

**ELECTIONEERING COMMUNICATION  
STATEMENT OF ORGANIZATION**

(PLEASE TYPE)

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ELECTIONS

OFFICE USE ONLY

<b>1. Full Name of Organization</b>		Telephone	
The Voter Action Group		786-260-4774	
Mailing Address (include city, state and zip code)			
1111 Park Center Blvd., Suite 402			
Street Address (include city, state and zip code)			
Miami, Florida 33169			
<b>2. Affiliated or Connected Organizations</b>			
Name of Affiliated or Connected Organization		Mailing Address	Relationship
<b>3. Area, Scope and Jurisdiction of the Organization</b>			
Miami Dade issues			
<b>4. Identify by Name, Address &amp; Position, the Custodian of Books &amp; Accounts for the Organization</b>			
Full Name	Mailing Address	Street Address	Title or Position
Willis Howard	1111 Park Centre Blvd., suite 402	"same"	Chairman
<b>5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)</b>			
<input checked="" type="checkbox"/> As a newly created organization during the current calendar quarter.			
<input type="checkbox"/> From an organization existing prior to the current calendar quarter.			

**6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.**

Full Name	Mailing Address	Street Address	Title or Position
Willis Howard	1111 Park Centre Blvd., Suite 402 Miami, Florida 33169		Treasurer

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**7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?**

Returned to Contributors pro-rata or donated to 501 (c)(3)

**8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications**

Name of Bank or Depository	Mailing Address
Bank of America	2655 NW 54th Street Miami, Florida 33142

**9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address

STATE OF Florida Miami-Dade COUNTY

I, Willis Howard II, certify that the information in this Statement of

Organization is complete, true, and correct.

**X**   
 Signature of Top-ranking Principal Officer of Organization

4/12/2012  
 Date

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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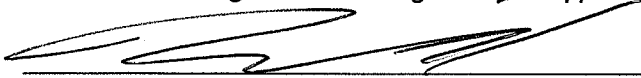
MIAMI-DADE  
ELECTIONS

- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name Willis Howard		Telephone 954-224-9219
Street Address 1111 Park Center, Suite 402		
City Miami	State FL	Zip Code 33169
Mailing Address		
City	State	Zip Code

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.



4/12/2011

Signature of Registered Agent

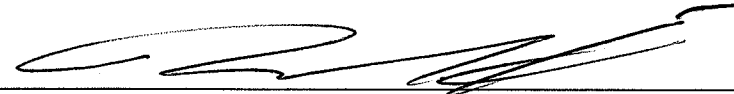
Date

**Former Registered Agent and Office Information (for changes only)**

Name		Telephone
Street Address		
City	State	Zip Code

**Committee or Organization Information**

Name of Committee or Organization Voter Action Group		
Street Address 1111 park center blvd., suite 402		Telephone 9542249219
City miami	State fl	Zip Code



Signature of Chairperson

Willis Howard

Printed Name of Chairperson

4/12/12  
Date

**Receipt of Handbook and the  
Election Laws of the State of Florida**



**Candidate/Chairperson:**

*Willis*

First Name

*Perry*

Middle Name

*Howard*

Last Name

*The Voter Action Group*

Office Sought / Organization

**This is to acknowledge my receipt of the following documents:**

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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**Received by:**

*[Handwritten Signature]*

Signature of Candidate or Chairperson

*4/12/12*

Date

Day Time Telephone Number: 786-260-4774

Alternate Contact Number: \_\_\_\_\_

Email Address: willishowardii@gmail.com

Campaign Treasurer's Report  
Electronic Filing Requirements  
for Miami-Dade County



Candidate (office sought): \_\_\_\_\_

Political Committee: \_\_\_\_\_

Party Executive Committee: \_\_\_\_\_

Other: The Voter Action Group EGO

I, Willis Howard  
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

Signature of Candidate or Chairperson

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Day Time Telephone Number: 786-260-4774

Alternate Contact Number: 954-224-9219

Email Address: willis.howardj@gmail.com

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*