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 officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

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

4. Telephone
███████████

5. E-mail address
ccstrickland08@gmail.com

6. Office sought (include district, circuit, group number)
St. Johns County Sheriff

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 [X] Republican _____ Party candidate.

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

10. Name of Treasurer or Deputy Treasurer
Lisa Burney

11. Mailing Address
24 Pellicer Lane

12. Telephone
(904) 829-2953

13. City	14. County	15. State	16. Zip Code	17. E-mail address
St. Augustine	St. Johns	FL	32084	Lisa@burneysseptic.com

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

19. Name of Bank
BBVA Compass Bank

20. Address
3805 A1A South

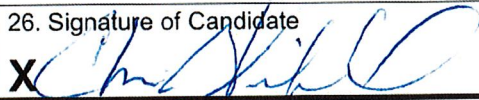| 21. City	22. County	23. State	24. Zip Code
St. Augustine	St. Johns	FL	32080

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
January 9, 2019

26. Signature of Candidate
X _(signature)_

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
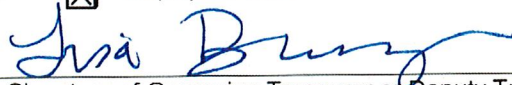
I, _____Lisa Burney_____ , do hereby accept the appointment
(Please Print or Type Name)

designated above as: [X] Campaign Treasurer [X] Deputy Treasurer.

January 9, 2019
Date

X _(signature)_
Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.