

**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 SEP 14 AM 10:55

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, 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

JOEL CHAMBERLAIN

11. Mailing Address

4350 PABLO PROFESSIONAL COURT

12. Telephone

(904) 472-5635

13. City

JACKSONVILLE

14. County

DUVAL

15. State

FL

16. Zip Code

32224

17. E-mail address

JOEL@FSACPAS.COM

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

19. Name of Bank

First Citizen Bank

20. Address

832 A1a North, Suite 6

21. City

Ponte Vedra

22. County

St. Johns County

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

9/13/22

26. Signature of Candidate

X Racheal M. Hand

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

I, JOEL CHAMBERLAIN, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer. Deputy Treasurer.

9/13/2022

Date

X

Signature of Campaign Treasurer or Deputy Treasurer