

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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2013 JAN 17 AM 11:05

MIAMI-DADE  
ELECTIONS

**1. Full Name of Committee**

A Secure Future for Freedom

Telephone

(305) 300-7237

Mailing Address (include city, state and zip code)

7740 Camino Real #G308 Miami, FL 33143

Street Address (include city, state and zip code)

7740 Camino Real #G308 Miami, FL 33143

**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.)**

Education and Outreach

**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

Hector  
Roos

7740 Camino  
Real #G308  
Miami, FL 33143

Chair /  
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
N/A		

**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
N/A			

**8. List Any Issues this Committee is Supporting:** N/A

**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, Hector Roos, certify that the information in this Statement of

Organization is complete, true and correct.

**X**

Signature of Chairman of Political Committee

12/5/12  
Date

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**  
(Section 106.022, F.S.)

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ELECTIONS

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

**Registered Agent and Office Information**

Name **Hector Roos** Telephone **(305) 300-7237**

Street Address  
**7740 Camino Real #G308**

City **Miami** State **FL** Zip Code **33143**

Mailing Address  
**7740 Camino Real #G308**

City **Miami** State **FL** Zip Code **33143**

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.

**12/5/12**

Signature of Registered Agent

Date

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

Name **Rosa Palomino** Telephone

Street Address  
**PO Box 430381**

City **Miami** State **FL** Zip Code **33143**

**Committee or Organization Information**

Name of Committee or Organization  
**A Secure Future for Freedom**

Street Address **7740 Camino Real #G308** Telephone **(305) 300-7237**

City **Miami** State **FL** Zip Code **33143**

  
Signature of Chairperson

**Hector Roos**

Printed Name of Chairperson

**12/5/12**

Date





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

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ELECTIONS

Candidate/Chairperson:

Hector

Roos

First Name

Middle Name

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: \_\_\_\_\_

Candidate / Chairperson Signature

Date: December 5, 2012

Primary Telephone Number: (305) 300-7237

Alternate Telephone Number: \_\_\_\_\_

E-mail address: hectorroos@gmail.com

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



MIAMI-DADE  
ELECTIONS

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

Candidate's Florida Voter Registration Number: \_\_\_\_\_

☒ Political Committee: A Secure Future for Freedom

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

☐ Other: \_\_\_\_\_

I, Hector Roos

(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.

Signature of Candidate or Chairperson

12/5/2012

Date

Day Time Telephone No: (305) 300-7237

Email Address: hectorroos@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.*