STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY
RECEIVED

2017 MAY 17 PM 1: 43

MIAMI-DADE

1. Full Name of Committee			C telephone		
Veterans Enlisted Together (VET-PAC)			(305) 934-9048		
Mailing Address (include city	, state and zip code)				
P.O. Box 442761					
Miami, FL 33144					
Street Address (include city,	state and zip code)				
7420 SW 107th Ave; Apt 1	7109 Miami, FL 33173				
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)					
Name of Affiliated or Connected Organization	Mailing Address		Relationship		
None	None		None		
'					
		,			
3. Area, Scope and Jurisdiction of the Committee					
Primarily working out of Miami-Dade County to promote and bring awareness veteran issues.					
4. Nature of Organization or	Organization's Special Interest (e.g., medical,	legal, educa	ation, etc.)		
County-wide issues including but not limited to affordable housing/benefits/suicide/homelessness					
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)					
Full Name	Mailing Address	Comi	mittee Title or Position		
Christopher Leon	O. Box 442761 Chairman/Treasurer		n/Treasurer		
	Miami, FL 33144				

	and Position, Other Principal (Any (include chairman's name)		Officers a	nd Members	of the	
Full Name	Mailing Addr	Address		Committee Title or Position		
Christopher Leon	P.O. Box 442761 Miami, FL 33155	Chairman/Tre		an/Treasure	er	
				-	=	M
7. List by Name, Address Committee is Supporti	, Office Sought and Party Affiliang (if none, please indicate)	ation Each Candida	te or Oth	er Individual	tha t t his	CE
Full Name	Mailing Address	Office	The state of the s		Party	<
None	None	None		A	je i	0.3
8. List Any Issues this Co	ommittee is Supporting: Afford	able housing/ben	efit avai	/ fight for ho	meless	
	ommittee is Opposing: N/A			J		
9. If this Committee is Su N/A	pporting the Entire Ticket of a	Party, Give Name o	f Party			
10. In the Event of Dissol	ution, What Disposition will be be dispersed to	Made of Residual F な	unds?	t, tang	org.	
11. List all Banks, Safety	Deposit Boxes, or Other Depos	sitories Used for Co	mmittee	Funds		
Name of Bank or Depository & Account Number			Mailing Address			
Bank of America		8991 SW 107TH Ave Miami, FL 33176				
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 o	f Official	Mailing	Address	
None	None	None		None		
STATE OF Florida Miami Dade COUNTY				TY		
Christopher Leon , certify that the information in this Statement of						
Organization is complete, true and correct. Signature of Chairman of Rollitical Committee 5/17/2017 Date						

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES

(Sections 106.011(1) and 106.021(1), F.S.)

RECEIVED

2017 MAY 17 PM 1:43

MIAMI-DADE ELECTIONS

OFFICE USE ONLY CHECK APPROPRIATE BOX: Original Appointment of Treasurer Deputy Treasurer Reappointment of Treasurer 2. Telephone 1. Committee or Organization Veterans Enlisted Together (VET-PAC) (305)934-90485. Telephone (optional) Fox 3. Name of Treasurer or Deputy Treasurer 4. Email (optional) christopher.leon3@outlook Christopher Leon (786) 464 - 9526 6. Mailing Address P.O. Box 442761 Miami, FL 33144 7. Street Address 7420 SW 107TH AVE Apt 7109 Miami, FL 33173 X Primary Depository 8. The following bank has been designated as the **Secondary Depository** 9. Name of Bank 10. Street Address Bank of America 8991 SW 107TH AVE 12. State 13. Zip Code 11. City FL Miami 33176 14. Signature of Chairman 15. Name of Chairman (Print or Type) Christopher Leon Campaign Treasurer's Acceptance of Appointment Christopher Leon , do hereby accept the appointment as (Please Print or Type) Veterans Enlisted Together (VET-PAC) treasurer or deputy treasurer for (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. 2017

