

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE
ELECTIONS

1. Full Name of Committee

Telephone

A Secure Future for Freedom

Mailing Address (include city, state and zip code)

PO Box 430381 Miami, FL 33243

Street Address (include city, state and zip code)

PO Box 430381 Miami, FL 33243

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

N/A

3. Area, Scope and Jurisdiction of the Committee

Miami-Dade County

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

To promote honest and ethical government

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name

Mailing Address

Committee Title or Position

Rosa Maria
Palomino

PO Box 430381
Miami, FL 33243

Chair woman /
Treasurer

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Rosa Maria Palomino	PO Box 430381 Miami, FL 33243	Chair woman

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
None			

8. List Any Issues this Committee is Supporting: Honest and ethical government
List Any Issues this Committee is Opposing: N/A

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

Republican Party

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

Give it to non-profit

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
Intercontinental Bank	5722 SW 8th Street West Miami, FL 33144

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

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

STATE OF Florida Miami-Dade COUNTY

I, Rosa Maria Palomino, certify that the information in this Statement of Organization is complete, true and correct.

X

Rosa Maria Palomino
Signature of Chairman of Political Committee

6/20/2012
Date

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**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer



Reappointment of Treasurer



Deputy Treasurer

1. Committee or Organization

A Secure Future for Freedom

2. Telephone

()

3. Name of Treasurer or Deputy Treasurer

4. Email (optional)

Rosa Maria Palomino

5. Telephone (optional)

()

6. Mailing Address

PO Box 430381 Miami, FL 33243

7. Street Address

PO Box 430381 Miami, FL 33243

8. The following bank has been designated as the



Primary Depository



Secondary Depository

9. Name of Bank

Intercontinental Bank

10. Street Address

5722 SW 8th Street

11. City

West Miami

12. State

FL

13. Zip Code

33144

14. Signature of Chairman

X

15. Name of Chairman (Print or Type)

Rosa Maria Palomino

Campaign Treasurer's Acceptance of Appointment

I,

Rosa Maria Palomino

, do hereby accept the appointment as

(Please Print or Type)

treasurer or deputy treasurer for

A Secure Future for Freedom

(Committee or Organization)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

6/20/2012

Date

X

Signature of Campaign Treasurer or Deputy Treasurer



Access to Handbook and the
Election Laws of the State of Florida

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Candidate/Chairperson:

Rosa

First Name

Maria

Middle Name

Palomino

Last Name

A Secure Future for Freedom

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

☐ Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

☒ Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by:

Rosa Maria Palomino

Candidate / Chairperson Signature

Date:

6/20/2012

Primary Telephone Number:

Alternate Telephone Number:

E-mail address:

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



☐ Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

☒ Political Committee: A Secure Future for Freedom

☐ Party Executive Committee: _____

☐ Other: _____

I, Rosa Maria Palomino
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

Rosa Maria Palomino 6/20/2012
Signature of Candidate or Chairperson Date

Day Time Telephone No: _____

Email Address: _____

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.

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