## APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

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FEB - 6 2019

CITY OF PORT ORANGE CITY CLERK

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 Party 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip Leandro Barreiro

A Telenhone | 5. E-mail address code) 7/9 Pa(m Circle Dr. Port Orange, FL 32/27 (386)295-6395, Leandro Jose Barr Quail com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: City Councilman - District 1 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** ame of Treasurer or Deputy Treasurer 11. Mailing Address 12. Telephone same 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 20. Address 4900 S. Clyde Morris Blvd

23. State
24. Zip Code
37/26 22. County 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 Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) 27. Leandro Barreiro , do hereby accept the appointment (Please Print or Type Name) unated above as: Campaign Treasurer Deputy Treasurer.

X

Signature of Campaign Treasurer or Deputy Treasurer