



CITY OF PORT ORANGE

1000 CITY CENTER CIRCLE
PORT ORANGE, FLORIDA 32129
TELEPHONE 386-506-5563
www.Port-Orange.org

February 6, 2019

Leandro Barreiro
719 Palm Circle Drive
Port Orange, FL 32127

RE: Elections

Dear Mr. Barreiro:

Enclosed please find a copy of your Appointment of Campaign Treasurer and Designation of Campaign Depository for Candidates for Sarah Jones and yourself, along with the Statement of Candidate. These documents have been time stamped as received by the City Clerk's office on February 6, 2019. You are now able to open an account and begin collecting donations for your campaign.

In addition, please be advised that your account should be opened as follows:

Leandro "Lee" Barreiro, Campaign Account

You may also list Sarah Jones, Treasurer on the second line and then list your address or your Treasurer's address.

Should you have any further questions, or need anything further, please do not hesitate to contact me.

Sincerely,

ROBIN FENWICK, CMC
CITY CLERK

Enclosures

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED

FEB - 6 2019

CITY OF PORT ORANGE
CITY CLERK



I, Leandro Barreiro ;

candidate for the office of City Councilman ;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X



Signature of Candidate

2/6/2019

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

RECEIVED

FEB - 6 2019

CITY OF PORT ORANGE
CITY CLERK

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Leandro Barreiro

3. Address (include post office box or street, city, state, zip code)

719 Palm Circle Dr.
Port Orange, FL 32127

4. Telephone

(386)295-6395

5. E-mail address

LeandroJoseBarr@gmail.com

6. Office sought (include district, circuit, group number)

City Councilman - District 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my

Campaign Treasurer Deputy Treasurer

Name of Treasurer or Deputy Treasurer

self

11. Mailing Address

same

12. Telephone

() same

13. City

14. County

15. State

16. Zip Code

17. E-mail address

same

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

SunTrust

20. Address

4900 S. Clyde Morris Blvd

21. City

Port Orange

22. County

Volusia

23. State

FL

24. Zip Code

32129

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

2/6/2019

26. Signature of Candidate

X

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Leandro Barreiro, do hereby accept the appointment
(Please Print or Type Name)

Designated above as: Campaign Treasurer Deputy Treasurer.

2/6/2019
Date

X

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

RECEIVED

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CITY OF PORT ORANGE
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[Handwritten initials]

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Leandro Barreiro

3. Address (include post office box or street, city, state, zip code)

*719 Palm Circle Dr
Port Orange, FL 32127*

4. Telephone

(386) 295-6395

5. E-mail address

leandrojosebarr@gmail.com

6. Office sought (include district, circuit, group number)

City Council, District 1

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

Name of Treasurer or Deputy Treasurer

Sarah Jones

11. Mailing Address

44 Woodfield Dr,

12. Telephone

(386) 290-2653

13. City

Port Orange

14. County

Volusia

15. State

FL

16. Zip Code

32129

17. E-mail address

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Sun Trust

20. Address

4900 S Clyde Morris Blvd

21. City

Port Orange

22. County

Volusia

23. State

FL

24. Zip Code

32129

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

2/6/2019

26. Signature of Candidate

[Handwritten Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, *Sarah Jones*, do hereby accept the appointment
(Please Print or Type Name)

Designated above as: Campaign Treasurer Deputy Treasurer.

Feb 6 2019

Date

[Handwritten Signature]

Signature of Campaign Treasurer or Deputy Treasurer

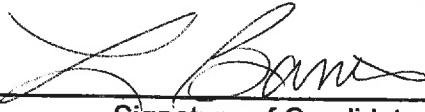


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Acknowledgment for Electronic Filing of Campaign Finance Reports

Pursuant to Resolution No. 18-4, as described below, I, Leandro Barreiro, candidate for the office of Port Orange City Council, District 1 have been advised of, and understand the written acknowledgement requirement regarding Electronic Filing. Furthermore, by initialing each subsection herewith mentioned below, I express my understanding of all resolution requirements as in accordance to Chapter 106, Florida Statutes.

X  2/6/2019
Signature of Candidate Date

RESOLUTION NO. 18-4

A RESOLUTION OF THE CITY OF PORT ORANGE, VOLUSIA COUNTY, FLORIDA; REQUIRING ELECTRONIC FILING OF CAMPAIGN FINANCE REPORTS OF LOCAL CANDIDATES; AUTHORIZING THE CITY CLERK TO ENTER INTO AN AGREEMENT WITH THE VOLUSIA COUNTY SUPERVISOR OF ELECTIONS REGARDING THE ELECTRONIC FILING SYSTEM; ESTABLISHING ALTERNATIVE PROCEDURES FOR FILING CAMPAIGN FILING REPORTS; PROVIDING FOR REPEAL OF CONFLICTING RESOLUTIONS; PROVIDING FOR SEVERABILITY; AND PROVIDING AN EFFECTIVE DATE.

Acknowledgment: The City Clerk must require each person given a secure sign-on to the electronic filing system to sign a written statement on a form prepared by the City Clerk acknowledging the following:

(Initials)

- LB (a) Campaign finance reports must be completed and filed through the County's electronic filing system not later than midnight of the day required by law therefore.
- LB (b) Campaign finance reports not filed by midnight of the required day are deemed late-filed and are subject to the penalties prescribed under Section 106.07(8), Florida Statutes.
- LB (c) Campaign finance reports filed through the County's electronic filing system are considered to be certified as to correctness within the meaning of Section 106.07(5), Florida Statutes, by the candidate and the candidate's treasurer, in the case of a candidate, or the political committee's chair and treasurer, in the case of a political committee, and such persons are subject to the provisions of Section 106.07(5), Florida Statutes.
- LB (d) The person signing the statement is responsible for protecting the sign-on credentials from disclosure, and for all filings using such credentials, unless the person has notified the Supervisor that such credentials have been compromised.