

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 APR 10 AM 9:10

FEC ONLINE CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

I2FE4M5

THE HERO AND SHERO PARTY FOR QUEEN NOBLE

ADDRESS (number and street)

3550 MONTGOMERY RD. #2A

Check if different than previously reported. (ACC)

cinn

oh

45207

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

oh

1

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM/DD/YYYY

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM/DD/YYYY

in the State of

5. Covering Period

12

15

2011

through

3

6

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

QUEEN NOBLE

Signature of Treasurer

Date

3

8

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

12030764834

**SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

**THE HERO AND SHERO PARTY FOR QUEEN NOBLE**

Report Covering the Period: From:

12 / 15 / 2011

To:

3 / 6 / 2012

**COLUMN A  
This Period**

**COLUMN B  
Election Cycle-to-Date**

6. Net Contributions (other than loans)

(a) Total Contributions (other than loans) (from Line 11(e))....

[Empty box]

[Empty box]

(b) Total Contribution Refunds (from Line 20(d)).....

[Empty box]

[Empty box]

(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....

[Empty box]

[Empty box]

7. Net Operating Expenditures

(a) Total Operating Expenditures (from Line 17).....

[Empty box]

[Empty box]

(b) Total Offsets to Operating Expenditures (from Line 14).....

[Empty box]

[Empty box]

(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....

[Empty box]

[Empty box]

8. Cash on Hand at Close of Reporting Period (from Line 27).....

[Empty box]

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....

[Empty box]

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....

[Empty box]

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**ROBBING QUEEN NOBLE OF VOTES SUCKS  
KIDNAPING QUEEN NOBLE'S KIDS IS A CRIME> J978031  
YOU MOTHERFUCERS OWE FOR CRIMES AGAINST HUMANITY!  
THE GOVERNMENT IN THIS STOLEN COUNTRY OWES QUEEN NOBLE \$9,944 TRILLION.**

12030764835



DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

Page 4

II. DISBURSEMENTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES.....

19. LOAN REPAYMENTS:  
(a) Of Loans Made or Guaranteed  
by the Candidate.....  
(b) Of All Other Loans.....  
(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:  
(a) Individuals/Persons Other  
Than Political Committees.....  
(b) Political Party Committees.....  
(c) Other Political Committees  
(such as PACs).....  
(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS.....

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b
	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **THE HERO AND SHERO PARTY FOR QUEEN NOBLE**

12030764838

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		MM / DD / YYYY
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		MM / DD / YYYY
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
E		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		MM / DD / YYYY
City	State Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	

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FEC Schedule A (Form 3) (Revised 02/2009)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)  
**THE HERO AND SHERO PARTY FOR QUEEN NOBLE**

12030764639

A.		Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address				M M / D D / Y Y Y Y	
City State Zip Code				Amount of Each Disbursement this Period	
Purpose of Disbursement				[ ]	
Candidate Name				Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					
B.		Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address				M M / D D / Y Y Y Y	
City State Zip Code				Amount of Each Disbursement this Period	
Purpose of Disbursement				[ ]	
Candidate Name				Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					
C.		Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address				M M / D D / Y Y Y Y	
City State Zip Code				Amount of Each Disbursement this Period	
Purpose of Disbursement				[ ]	
Candidate Name				Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

SUBTOTAL of Disbursements This Page (optional)	[ ]
TOTAL This Period (last page this line number only)	[ ]

FESAND18  
**ROBBING QUEEN NOBLE OF VOTES SUCKS** FEC Schedule B (Form 3) (Revised 02/2009)  
**KIDNAPING QUEEN NOBLE'S KIDS IS A CRIME** J978031  
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**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE \_\_\_\_\_ OF \_\_\_\_\_

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
**THE HERO AND SHERO PARTY FOR QUEEN NOBLE**

LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:	
Mailing Address		<input type="checkbox"/> Primary	
City State ZIP Code		<input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) _____	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY	MM / DD / YYYY	<input type="text"/> % (per)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text"/>
<b>TOTALS</b> This Period (last page to this line only).....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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FEC Schedule C (Form 3) (Revised 02/2003)

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**SCHEDULE C-1 (FEC Form 3)**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
Information found on  
Page \_\_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20483

NAME OF COMMITTEE (In Full) <b>THE HERO AND SHERO PARTY FOR QUEEN NOBLE</b>		FEC IDENTIFICATION NUMBER <b>C</b>
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LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
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Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify:

What is the value of this collateral?

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  
Location of account: Address: City, State, Zip: Date account established:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
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