

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

01-26-16P01:54 RCVD

**1. Full Name of Committee**

Saving Our Library WP

Telephone

850/212-0226

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)**

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

**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)**

Full Name	Mailing Address	Committee Title or Position
Noreen A. Fenner	8489 Cabin Hill Road Tallahassee, Florida 32311	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
Michael Poole	Post Office Box 1376 Winter Park, Florida 32790-1376	Chair and Deputy Treasurer

**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:** 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**

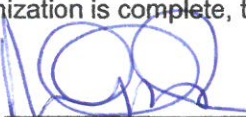
Name of Bank or Depository & Account Number	Mailing Address
SunTrust Bank	3522 Thomasville Road Tallahassee, Florida 32309

**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
Form 8871, Form 990, as may be required	Upon formation May 15, annually	Internal Revenue Service	Ogden, UT 84201

STATE OF Florida Orange COUNTY

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

**X**  \_\_\_\_\_  
Signature of Chairman of Political Committee

1/26/2006  
Date

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

OFFICE USE ONLY

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

01-26-16P01:56 RCVD

**Registered Agent and Office Information**

Name  
**Noreen A. Fenner** Telephone  
**850/212-0226**

Street Address  
**8489 Cabin Hill Road**

City State Zip Code  
**Tallahassee Florida 32311**

Mailing Address  
**8489 Cabin Hill Road**

City State Zip Code  
**Tallahassee Florida 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

**1/25/16**

Date

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

Name Telephone  
**N/A**

Street Address

City State Zip Code

**Committee or Organization Information**

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

Street Address Telephone  
**8489 Cabin Hill Road 850/212-0226**

City State Zip Code  
**Tallahassee Florida 32311**

Signature of Chairperson

**Michael Poole**

Printed Name of Chairperson

**1/26/2016**

Date

**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:

OFFICE USE ONLY

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization Saving Our Library WP	2. Telephone (850 ) 212-0226
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3. Name of Treasurer or Deputy Treasurer Noreen A. Fenner	4. Email (optional) Noreen@pacfm.net	5. Telephone (optional) (850 ) 212-0226
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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 <b>SunTrust Bank</b>	10. Street Address <b>3522 Thomasville Road</b>
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11. City <b>Tallahassee</b>	12. State <b>Florida</b>	13. Zip Code <b>32309</b>
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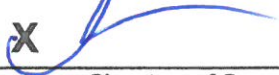
14. Signature of Chairman <b>X</b> 	15. Name of Chairman (Print or Type) <b>Michael Poole</b>
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**Campaign Treasurer's Acceptance of Appointment**

I, Noreen A. Fenner, do hereby accept the appointment as  
(Please Print or Type)

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.**

1/25/16 Date      **X**  Signature of Campaign Treasurer or Deputy Treasurer

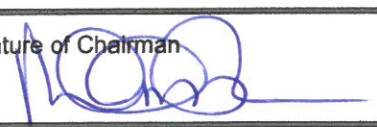
**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(1) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:

OFFICE USE ONLY

Original Appointment of Treasurer       Reappointment of Treasurer       Deputy Treasurer

1. Committee or Organization Saving Our Library WP		2. Telephone (850 ) 212-0226	
3. Name of Treasurer or Deputy Treasurer Michael Poole		4. Email (optional)	
5. Telephone (optional) (850 ) 212-0226			
6. Mailing Address Post Office Box 1376, Winter Park, Florida 32790-1376			
7. Street Address 8489 Cabin Hill Road, Tallahassee, Florida 32311			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> 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 		15. Name of Chairman (Print or Type) Michael Poole	

**Campaign Treasurer's Acceptance of Appointment**

I, Michael Poole, do hereby accept the appointment as  
(Please Print or Type)  
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.

1/26/2016  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer