

**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 filing officer before opening the campaign account.

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FEB 02 2023 @ 4:09pm

BARTOW CITY CLERK'S OFFICE

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):  
(Please Print or Type Name)

Leo Edison Longworth

**3. Address** (include PO Box or Street, City, State, Zip Code):

1395 E MAGNOLIA STREET  
Bartow, FL 33830

**4. Telephone:**

(863) 297-1505

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

leopsiph@verizon.net

**7. Office Sought** (include district, circuit, group, or seat #):

City Commission, Seat 5, East District

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.  No Party Affiliation Candidate.  \_\_\_\_\_ Party candidate.

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

**11. Name of Treasurer or Deputy Treasurer:**

Leo E Longworth

**12. Telephone:**

(863) 297-1505

**13. Email Address:**

leopsiph@verizon.net

**14. Mailing Address:**

1395 Magnolia Street

**15. City:**

Bartow

**16. State:**

FL

**17. Zip Code:**

33830

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository  Secondary Depository

**19. Name of Bank:**

South State

**20. Address:**

1375 N Broadway Avenue

**21. City:**

Bartow

**22. County:**

Polk

**23. State:**

FL

**24. Zip Code:**

33830

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

**25. Date:**

2/2/26

**26. Signature of Candidate:**

X

Leo E. Longworth

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

I, Leo E Longworth do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

2/2/26

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X

Leo E. Longworth

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

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**2. Name of Candidate** (in this order: First, Middle, Last):  
(Please Print or Type Name)

Leo Edison Longworth

**3. Address** (include PO Box or Street, City, State, Zip Code):

1395 E Magnolia Street  
Bartow, FL 33830

**4. Telephone:**

(863) 297-1505

**5. Candidate's Voter Registration #:**

(not required for qualifying purposes)

**6. Email Address:**

Leopship@verizon.net

**7. Office Sought** (include district, circuit, group, or seat #):

CITY COMMISSION, SEAT 5, EAST DISTRICT

**8. If a candidate for a nonpartisan office, check the box if applicable:**

I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a

Write-In Candidate.     No Party Affiliation Candidate.     \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Joyce E. Bentley

**12. Telephone:**

( )

**13. Email Address:**

jb3368@comcast.net

**14. Mailing Address:**

P.O. Box 923

**15. City:**

Bartow

**16. State:**

FL

**17. Zip Code:**

33831

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository     Secondary Depository

**19. Name of Bank:**

South State

**20. Address:**

1375 N Broadway Avenue

**21. City:**

Bartow

**22. County:**

Polk

**23. State:**

FL

**24. Zip Code:**

33830

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

**25. Date:**

2-2-26

**26. Signature of Candidate:**

X

*Leo Edison Longworth*

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

I, Joyce E. Bentley do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

2-2-26

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X

*Joyce E. Bentley*

CANDIDATE OATH

NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)
Check box only if you are seeking to qualify as a write-in candidate:

Write-in candidate

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SECTION 1.g

FEB 02 2023

@ 4:09 pm

BARTOW CITY CLERK'S OFFICE

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: LEO E Longworth

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of City Commissioner, District # 5, East, Polk County, Florida.

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do NO, I Do Not

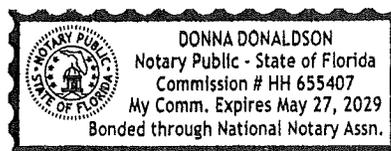
If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

Signature of Candidate: Leo E Longworth, Telephone Number: (863) 297-1505, Email Address: leosight@verizon.net, Address of Legal Residence: 1395 Magnolia Street, City: Bartow, State: FL, ZIP Code: 33530

STATE OF FLORIDA
COUNTY OF Polk

Signature of Notary Public: Donna Donaldson
Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of online notarization OR physical presence
this 2nd day of February, 2020.
Personally Known OR Produced Identification
Type of Identification Produced:





**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

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BARTOW CITY CLERK'S OFFICE

I, LEO E Longworth,

candidate for the office of City Commissioner;

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

X

  
Signature of Candidate

2-2-26

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).