Signature of Campaign Treasurer or Deputy Treasurer

REGISTERED AGENT STATEMENT OF APPOINTMENT

2017 MAY 17 PM 1-1-2

(Section 106.022, F.S.)			11 1:43	
			MIAMI-DADE ELECTIONS	
Original Appointment Change of Appointment		4	ELECTIONS	
Change of Mailing Address Change of Physic	al Address		•	
Registered Ag	ent and C	Office Information	on	
Name Christopher Leon			Telephone (305) 934-9048	
Street Address 7420 SW 107TH AVE; Apt 7109				
City Miami	State FL		Zip Code 33173	
Mailing Address P.O. Box 442761				
City Miami	State FL		Zip Code 33144	
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. Signature of Registered Agent Date				
Former Registered Agent a	and Office	Information (fo	r changes only)	
Name W/A		*	Telephone	
Street Address				
City	State		Zip Code	
Committee or	^r Organiza	tion Informatio	n	
Name of Committee or Organization Veterans Enlisted Together (VET-PAC)				
Street Address P.O. Box 442761			(305) 934-9048	
City Miami	State FL		Zip Code 33144	
Signature of Chairperson		_		
Christopher Leon			17/2017	
Printed Name of Chairperson		Date		

RECEIVED



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

2017 MAY 17 PM 1: 43

MIAMI-DADE ELECTIONS

		ELECTIONS	
Candidate/Chairperson:			
Christopher	Leon		
First Name	Middle Name	Last Name	
Vete	erans Enlisted Together (VET-P/	AC)	
	Office Sought / Organization		
I acknowledge that it is m requirements described in t County Elections Department	the following resources a		
Contains information on Si Florida, County Laws and	dbook (http://www.miamidade.g tate Laws and Handbooks, the Handbooks, Qualifying Informa t Candidate Information, and Re	Election Laws of the State of tion, Electronic Reporting Dates	
Contains information on Si Florida, County Laws and	book (http://www.miamidade.go tate Laws and Handbooks, the Handbooks, Electronic Reporting mation, and Recent Legislative	Election Laws of the State of ng Dates and Procedures,	
Acknowledged by: Date: 5/17/2	Candidate / Chairperson S	Signature	
Primary Telephone Number	(305) 934-9048		
Alternate Telephone Numbe	(786) 464-9526 er:		
vetpac@ou	itlook.com		

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



	Candidate (office sought):		
	Candidate's Florida Voter Registration Number:		=
V	Veterans Enlisted Together (VET-PAC) Political Committee:		2017 H
	Party Executive Committee:	配	AY IT
	Other:	OB	PK
1.	Christopher Leon	SE	1.
٠,	(Please print name of Candidate or Chairperson)		
S W 1 re	understand that Campaign Treasurer's Reports <u>must</u> be filed electron Supervisor of Elections website by midnight of the day designated in ord with Miami-Dade County requirements. I also acknowledge that Section 12-21 of the Code of Miami-Dade County regarding the filing of the came eports with the Supervisor of Elections were recently amended in that on hardcopies are no longer required.	der to co ns 12-17 paign fin	mply and ance
C C	also understand that, in accordance with Section 12-14.1 of the Code of County, Florida, candidates running for the Offices of Miami-Dade Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Commust now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose paid campaign workers engaged in absentee ballot activities.	ounty M nunity Co	ayor, ouncil
th E	Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade Code hat candidates for Property Appraiser also fill out the Miami-Dade county Entity (MD-ED 19) form for every reporting period if contributions are recorporation incorporated under the laws of the State of Florida or any other or contributions are recorporation incorporated under the laws of the State of Florida or any other or country of any partnership or any other legal entity other than a national signature of Candidate or Chairperson	/ Contrib ceived fr er state o	outing om a r any
г	(305) 934-9048		
	Day Time Telephone Number:(786) 464-9526 Alternate Contact Number:		
	vetpac@outlook.com Email Address:		