

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2003 APR 28 A 10:33  
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12E4M5

Inhumanity, Child Abuse  
Christianity, Capitalism

ADDRESS (number and street)

224 Boyd Street # 407  
224 Boyd Street # 407  
Los Angeles, CA 90013-1406

(Check if address is changed)

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

NONE  
NONE

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE  
NONE

2. DATE

04 22 2003

3. FEC IDENTIFICATION NUMBER

000312405

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

Sandra "Queen" Noble

Signature of Treasurer

*Sandra "Queen" Noble*

Date

04 22 2003

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 30 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (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 Sandra "Queen" Noble

Candidate Party Affiliation  Dem      Office Sought  House  Senate  President      State  CA  
 District  09

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate Sandra "Queen" Noble

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.
- (e)  This committee is a separate segregated fund.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Inhumanity Child Abuse  
Christianity Capitalism  
 Mailing Address 224 Boyd Street #407  
224 Boyd Street #407  
Los Angeles CA 90013-1606  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Inhumanity Child Abuse "Affiliated"

- Type of Connected Organization:
- Corporation       Corporation w/o Capital Stock       Labor Organization
  - Membership Organization       Trade Association       Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Sandra "Queen" Noble

Mailing Address 224 Boyd Street # 407  
224 Boyd Street # 407  
Los Angeles CA 90013-1406

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 213-620-0462

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Sandra "Queen" Noble

Mailing Address 224 Boyd Street # 407  
224 Boyd Street # 407  
Los Angeles CA 90013-1406

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 213-620-0462

Full Name of Designated Agent Sandra "Queen" Noble

Mailing Address 224 Boyd Street # 407  
224 Boyd Street # 407  
Los Angeles CA 90013-1406

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 213-620-0462



Candidate Intention Statement

Type or Print in Ink.

GALIFORNIA FORM 501

For Officed Use Only

Check One:  Initial

Amendment (explain)

Government Compensation

1. Candidate information:

NAME OF CANDIDATE (Last, first, middle initial)

Kobie Sandra Queen (DOB: 620-0462 (23) 620-0462)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

224 Boyd Street Los Angeles, CA 90013-1406

OFFICE BOUGHT (POSITION TITLE)

DISTRICT NUMBER, COUNTY

NON-PARTISAN

PARTY: Demo

CITY

STATE

ZIP CODE

OFFICE JURISDICTION

CITY

State

YEAR OF ELECTION

City

County

County

Year of Jurisdiction

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3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4-22-03

Signature: Sandra Queen

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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<i>See</i> PREPARER	4-28-63 DATE PREPARED

(6/2000)