF GODE =			
	TREASURER	Telephone number	205 - 202 - 8079			
3.		easurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of y designated agent (e.g., assistant treasurer).				
	Full Name BARLOW, of Treasurer	HEATHER, , ,				
		1838 EAST HIGH STREET, #240				
	Mailing Address					
		LEXINGTON KY	40502			
		CITY ▲ STATE ▲	ZIP CODE ▲			
	Title or Position ▼					
	TREASURER	Telephone number	205 8079			

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Full Name of Designated Agent						
Mailing Address						
Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲			
		Telephone number				
Banks or Other Depositori safety deposit boxes or mair	es: List all banks or other depositories in watains funds.	rhich the committee deposits fur	nds, holds accounts, rents			
Name of Bank, Depository, e	Name of Bank, Depository, etc.					
CHAIN I	BRIDGE BANK					
Mailing Address	1445-A LAUGHLIN ROAD					
	MCLEAN	VA	22101			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
L						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			