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FEB 02 2025

BARTOW CITY CLERK'S OFFICE

@4:09pm

**FORM COB-51 - CITY OF BARTOW  
AFFIDAVIT OF CITY COMMISSION CANDIDATE  
BARTOW, FLORIDA 33830  
(Section 34-2 – Code of Ordinances)**

STATE OF FLORIDA

COUNTY OF POLK

On this day, personally appeared before me, the undersigned authority,

LEE E Loneworth

being by me duly sworn, an oath stating:

1. That he/she is a qualified elector of the City of Bartow, Florida.
2. That he/she has been a resident of the City continuously for eighteen (18) months immediately preceding the date of commencement of the term of office for which he/she seeks election.
3. That he/she will hold no public office except that of a Notary Public, an officer in the National Guard, or an officer in the Organized Reserves of the Armed Forces of the United States, upon commencement of the term of office for which he/she seeks election.
4. That he/she not become and is not a candidate as a nominee or representative of any political party or any convention representing or acting for any political party.
5. That he/she is seeking election to Seat No. 5 and that he/she resides in the EAST District of the City if seeking election in Seat 2, 3, or 5.

SIGNATURE OF CANDIDATE

Sworn to and subscribed before me  physical presence or  online notarization this 2nd day of February, 2026.

CITY CLERK OR DESIGNEE

(SEAL)

NOTE: This form shall be filed with the City Clerk or her Designee of the City of Bartow, Florida.

2025 Form 1 - Statement of Financial Interests

BARTOW CITY CLERK'S OFFICE

Filed with COE: 02/02/2026

General Information

Name: Leo E Longworth

PID 24446

AGENCY INFORMATION

Organization	Suborganization	Title
Bartow	City Commission	Commissioner

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	City of Bartow	City of Commission - Seat 5

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person) (If you have nothing to report, write "none" or "n/a")

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
State Farm Insurance Agency	1610 N Broadway Avenue, Bartow, FL 33830	Insurance Sales

<b>Secondary Sources of Income</b>			
SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write "none" or "n/a")			
<b>Name of Business Entity</b>	<b>Name of Major Sources of Business' Income</b>	<b>Address of Source</b>	<b>Principal Business Activity of Source</b>
Parkview Properties of Bartow LLC	Rental	1610-1660 N Broadway Avenue, Bartow, FL 33830	Landlord

<b>Real Property</b>
REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")
<b>Location/Description</b>
1025 Magnolia Street - Bartow, FL
1005 Magnolia Street - Bartow, FL
840 3rd Avenue - Bartow, FL
850 3rd Avenue - Bartow, FL
846 7th Avenue - Bartow, FL
865 7th Avenue - Bartow, FL
820 6th Avenue - Bartow, FL
530 4th Avenue - Bartow, FL
1305 Magnolia Street - Bartow, FL
2250 Ken Riley Way - Bartow, FL
2290 Ken Riley Way - Bartow, FL
995 Magnolia Street - Bartow, FL
1610-1650 N Broadway Avenue - Bartow, FL
3359 North Avenue - Bartow, FL
591 Harding Avenue - Bartow, FL

<b>Intangible Personal Property</b>	
INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")	
Type of Intangible	Business Entity to Which the Property Relates
CD	Mid Florida FCU
CD	USBank
401K	Leo E Longworth, Agent, State Farm

<b>Liabilities</b>	
LIABILITIES (Major debts valued over \$10,000): (If you have nothing to report, write "none" or "n/a")	
Name of Creditor	Address of Creditor
N/A	

<b>Interests in Specified Businesses</b>
INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses) (If you have nothing to report, write "none" or "n/a")
Business Entity # 1
N/A

**Training**

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

**Signature of Filer**

***Leo E Longworth***

Digitally signed: 02/02/2026

Filed with COE: 02/02/2026