FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 OCT -1 PM 12: 13

FORM 1		ORGANI	IZATIO	ON]	C MAIL GENTER
NAME OF COMMITTEE (in fi	sii)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	5
UNITED ST	ATES	PRESIDEN	TIAL E	LECTIONS	FUND	OF MARYLAND
	<u> </u>	P. O. BOX 6	66721	2		
ADDRESS (number and	street)	O. BOX (00731.	.	<u> </u>	
(Check if addition is changed)	ess F	POMPANO	BEAC	; H	FL	33066
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL (Check if ad is changed)	1			· · · · · · · · · · · · · · · · · · ·	PACs@	gyahoo,com. , ,
COMMITTEE'S WEB P	l Age aðdre	ESS (URL)			<u> </u>	
(Check if ad is changed)	dress					
2. date Ö9 [™]	^ 22 °	′ 2012				
3. FEC IDENTIFICA	TION NUME	BER C				
4. IS THIS STATEME	ит 🛚	NEW (N) OF	3 [AMENDED (A)		
I certify that I have exa		Statement and to the	_	•	is true, corre	ct and complete.
Signature of Treasurer	0	enald K	Nefe	ller	Date Ö	9" ′ 22" ′ 2012
NOTE: Submission of fal				nject the person signifig to		to the penalties of 2 U.S.C. §437 S.
Office Use Only				For further Information e Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

F	EC For	rm 1 (Revised 02/2009)	Page 2
–		OMMITTEE	
(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. (Cominformation below.)	plete the candidate
Name Candi	_		
Candi Party	idate Affiliatio	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			!!!!!!
Part	y Com	nmittee:	· · · · · · · · · · · · · · · · · · ·
(d)			(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Asseciation	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	\times	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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	Fund	raising Representative:	• • • • • • •
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
		I t i i i i i i i i i i i i i i i i i i	

Dago	2
PSION.	-

TEO FOITH I (HOVISO	0 0E1E000/		rage o
Write or Type Committee Na		ECTIONS ELIA	
	ES PRESIDENTIAL EL Urganization, Affiliated Committee, John	<u> </u>	
•		• •	
NONE			
Mailing Address		1111111	
			ا ا
	CITY	STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Sponsor
 Custodian of Records: ke books and records. 	lentify by name, address (phone number -	optional) and position of the	e person in possession of committee
Full Name	IALD ROCKEFELLER	 	
Mailing Address	P. O. BOX 667313		
	POMPANO BEACH	iFL [FL	33066
Title or Position	CITY	STATE	ZIP CODE
ADMINISTRAT	OR	Telephone number	954 - 882 - 4186
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of , assistant treasurer).	the treasurer of the commit	ee; and the name and address of
Full Name of Treasurer	ALD ROCKEFELLER		
Mailing Address	P. O. BOX 667313		
	POMPANO BEACH	<u> </u>	33066
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number	954, - 882, - 4186
•			

FEC FOR	1 (Revised 02/2009)					Page 4
Full Name of Designated	1					
Agent						
Mailing Address	Lilia			1111		
			لببب		ليب	
		CITY		STATE	ZI	P CODE
Title or Position		•				
			Telephone num	ber		ш-∟
	Depositories: List all banks kes or maintains funds. Depository, etc.	or other depositories in w			_	
safety deposit b	kes or maintains funds. Pepository, etc. CHASE BANK	RTH FEDERAL,				
safety deposit b Name of Bank,	kes or maintains funds. Pepository, etc. CHASE BANK					
safety deposit b Name of Bank,	kes or maintains funds. Pepository, etc. CHASE BANK	RTH FEDERAL, F		FL.	33062	
safety deposit b Name of Bank,	ves or maintains funds. Pepository, etc. [CHASE BANK] [2285, NO]	RTH FEDERAL, F	IIGHWAY,	FL STATE	133062,	IP CODE
safety deposit b Name of Bank,	res or maintains funds. Pepository, etc. CHASE BANK	RTH FEDERAL, F	IIGHWAY,		133062,	
safety deposit b Name of Bank, Mailing Address	res or maintains funds. Pepository, etc. CHASE BANK	RTH FEDERAL, F	IIGHWAY,		133062,	
safety deposit b Name of Bank, Mailing Address Name of Bank,	res or maintains funds. Pepository, etc. CHASE BANK	RTH FEDERAL, F	IIGHWAY,		133062,	
safety deposit b Name of Bank, Mailing Address	res or maintains funds. Pepository, etc. CHASE BANK	RTH FEDERAL, F	IIGHWAY,		133062,	
safety deposit b Name of Bank, Mailing Address Name of Bank,	res or maintains funds. Pepository, etc. CHASE BANK	RTH FEDERAL, F	IIGHWAY,		133062,	
safety deposit b Name of Bank, Mailing Address Name of Bank,	res or maintains funds. Pepository, etc. CHASE BANK	RTH FEDERAL, F	IIGHWAY,		133062,	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label** Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED