1. Full Name of Committee
   Saving Our Library WP

   Mailing Address (include city, state and zip code)
   Post Office Box 1376, Winter Park, Florida 32790-1376

   Street Address (include city, state and zip code)
   8489 Cabin Hill Road, Tallahassee, Florida 32311

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

<table>
<thead>
<tr>
<th>Name of Affiliated or Connected Organization</th>
<th>Mailing Address</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Area, Scope and Jurisdiction of the Committee
   City of Winter Park, Florida political committee formed for the purpose of supporting or opposing referenda

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

   Political

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

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
<th>Committee Title or Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noreen A. Fenner</td>
<td>8489 Cabin Hill Road</td>
<td>Treasurer</td>
</tr>
<tr>
<td></td>
<td>Tallahassee, Florida 32311</td>
<td></td>
</tr>
</tbody>
</table>
6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
<th>Committee Title or Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Poole</td>
<td>Post Office Box 1376</td>
<td>Chair and Deputy Treasurer</td>
</tr>
<tr>
<td></td>
<td>Winter Park, Florida 32790-1376</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
<th>Office Sought</th>
<th>Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

List Any Issues this Committee is Opposing: Winter Park, Florida Library Bond Referendum

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?
Contribute to charitable organization or as otherwise provided by law

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

<table>
<thead>
<tr>
<th>Name of Bank or Depository &amp; Account Number</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>SunTrust Bank</td>
<td>3522 Thomasville Road</td>
</tr>
<tr>
<td></td>
<td>Tallahassee, Florida 32309</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Report Title</th>
<th>Dates Required to be Filed</th>
<th>Name &amp; Position of Official</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 8871, Form 990,</td>
<td>Upon formation, May 15,</td>
<td>Internal Revenue Service</td>
<td>Ogden, UT 84201</td>
</tr>
<tr>
<td>as may be required</td>
<td>annually</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STATE OF Florida

Orange COUNTY

I, Michael Poole, certify that the information in this Statement of Organization is complete, true and correct.

Signature of Chairman of Political Committee: [Signature]

Date: 11/26/2016
**REGISTERED AGENT STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

- [x] Original Appointment
- Change of Appointment
- Change of Mailing Address
- Change of Physical Address

**Registered Agent and Office Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noreen A. Fenner</td>
<td>850/212-0226</td>
</tr>
</tbody>
</table>

**Street Address**
8489 Cabin Hill Road

**City**
Tallahassee

**State**
Florida

**Zip Code**
32311

**Mailing Address**
8489 Cabin Hill Road

**City**
Tallahassee

**State**
Florida

**Zip Code**
32311

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**
1/05/16

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Street Address**

**City**

**State**

**Zip Code**

**Committee or Organization Information**

**Name of Committee or Organization**
Saving Our Library WP

**Street Address**
8489 Cabin Hill Road

**Telephone**
850/212-0226

**City**
Tallahassee

**State**
Florida

**Zip Code**
32311

**Signature of Chairperson**

**Date**
1/26/2016

**Printed Name of Chairperson**
Michael Poole

Form DS-DE 41 (revised 6/11)
**APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

<table>
<thead>
<tr>
<th>CHECK APPROPRIATE BOX:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Original Appointment of Treasurer</td>
<td>☐ Reappointment of Treasurer</td>
</tr>
</tbody>
</table>

1. Committee or Organization  
**Saving Our Library WP**

2. Telephone  
(850) 212-0226

3. Name of Treasurer or Deputy Treasurer  
Noreen A. Fenner

4. Email (optional)  
Noreen@pacfm.net

5. Telephone (optional)  
(850) 212-0226

6. Mailing Address  
**8489 Cabin Hill Road, Tallahassee, Florida 32311**

7. Street Address  
**8489 Cabin Hill Road, Tallahassee, Florida 32311**

8. The following bank has been designated as the  
☒ Primary Depository  ☐ Secondary Depository

9. Name of Bank  
**SunTrust Bank**

10. Street Address  
**3522 Thomasville Road**

11. City  
**Tallahassee**

12. State  
**Florida**

13. Zip Code  
**32309**

14. Signature of Chairman  
☒  
Michael Poole

15. Name of Chairman (Print or Type)  
Michael Poole

---

**Campaign Treasurer’s Acceptance of Appointment**

I,  
Noreen A. Fenner  
(Please Print or Type)  
do hereby accept the appointment as  
treasurer or deputy treasurer for  
**Saving Our Library WP**  
(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.**

Date  
10/5/16  
Signature of Campaign Treasurer or Deputy Treasurer  
X

DS-DE 6 (Rev. 7/10)
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Appointment of Treasurer</td>
<td>☐</td>
</tr>
<tr>
<td>Reappointment of Treasurer</td>
<td>☐</td>
</tr>
<tr>
<td>Deputy Treasurer</td>
<td>☒</td>
</tr>
<tr>
<td>1. Committee or Organization</td>
<td>Saving Our Library WP</td>
</tr>
<tr>
<td>2. Telephone</td>
<td>(850 ) 212-0226</td>
</tr>
<tr>
<td>3. Name of Treasurer or Deputy Treasurer</td>
<td>Michael Poole</td>
</tr>
<tr>
<td>4. Email (optional)</td>
<td>☐</td>
</tr>
<tr>
<td>5. Telephone (optional)</td>
<td>☐</td>
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<tr>
<td>6. Mailing Address</td>
<td>Post Office Box 1376, Winter Park, Florida 32790-1376</td>
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<tr>
<td>12. State</td>
<td>Florida</td>
</tr>
<tr>
<td>13. Zip Code</td>
<td>32309</td>
</tr>
<tr>
<td>14. Signature of Chairman</td>
<td>☒ Michael Poole</td>
</tr>
<tr>
<td>15. Name of Chairman (Print or Type)</td>
<td>Michael Poole</td>
</tr>
</tbody>
</table>

Campaign Treasurer's Acceptance of Appointment

Michael Poole, do hereby accept the appointment as treasurer or deputy treasurer for Saving Our Library WP (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.

Date: 1/26/2016  
Signature of Campaign Treasurer or Deputy Treasurer: ☒