

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

(PLEASE TYPE)

OFFICE USE ONLY

01-17-24 P 12:05 IN

DC Harris

1. Full Name of Committee
Winter PAC

Telephone
407-599-8281

Mailing Address (include city, state and zip code)
151 W. Lyman Ave.
Winter Park, FL 32789

Street Address (include city, state and zip code)
151 W. Lyman Ave.
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
Winter Park Chamber of Commerce	151 W. Lyman Ave. Winter Park, FL 32789	Separate, independent, but affiliated organization

3. Area, Scope and Jurisdiction of the Committee

Political committee supporting or opposing only municipal candidates and/or issues

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

To support a vibrant, engaged and prosperous Winter Park business community.

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
Neota Genske	151 W. Lyman Ave. Winter Park, FL 32789	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
Elizabeth Gardner Eckbert Brian Mills Lawrence Lyman Arnaldo Oliveras	151 W. Lyman Ave. Winter Park, FL 32789	Registered Agent Chairman Vice Chairman Secretary

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
None			

8. List Any Issues this Committee is Supporting: None

List Any Issues this Committee is Opposing:

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?

Winter Park Improvement Foundation

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

Name of Bank or Depository & Account Number	Mailing Address
Seacoast Bank, Account # 4727227601	1031 W. Morse Blvd., Suite 150 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
None			

STATE OF Florida

Orange COUNTY

I, Brian Mills, certify that the information in this Statement of

Organization is complete, true and correct.

X 
Signature of Chairman of Political Committee

1/16/24
Date

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

OFFICE USE ONLY

01-17-24 P 12:05 IN

R. Cranis

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

Registered Agent and Office Information

Name Elizabeth Gardner Eckbert		Telephone 407-599-8281
Street Address 151 W. Lyman Ave.		
City Winter Park	State FL	Zip Code 32789
Mailing Address 151 W. Lyman Ave.		
City Winter Park	State FL	Zip Code 32789

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.

EGE

1/12/2024

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 PAC		Telephone 407-599-8281
Street Address 151 W. Lyman Ave.		
City Winter Park	State FL	Zip Code 32789

BM

Signature of Chairperson

Brian Mills

Printed Name of Chairperson

1/12/24

Date

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

01-17-24 P 12:05 IN

R. Cranis

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
Winter PAC

2. Telephone
(407) 599-8281

3. Name of Treasurer or Deputy Treasurer 4. Email (optional)
Neota Genske

5. Telephone (optional)
(407) 599-8281

6. Mailing Address
151 W. Lyman Ave., Winter Park, FL 32789

7. Street Address
151 W. Lyman Ave.

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

9. Name of Bank
Seacoast Bank

10. Street Address
1031 W. Morse Blvd., Suite 150

11. City
Winter Park

12. State
FL

13. Zip Code
32789

14. Signature of Chairman

X



15. Name of Chairman (Print or Type)
Brian Mills

Campaign Treasurer's Acceptance of Appointment

I, Neota Genske, do hereby accept the appointment as

(Please Print or Type)

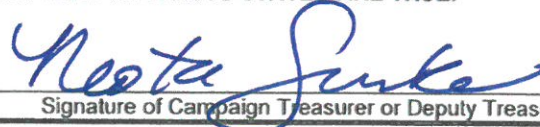
treasurer or deputy treasurer for Winter PAC
(Committee)

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.

01/15/2024

Date

X



Signature of Campaign Treasurer or Deputy Treasurer