Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Babbage for Congress PO BOX 374 ADDRESS (number and street) (Check if address is changed) Suwanee 30024 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS contact@BabbageForCongress.com (Check if address is changed) Optional Second E-Mail Address lisanoelbabbage@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.BabbageForCongress.com (Check if address is changed) DATE 09 2019 C00708750 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. McDonnell, Heather, Lynn, , Type or Print Name of Treasurer McDonnell, Heather, Lynn, , [Electronically Filed] 06 30 2019 Signature of Treasurer Date NOTE: 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC	C For	m 1 (Revised 02/2009)	Page 2
TYPE C	OF C	OMMITTEE	
Candid	date	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. (Corinformation below.)	nplete the candidate
Name of Candida		Babbage, Lisa, Noel, ,	
Candida	ıte	Office	State
Party Af	ffiliatio	on REP Sought: * House Senate President	District 07
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party (Com	mittee:	
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Joint F	und	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
C	Comi	mittees Participating in Joint Fundraiser	
1	1.	FEC ID number	
2	2.	FEC ID number	
3	3.	FEC ID number	
4	4.	FEC ID number C	

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Write or Type Committee N		<u> </u>
Babbage for 0	Congress	
_	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
Mailing Address		
-		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person i	n possession of committee
	nnell, Heather, Lynn, ,	
Full Name	100 Leslie Oaks Drive	
Mailing Address	₁ #1201	
	Lithonia GA 300)58
Title or Position	CITY STATE	ZIP CODE
	Telephone number	- 966 - 0711
s. Treasurer : List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	ne name and address of
Full Name McDor of Treasurer	nnell, Heather, Lynn, ,	
Mailing Address	100 Leslie Oaks Drive	
	#1201	
	Lithonia GA 300	
Title or Position	CITY STATE	ZIP CODE
	Telephone number	- <u>966</u> - <u>0711</u>

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Full Name of		
Designated Agent	Stephens, Stuart, A, ,	
Mailing Address	1335 Herrington Rd,	
	Duluth GA 30093	
	CITY STATE ZI	P CODE
Title or Position		7 2400
	Telephone number 404 - 20	7 - 3498
		accounts, rents
safety deposit be Name of Bank,	er Depositories: List all banks or other depositories in which the committee deposits funds, holds a coxes or maintains funds. Depository, etc.	
safety deposit be	poxes or maintains funds.	
safety deposit be	Depository, etc. Wells Fargo 16155 Buford Hwy	
safety deposit be Name of Bank,	Depository, etc. Wells Fargo 16155 Buford Hwy	
safety deposit be Name of Bank,	Depository, etc. Wells Fargo 16155 Buford Hwy	
safety deposit be Name of Bank,	Norcross Norcross Oppository, etc. Mells Fargo GA 30071	IP CODE
safety deposit be Name of Bank,	Norcross CITY STATE Z Depository, etc. CITY STATE Z	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo 6155 Buford Hwy Norcross CITY STATE Z Depository, etc.	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo 6155 Buford Hwy Norcross CITY STATE Z Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo 6155 Buford Hwy Norcross CITY STATE Z Depository, etc.	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo 6155 Buford Hwy Norcross CITY STATE Z Depository, etc.	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraising	Participant:							
1.				FEC ID) number	С		
2.				FEC ID) number	C		
3.				FEC ID	number	С		
4.				FEC ID) number	С		
Name of Any Connected (Organization, A	Affiliated Commit	tee, Joint Fundr	aising Rep	oresentativ	e, or Lead	ership PAC Spo	nso
Mailing Address								
Relationship:		CITY A			STATE A		ZIP CODE ▲	
Designated Agent: Identify	-	Affiliated Comments		Fundraising	g Represent	ative	Leadership PAC	Spo
Designated Agent: Identify Stephens, Full Name		ess (phone numb		Fundraising	Represent	ative	Leadership PAC	Spo
Designated Agent: Identify Stephens,	by name, addr Alexandria, , ,	ess (phone numb		Fundraising	g Represent	ative	Leadership PAC	Spo
Designated Agent: Identify Stephens, Full Name	by name, addr Alexandria, , , 1335 Herring 3334	ess (phone numb						Spo
Designated Agent: Identify Stephens, Full Name	by name, addr Alexandria, , ,	ess (phone numb			GA	30096		Spo
Designated Agent: Identify Stephens, Full Name	by name, addr Alexandria, , , 1335 Herring 3334 Duluth	ess (phone numb				30096	ZIP CODE A	
Designated Agent: Identify Stephens, Full Name Mailing Address	by name, addr Alexandria, , , 1335 Herring 3334 Duluth	ess (phone numb	per – optional)		GA STATE ▲		ZIP CODE A	
Designated Agent: Identify Stephens, Full Name Mailing Address TITLE OR POSITION Banks or Other Depositorical Stafety deposit boxes or mail Name of Bank, Depository, etc.	by name, addr Alexandria, , , 1335 Herring 3334 Duluth	ess (phone numb	per – optional)	elephone N	GA STATE ▲	30096	ZIP CODE A 971 3	727
Designated Agent: Identify Stephens, Full Name Mailing Address TITLE OR POSITION Banks or Other Depositoricalety deposit boxes or mail	by name, addr Alexandria, , , 1335 Herring 3334 Duluth	ess (phone numb	per – optional)	elephone N	GA STATE ▲	30096	ZIP CODE A 971 3	727
Designated Agent: Identify Stephens, Full Name Mailing Address TITLE OR POSITION Banks or Other Depositorical Stafety deposit boxes or mail Name of Bank, Depository, etc.	by name, addr Alexandria, , , 1335 Herring 3334 Duluth	ess (phone numb	per – optional)	elephone N	GA STATE ▲	30096	ZIP CODE A 971 3	727