## STATEMENT OF

PAGE 1 / 4 =

FEC FORM 1			GANIZA						Off	ice Use	Only		
NAME OF     COMMITTEE (in	full)		ck if name anged)		nple:If typino the lines.	g, type	12	FE4M	15		1		
UNITED ST		_				DNS	FUN	DC	FI	۱DI	ANA	\	
ADDRESS (number a	nd street)	P. O. BOX 66	7313										
		POMPANO E					L <sup>FL</sup> STA	TE A	3300	66		DDE A	
COMMITTEE'S E-MA	AIL ADDRES	S											
(Check if a is changed		USpreside	ntialElection:	sFundF	PACs@yah	noo.com	1						
		Optional Sec	ond E-Mail Add	dress		1 1 1		1 1				1 1	. 1
(Check if a is changed													
2. DATE 10	M / D 15	201	Y Y 2 2										
3. FEC IDENTIFIC	CATION NU	MBER ▶	Cc	0053144	2								
4. IS THIS STATEM	MENT X	NEW (N)	OR		AMEND	DED (A)							
I certify that I have e	examined this	s Statement a	nd to the best	of my k	nowledge ar	nd belief	it is true	e, corre	ct and	comple	ete.		
Type or Print Name (	of Treasurer	DONALD RC	OCKEFELLER										
Signature of Treasure	er <i>DONA</i>	LD ROCKEFELI	LER		[Electronically	y Filed]	Date	М	10 /	15	/	2012	
NOTE: Submission of			ete information IN INFORMATI	-						penaltie	es of 2 l	J.S.C. §	437g.
Office Use Only					For further in Federal Election Toll Free 800-4 Local 202-694	on Commis 424-9530					FOR sed 06/2		

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:  (a) This committee is a principal compaign committee (Complete the candidate inform	nation holow)
(a) This committee is a principal campaign committee. (Complete the candidate inform	nation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign cominformation below.)	nmittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized of	committee.
Name of Candidate	
Party Committee:	<b>'</b> D' ''
(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 I	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 committee. (i.e., nonconnected committee)	a separate segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net p committees/organizations, at least one of which is an authorized committee of a feder	
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal cand	
Committees Participating in Joint Fundraiser	
1.	er C
2.	er C
3.                                 FEC ID numbe	er C
4.                               FEC ID number	r C

Image# 12954413031			
			-
FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
Write or Type Committee Name			
UNITED STATE	S PRESIDENTIAL E	ELECTIONS F	JND OF INDIANA
6. Name of Any Connected O	rganization, Affiliated Committee, Join	t Fundraising Representativ	e, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Represer	tative Leadership PAC Sponsor
	tify by name, address (phone number	optional) and position of the	person in possession of committee
books and records.			
Full Name DONALD F	OCKEFELLER		
Mailing Address	P. O. BOX 667313		
<b>3</b>			
	POMPANO BEACH	, , , , , , , , FL ,	33066
Title or Position	CITY	STATE	ZIP CODE
ADMINISTRATOR		Telephone number	954   -   882   -   4186
8. <b>Treasurer:</b> List the name and any designated agent (e.g., a	address (phone number optional) of ssistant treasurer).	the treasurer of the committe	e; and the name and address of
Full Name DONALD R	OCKEFELLER		

ADMINISTRATOR

Telephone number

FEC Fori	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position	Telephone number	
Name of Bank,	ces or maintains funds.  Depository, etc.  CHASE BANK  12285 NORTH FEDERAL HIGHWAY	
Mailing Address		
	POMPANO BEACH FL 33062	
	CITY STATE Z	
		ZIP CODE
Name of Bank,	Depository, etc.	ZIP CODE
Name of Bank,	Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address		ZIP CODE
		ZIP CODE
		ZIP CODE