FEC

STATEMENT OF

RECEIVED -

		ORGAI	NIZATI	ON									
FORM 1				FE	C MAIL CENTER								
1. NAME OF COMMITTEE (in	full)	(Check if na is changed)		ample:If typing, type or the lines.	12FE4M5	j.							
UNITED ST	TATES	PRESIDE	ITIAL E	LECTIONS F	UND O	F NEW JERSEY							
	 	D O DOX											
ADDRESS (number a	nd street)	P. O. BOX	(66731	<u> </u>									
(Check if ac is changed)		POMPAN	BEAG	CH	FL	33066							
			СПУ		STATE	ZIP CODE							
COMMITTEE'S E-MA	IL ADDRES		·		D40-6	.							
(Check if		USPresidentialElectionsFundPACs@yahoo.com											
is change	d)		1111										
COMMITTEE'S WEB	PAGE ADD	RESS (URL)											
(Check if	address												
is change	d)			<u> </u>									
2. DATE ÖŞ)	' ´ 20 12 `											
3. FEC IDENTIFIC	CATION NU	MBER	С										
4. IS THIS STATE	MENT 🔀	NEW (N)	OR [AMENDED (A)									
I certify that I have o	examined thi	s Statement and to t	he best of my	knowledge and belief it	is true, correc	and complete.							
Type or Print Name	of Treasurer	DONALD	ROCK	EFELLER									
Signature of Treasure	er 🔏	Sorald	Rocke	feller	Date ÖS	0° ′ 22 ° ′ 20′12 ′							
NOTE: Submission of		•	•	illigitant the person signifig the OULD BE REPORTED W		o the penalties of 2 U.S.C. §437g.							
Office Use Only				For further information or Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)							

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		OMMITTEE													
Candi	idate	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. (Con information below.)	nplete the candidate												
Name o Candida															
Candida Party A		Office House Senate President	State District												
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District												
Name d Candida	-														
Party Committee:															
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.												
Politic	cal A	ction Committee (PAC):													
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:												
		Corporation Corporation w/o Capital Stock	Labor Organization												
		Membership Organization Trade Assaclation	Cooperative												
		In addition, this committee is a Lobbyist/Registrant PAC.													
(f)	\boxtimes	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party												
		In addition, this committee is at Lobbyist/Registrant PAC.													
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)													
Joint I	Fund	raising Representative:													
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.													
	Com	mittees Participating in Joint Fundraiser													
	1.														
	2.	FEC ID rumber C													
	3.	FEC ID number C													
	4	I to the little of the little													

Title or Position

			-
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Write or Type Committee Name			
UNITED STATES	PRESIDENTIAL ELECTIONS	FUND O	F NEW JERSEY
6. Name of Ariy Connected C	organization, Afmilated Committee, Joint Fundraising He	epresentative, or	Teadership PAC Sponsor
NONE		11111	
Mailing Address		1111	
		1 1 1	
	СПУ	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraisi	ing Representative	e Leadership PAC Sponsor
7. Custodian of Records: Iden	ntify by name, address (whone number — optional) (wid po	sition of the pers	on in possession of committee
books and records.			
Full Name DONA	ALD ROCKEFELLER	1 1 1 1 1 .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address	P. O. BOX 667313	1 1 1 1 1	
·		1 1 1 1 1	
	POMPANO BEACH	[FL]	33066 -
Title or Position	СПҮ	STATE	ZIP CODE
ADMINISTRATO	R Telephone r	number 954	
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of assistant treasurer).	the committee; ar	nd the name and address of
Full Name of Treasurer	ALD ROCKEFELLER		
Mailing Address	P. O. BOX 667313		
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
	POMPANO BEACH	ıFLı	33066 _
	CITY	STATE	ZIP CODE

Telephone number

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ZIP CODE

Name of Bank, Depository, etc.

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СПУ										STATE						ZIP CODE															

STATE

CITY

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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