

APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

RECEIVED

DEC 19 2023

GADSDEN COUNTY  
SUPERVISOR OF ELECTIONS

NOTE: This form must be on file with the filing 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):  
(Please Print or Type Name)

Chrissy Noelle Shorter-Arnold

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

30 Stillwater LN  
Hawaha, FL 32333

4. Telephone:

(352) 446-0433

5. Candidate's Voter Registration #:

118414956

(not required for qualifying purposes)

6. Email Address:

Chrissyshorter78@gmail.com

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

County Commissioner District 1

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.    Democrat Party candidate.

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

Campaign Treasurer

Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Chrissy Noelle Shorter-Arnold

12. Telephone:

(352) 446-0433

13. Email Address:

Chrissyshorter78@gmail.com

14. Mailing Address:

30 Stillwater LN, Hawaha, FL

15. City:

Hawaha

16. State:

FL

17. Zip Code:

32333

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

19. Name of Bank:

Emission Credit Union

20. Address:

P.O. Box 5198

21. City:

Tallahassee

22. County:

Leon

23. State:

FL

24. Zip Code:

32314

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: 12/19/23

26. [Redacted]

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

I, Chrissy Noelle Shorter-Arnold  
(Please Print or Type Name)

do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

28. Date: 12/19/23

29. [Redacted]

Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)  
(Please print or type)

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I, Chrissy Noelle Shorter-Arnold,  
candidate for the office of County Commissioner District 1;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.



Signature of Candidate

12/19/23

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).