

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

OFFICE USE ONLY

01-25-22P02:00 RCVD

1. Full Name of Committee

Winter Park Governance

Telephone

4072127850

Mailing Address (include city, state and zip code)

PO Box 1251 Winter Park, FL 32790

Street Address (include city, state and zip code)

700 Via Lombardy Winter Park, FL 32789

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

Name of Affiliated or Connected Organization	Mailing Address	Relationship
none		

3. Area, Scope and Jurisdiction of the Committee

Advocating for/against issues in Winter Park, FL

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

Good governance

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
Peter Weldon	200 Via Lombardy Winter Park, FL 32789	Chair

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
none		

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
NA			

8. List Any Issues this Committee is Supporting:

List Any Issues this Committee is Opposing: Winter Park Charter Amendments

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

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

Refunded pro rata

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

Name of Bank or Depository & Account Number	Mailing Address
Wells Fargo 7620959846	275 S New York, Ave Winter Park, FL 32789

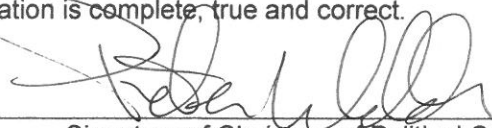
12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
NA			

STATE OF Florida COUNTY Orange

I, Peter Weldon, certify that the information in this Statement of

Organization is complete, true and correct.

X 
Signature of Chairman of Political Committee

01/21/2022
Date

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(2) and 106.021(1), F.S.)


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CHECK APPROPRIATE BOX:

Initial Filing for: Primary Treasurer Deputy Treasurer

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Re-filing to Change: Primary Treasurer Deputy Treasurer Primary/Secondary Depository

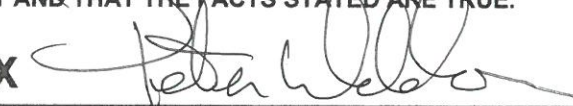
1. Committee <i>Winter Park Governance</i>		2. Telephone <i>(407) 267 5320</i>	
3. Name of Treasurer or Deputy Treasurer <i>Peter Weldon</i>		4. Email (optional)	
5. Telephone (optional) <i>(407) 267 5320</i>			
6. Mailing Address <i>PO Box 1251 Winter Park, FL 32789</i>			
7. Street Address <i>700 Via Lombardy Winter Park, FL 32789</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>Wells Fargo</i>		10. Street Address <i>275 S New York Ave Winter Park, FL 32789</i>	
11. City <i>Winter Park</i>		12. State <i>FL</i>	13. Zip Code <i>32789</i>
14. Signature of Chairman <i>X</i> 		15. Name of Chairman (Print or Type) <i>Peter Weldon</i>	

Campaign Treasurer's Acceptance of Appointment

I, *Peter Weldon*, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for *Winter Park Governance*
(Committee)

**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.**

01/24/2022
Date

X 
Signature of Campaign Treasurer or Deputy Treasurer

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

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

Registered Agent and Office Information

Name Peter Weldon Telephone 407 267 5320

Street Address 700 Via Lombardy

City Winter Park State FL Zip Code 32789

Mailing Address PO Box 1251

City Winter Park State FL Zip Code 32790

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.

Peter Weldon 01/24/2022
Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

Committee or Organization Information

Name of Committee or Organization Winter Park Governance

Street Address 700 Via Lombardy Telephone 407 267 5320

City Winter Park State FL Zip Code 32789

Peter Weldon
Signature of Chairperson

Peter Weldon 01/24/2022
Printed Name of Chairperson Date