FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 7

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CODM 4	ORGANIZATION		2012 001					
FORM 1						FEGMA	U _{niy} CENT	ER
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M	5		
UNITED S	TATES	S PRESIDENT	ΓIAL E	LECTIONS	FUNE	OF M	ICHIG	AN
		<u> </u>				1.1.1.1		لبب
ADDRESS (number a	nd street)	P. O. BOX 66	67313				111	لب
(Check if an is changed)		POMPANO E	BEAC	H H	FL	33060	<u>3</u>	——————————————————————————————————————
			CITY		STATE	Z	IP CODE	
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only one USP resident		ress) ectionsFund	PACs@	yaho	o,com,	
COMMITTEE'S WEB	PAGE ADD	RESS (URL)						
(Check if is change								
2. DATE Ö9	° 22'	°′ Ž0 1Ž						
3. FEC IDENTIFIC	CATION NU	MBER C						
4. IS THIS STATE	MENT 🛛	NEW (N) OR		AMENDED (A)				
I certify that I have o	examined thi	is Statement and to the be	st of my k	nowledge and belief it	is true, corre	ct and comp	lete.	
Type or Print Name	of Treasurer	DONALD R	OCKE	FELLER				
Signature of Treasure	er(Gonald K.	skaf	eller	Date Ö	9" ′ 22	' ' 20 '	1Ž [*]
NOTE: Submission of		ous, or incomplete information				•	es of 2 U.S.C	. §437g.
Office Use Only			1	For further information of Federal Election Commission Toll Free 800-424-9530			FORM 1 sed 02/2009)]

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i.	TYPE OF C					
	(a)	e Committee: This committee is a principal committee (Complete the condidate information below)				
	(b)	This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate				
	Name of	information below.)				
	Candidate					
	Candidate Party Affiliation	Office Sought: House Senate President				
		District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Con					
	(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.				
	Political A	ction Committee (PAC):				
	(e)	This committee is a separate segregated fund. (Identify connected organization on fine 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 Fundralsing 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 C				
	2.	FEC ID number C				
	3.	FEC ID number C				
	ā	}				

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Write or Type Committee Name			
UNITED STATES PR	ESIDENTIAL ELECTION	NS FUND OF MICH	IGAN
6. Name of Any Connected Organization	on, Affilizated Committee, Joint Fundralsing F	lepresentative, or Leadership PAC S	ponsor
NONE			1111
Mailing Address			
	CITY	STATE ZIP CODE	
Relationship: Connected Organiza	tion Affiliated Committee Joint Fundrai	sing Representative Leadership P/	AC Sponsor
 Custodian of Records: Identify by nat books and records. 	me, address (phone number optional) and p	osition of the person in possession of	committee
Full Name DONALD R	OCKEFELLER		1
ıP. O	BOX,667313	- 	
Mailing Address	 		
POM	PANO BEACH	FL 33066 -	
<u>[1,5]</u>	7,10,55,01,	1 [أحلحك
Title or Position	CITY	STATE ZIP CODE	
ADMINISTRATOR	Telephone	number [954] - [882] - [4	4186
Treasurer: List the name and address any designated agent (e.g., assistant to a second control of the cont	(phone number optional) of the treasurer of easurer).	the committee; and the name and ad	Idress of
Full Name of Treasurer	OCKEFELLER		لبيب
Mailing Address P. O.	BOX 667313		لحب
لبا			لسب
_L P _i O _M	PANO BEACH	FL 33066 J-	111
The or Parities	CITY	STATE ZIP CODE	
Title or Position TREASURER	<u> </u>	number 954 - 882 - 4	4186

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Full Name of Designated Agent		1 1 1 1 1 1	
Mailing Address			
		1.1.1.1.1	
		لياا	<u> </u>
Title or Position	СПҮ	STATE	ZIP CODE
Title or Position	Telephone	number	<u></u>
	Depositories: List all banks or other depositories in which the contest or maintains funds. Depository, etc. CHASE BANK		
Mailing Address	12285 NORTH FEDERAL HIGHWA	Υ, , , ,	
Mailing Address	2285,NORTH FEDERAL,HIGHWA	Y	
Mailing Address	2285 NORTH FEDERAL, HIGHWA	(Y , , , , , , , , , , , , , , , , , , ,	[33062]
Mailing Address		STATE	33062
Mailing Address Name of Bank, C	POMPANO BEACH CITY		
	POMPANO BEACH CITY		
	POMPANO BEACH CITY		
Name of Bank, C	POMPANO BEACH CITY		
Name of Bank, C	POMPANO BEACH CITY		

Federal Election Com ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filin	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C) 9/25/12
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Sign	nature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	-
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
W	10/1/12
(3/2005)	DATE PREPARED