

**STATEMENT OF ORGANIZATION  
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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MIAMI-DADE  
ELECTIONS

Telephone

**1. Full Name of Committee**

Vision of Our Community

305-300-7237

Mailing Address (include city, state and zip code)

1925 Brickell Ave #1604 Miami, FL 33129

Street Address (include city, state and zip code)

1925 Brickell Ave #1604 Miami, FL 33129

**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 Candidates and Issues

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

Legal and Community 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

1925 Brickell Ave  
#1604  
Miami, FL 33129

Chairman,  
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
Hector Roos	1925 Brickell Ave #1604 Miami, FL 33129	Chairman

**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  
 N/A

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

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

Name of Bank or Depository & Account Number	Mailing Address
TD Bank	10603 NW 12th St Doral, FL 33178

**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 COUNTY MIAMI-DADE

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

Organization is complete, true and correct.

[Signature] Signature of Chairman of Political Committee Date 6/23/15

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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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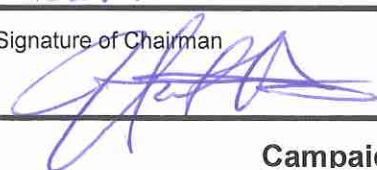
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MIAMI-DADE  
ELECTIONS

CHECK APPROPRIATE BOX:

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Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

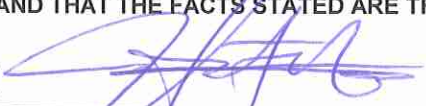
1. Committee or Organization <i>Vision for Our Community</i>		2. Telephone <i>(305) 300 7237</i>	
3. Name of Treasurer or Deputy Treasurer <i>Hector Roos</i>		4. Email (optional) <i>hectarroos@gmail.com</i>	
5. Telephone (optional) ( )			
6. Mailing Address <i>1925 Brickell Ave #1604 Miami, FL 33129</i>			
7. Street Address <i>1925 Brickell Ave #1604 Miami, FL 33129</i>			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank <i>TD Bank</i>		10. Street Address <i>10603 NW 12<sup>th</sup> St</i>	
11. City <i>Doral</i>		12. State <i>FL</i>	13. Zip Code <i>33178</i>
14. Signature of Chairman <b>X</b> 		15. Name of Chairman (Print or Type) <i>Hector Roos</i>	

**Campaign Treasurer's Acceptance of Appointment**

I, *Hector Roos*, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for *Vision for Our Community*  
(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.**

*6/23/15*  
Date

**X**   
Signature of Campaign Treasurer or Deputy Treasurer

**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 HECTOR ROOS Telephone 305-300-7237

Street Address 1925 Brickell Ave #1604

City Miami State FL Zip Code 33129

Mailing Address 1925 Brickell Ave #1604

City Miami State FL Zip Code 33129

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.

 6/23/15  
Signature of Registered Agent Date

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

Name N/A Telephone

Street Address

City State Zip Code

**Committee or Organization Information**

Name of Committee or Organization Vision for Our Community

Street Address 1925 Brickell Ave #1604 Telephone 305-300-7237

City Miami State FL Zip Code 33129

  
Signature of Chairperson

HECTOR ROOS 6/23/15  
Printed Name of Chairperson Date



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

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MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Hector

Christopher

Roos

First Name

Middle Name

Last Name

Vision for our Community

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)
Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp)

Acknowledged by: Hector Roos
Candidate / Chairperson Signature

Date: 6/23/15

Primary Telephone Number: 305-300-7237

Alternate Telephone Number: N/A

E-mail address: Hector Roos @ gmail . com

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



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

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

Political Committee: Vision for our community

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

Other: \_\_\_\_\_

I, HECTOR ROOS  
(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.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person.

Signature of Candidate or Chairperson

6/23/15

Date

Day Time Telephone Number: 305-300-7237

Alternate Contact Number: N/A

Email Address: Hector Roos@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.*

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