

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

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

(PLEASE PRINT OR TYPE)

SUPERVISOR  
OF ELECTIONS

2022 MAY 16 PM 3: 12

ST. JOHNS COUNTY  
VICKY OAKES

**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)

Racheal M. Hand

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

62 Lambert Rd.  
Saint Johns, FL 32259

**4. Telephone**

(347) 860-0057

**5. E-mail address**

Racheal.Hand.D1@gmail.com

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

School Board Member, 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

**10. Name of Treasurer or Deputy Treasurer**

Racheal M. Hand

**11. Mailing Address**

62 Lambert Rd

**12. Telephone**

(347) 860-0057

**13. City**

Saint Johns

**14. County**

St. Johns

**15. State**

FL

**16. Zip Code**

32259

**17. E-mail address**

Racheal.Hand.D1@gmail.com

**18. I have designated the following bank as my**

Primary Depository     Secondary Depository

**19. Name of Bank**

First Citizens Bank

**20. Address**

832 A1A North, Suite 16

**21. City**

Ponte Vedra

**22. County**

St Johns Cty

**23. State**

FL

**24. Zip Code**

32082

**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**

5/16/22

**26. Signature of Candidate**

X Racheal M. Hand

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

I, Racheal M. Hand, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

Campaign Treasurer.     Deputy Treasurer.

5/16/22

Date

X

Racheal M. Hand

Signature of Campaign Treasurer or Deputy Treasurer