

10 MAY 25 AM 11:51

# FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Belinda Gail Quarterman Noah			2. Identification Number	
(b) Address (number and street) P. O. Box 46535		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Tampa, Florida 33646		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation Republican	5. Office Sought U. S. Senator	6. State & District of Candidate Florida		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Belinda Noah for Senate Campaign
(b) Address (number and street) P O Box 46535
(c) City, State, and ZIP Code

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

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

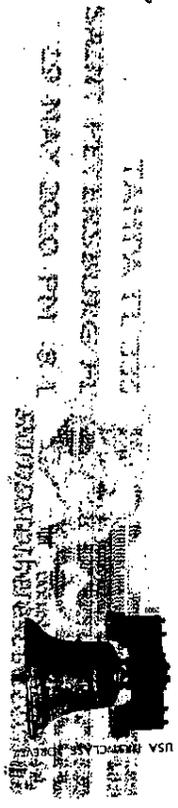
Signature of Candidate <i>Belinda Noah</i>	Date <i>4/30/10</i>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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