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.

RECEIVED

DEC 19 2023

GADSDEN COUNTY SUPERVISOR OF ELECTIONS

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): 3. Address (include PO Box or Street, City, State, Zip Code):					
(Please Print or Type Name) Chrisiq Noelle Shorter-Arnold	30 27	30 stillwater LN			
Children Sum for Minger	Hava	Havara, FL 3233			
4. Telephone: 5. Candidate's Voter Registration #: 6. Email Address:					
(353) 446-0433 118414956 (not required for qualifying purposes) Chrisyshorter 78 2 ghail. Com					
7. Office Sought (include district, circuit, group, or seat #): 8. If a candidate for a <u>nonpartisan</u> office, check the box if applicable:					
County Commissioner District 1 if applicable:					
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 Candid	late.) emoci	at the	Party candidate.	
10. I have appointed the following person to act as my:					
11. Name of Treasurer or Deputy Treasurer: 12. Telephone: 13. Email Address:					
Christy Noelle Shorter-Arnold (352) 4410-0433 Christythorter 78 Jamail. COM					
14. Mailing Address:	15. City:		16. State:	1/. Zip Code:	
30 Still water LN, Havana, FL	Havana		FL	37333	
18. I have designated the following bank as my (check appropriate box): 🔽 🗗 rimary Depository 🔲 Secondary Depository					
19. Name of Bank:					
Envision Credit Union 21. City:	22. County:	13×210	<u>∖∆</u> 23. State:	24. Zip Code:	
Tallahadice	Leon		FL	973/11	
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: 15/19/53))				
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate box)					
I, Chrosy Noelle Shater Arnoldo hereby accept the appointment designated above as: (Please Print or Type Name)					
☐ Deputy Treasurer. ☐ Deputy Treasurer.					
	29.			Deputy Treasurer	
28. Date: $\sqrt{3}/\sqrt{9}$	X				
DS-DE 9 (Eff. 10/23)				Rule 1S-2.001, F.A.C.	

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

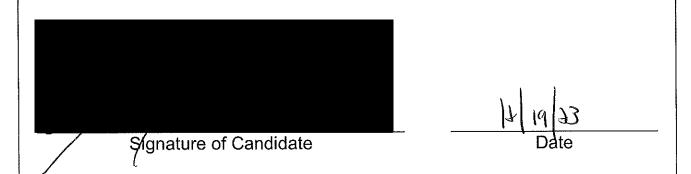
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SUPERVISOR OF ELECTIONS

candidate for the office of County Commissioner District 1

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



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).