

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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FEC MAIL CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

Paul Babeu for America

ADDRESS (number and street)

PO Box 8472

(Check if address is changed)

Scottsdale

AZ

85252

8472

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

Michael@MBQFconsulting.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.BabeuForAmerica.com

(Check if address is changed)

2. DATE

11 / 25 / 2014

3. FEC IDENTIFICATION NUMBER

C00570697

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

Michael Noble

Signature of Treasurer

*[Handwritten Signature]*

Date

11 / 25 / 2014

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 Use Only

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

FEC FORM 1  
(Revised 02/2009)

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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (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:
  - 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 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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

10074 11/11/09 47600

Write or Type Committee Name

Paul Babeu for America

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Michael Paul Noble

Mailing Address

PO Box 8472

Scottsdale

AZ

85252

8472

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

480

313

1837

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

Michael Paul Noble

Mailing Address

PO Box 8472

Scottsdale

AZ

85252

8472

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

480

313

1837

2014-11-10 11:00:00

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

Wells Fargo

[Grid for Wells Fargo Name]

Mailing Address

1530 N Scottsdale Rd

[Grid for 1530 N Scottsdale Rd]

[Grid for Mailing Address Line 2]

Scottsdale

[Grid for Scottsdale]

AZ

[Grid for AZ]

85257

[Grid for 85257]

[Grid for ZIP Code]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

11011111111111111111

PRESS FIRMLY TO SEAL

**PRIORITY MAIL PRESS**  
BEST SERVICE IN THE U.S.

INTERNATIONALLY, A POSTAGE AND INSURANCE DECLARATION MAY BE REQUIRED.



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**UNITED STATES POSTAL SERVICE**  
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**CUSTOMER USE ONLY**  
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PHONE ( )  
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Phoenix, AZ Scotts  
PHONE ( )

PAYMENT BY ACCOUNT (if applicable)

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- No Saturday Delivery (delivered next business day)
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- 10:30 AM Delivery Required (additional fee, where available)
- \*Refer to USPS.com or local Post Office for availability.

X-RAYED BY FCC SECURITY

<b>SERVICE USE ONLY</b>		<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
Scheduled Delivery Date (MM/DD/YYYY)	Postage			
Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee			
10:30 AM Delivery Fee	Return Receipt Fee			Live Animal Transportation Fee
Sunday/Holiday Premium Fee	Total Postage & Fees			
Weight lbs. oz.	Acceptance Employee Initials			
Time At	Delivery Attempt (MM/DD/YYYY) Time			Employee Signature
Flat Rate	Delivery Attempt (MM/DD/YYYY) Time			Employee Signature

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- \$100.00 Insurance Included.

LABEL 11-B, JANUARY 2014

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Federal Election Commission  
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PREPARER

1/23/15  
DATE PREPARED

UNIVERSITY MICROFILMS