FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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FEC MAJL CENTER

			FEUTIN	Office Use Only		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	1,		
Sandra Que	en:Noble:f	for Cangr	e15151 1 1			
	1 1 1 1 1 1 1 1	<u> </u>	1 1 1 1 1			
ADDRESS (number and street)	13550 Man	ligomery	Rd #25			
(Check if address			11111			
ೊಂಡ is changed)	Cincinnatii bih 45207-					
•		CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRE	ESS (Please provide only one e	e-mail address)				
(Check if address is .chariged)	thenosher	oparty@y	ahoo a	TITITION OF THE CO		
COMMITTEE'S WEB PAGE AD	DRESS (URL)	and the second s	and the state of t	and the second		
(Check if address is changed)				<u> </u>		
2. DATE	3 2012		•			
3. FEC IDENTIFICATION N	IUMBER C	र्के स्वाहत्त्वत्र । स्वाहत्त्वत्र स्वाहत्त्वत्र स्वाहत्त्वत्र स्वाहत्त्वत्र स्वाहत्त्वत्र स्वाहत्त्वत्र स्वाह स्वाहत्त्वत्र स्वाहत्त्वत्र स्वाहत्त्वत्र स्वाहत्त्वत्र स्वाहत्त्वत्र स्वाहत्त्वत्र स्वाहत्त्वत्र स्वाहत्त्वत				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined t	this Statement and to the bes	t of my knowledge and belie	f it is true, correct a	nd complete.		
Type or Print Name of Treasure	Sandra	Queen	Noble	2		
Signature of Treasurer		()/M	Date 12	18 2012		
NOTE: Submission of false, error		may subject the person signin		e penalties of 2 U.S.C. §437g.		
Office Use		For further Information Federal Election Commi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)		

F	EC Fo	m 1 (Revised 02/2009)	Page 2					
TYPE	OF C	OMMITTEE						
Cen	didate	Committae:						
(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 candidate information below.)						
Name Cand		Sandra Queen Noble for congres						
Cand Party	idate Affiliatio	on Lib Office House Senate President	State Oh District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	white pricessing					
Name Cand								
Part	y Con	nmittee:						
(d)		1	emocratic, epublican, etc.) Party.					
Polif	tical A	ction Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:					
, ,	Sec.		Labor Organization					
			•					
		2017F2	Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.						
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segi committee. (i.e., nonconnected committee)	regated 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 Fund	Iraising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
	Com	nmittees Participating in Joint Fundraiser						
	1.		and the sale of					
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	2.	zamenament and) ขณะเพียงเลยรัฐมาละรัฐมาสะสุดเลย ระการสุดเลยรัฐมาละรัฐมาละสุดเลย					
	3.	FEC ID number C						
	4.		and the second second second second					

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	<u> </u>		
rganization, Affiliated Committee, Jo	int Fundraising Represe	entative, or Leadersh	ip PAC Sponsor
1ERO Planty IFIO	n Queen		
13550 Mon agan	nery Rd. #2	29	
CITY			O.7 - LILLI ZIP CODE
l Organization Affiliated Committee	Joint Fundraising Re	presentative Lea	dership PAC Sponsor
tify by name, address (phone number	optional) and position	of the person in poss	session of committee
Ina Oveen No	ble	·.	
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lainainnatri		ah 1451	207-
СІТУ	ST	TATE 2	ZIP CODE
FREICONDI	Telephone number	15121-17	311-1/677
d address (phone number optional) assistant treasurer).	of the treasurer of the co	mmittee; and the nan	ne and address of
ina Queen Nabi	le		
		1 1 1 1 1 1 1	
13550 Montgon	neny Rd#	2R	
Cincinnati	Liiii k	oh 1452	07-
СПҮ	ST	AIE 2	ZIP CODE
	Telephone number	1513-17	131-1/6771
	Prendentiation, Affiliated Committee, John Party Flow 1550 Montgon City City Digital Committee Affiliated Committe	Pueen Noble For Irganization, Affiliated Committee, Joint Fundralsing Representation of Participation of the Committee of Total Affiliated Committee of Total Fundralsing Representation of the Committee of Total Affiliated Committee of Total and position of the Committee of Total of the Committee of the Committee of Total of the Committee of Total of the Committee of Total of the Committee of the Committee of Total	Pueen Mah e For Congranization, Affiliated Committee, Joint Fundralsing Representative, or Leadersh IERO Pamily Floir Queen 13550 Morn Egiornery Rd. #2A CITY STATE Organization JAffiliated Committee Joint Fundraising Representative Lead tify by name, address (phone number - optional) and position of the person in possessing Affiliated Committee Incommittee Incomm

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FEC Form 1 (Revise	d 02/2009)		Page 4				
Full Name of Designated Agent Signification Queen Noble							
Mailing Address	Mailing Address 3550 Montgomery Rd #2A						
		1.1.1.1					
	Gincinmati	STATE	ZIP CODE				
Title or Position	diffigientii Telephone i	number 5	131-17431-14677				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.							
Fifth Mind Bank							
Mailing Address	13:81 Fountain Square	Plaze	<u> </u>				
	lainainmati	الأها	45202				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
Unition Bank of Callifornia							
Mailing Address							
	1Pa Bax 15/12380	<u> </u>					
	llioisi Angelieisi		9,005,11-10300				
	CITY	STATE	ZIP CODE				

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked** USPS First Class Mail 12/23/11 Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office **Date of Receipt or Postmarked** Other (Specify):

(3/2005)