

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

NOEL FOR CONGRESS

ADDRESS (number and street)

101 WASHINGTON AVE

 (Check if address  
is changed)

STE B-PMB274

GRAND HAVEN

CITY ▲

MI

49417

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

JEFFREY@NOELFORCONGRESS.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

NOELFORCONGRESS.COM

2. DATE

M M / D D / Y Y Y Y  
02 / 16 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00805531

4. 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 NOEL, JEFFREY, JOHN, ,

Signature of Treasurer

NOEL, JEFFREY, JOHN, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
02 / 17 / 2022NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)

## 5. 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 candidate information below.)

Name of Candidate

NOEL, JEFFREY, JOHN, ,

Candidate Party Affiliation

DEM

Office Sought:

House

Senate

President

State

MI

District

03

- (c)  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  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> 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 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.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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.  FEC ID number C
2.  FEC ID number C
3.  FEC ID number C
4.  FEC ID number C



Full Name of  
Designated  
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **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.

**HUNTINGTON BANK**

1300 S BEACON BLVD

Mailing Address

GRAND HAVEN

MI

49417

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

**FIFTH THIRD BANK**

50 PARK ST

Mailing Address

FRUITPORT

MI

49415

CITY

STATE

ZIP CODE

: 97 A=G7 9 @ B9 CI G H9 LH F9 @ H98 HC 5 F9 DCF HZG7 <981 @ CF H9 A=N5 HCB

**Form/Schedule:** F1N

**Transaction ID :**

Bank accounts have not been established. Banks require statement of organization before opening accounts. Banks and locations are where accounts are expected to be opened with funds held and managed.

**Form/Schedule:**

**Transaction ID:**