

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

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

(PLEASE PRINT OR TYPE)

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NOTE: This form must be on file with the filing officer before opening the campaign account.

BRIAN E CORLEY  
SUPERVISOR OF ELECTIONS  
NEW PORT RICHEY, FLORIDA  
**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)

Alison Gail Crumbley

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

10811 Panicum Ct.  
New Port Richey, FL  
34655

**4. Telephone:**

(727) 858-1281

**5. Candidate's Voter Registration #:**

106334945  
(not required for qualifying purposes)

**6. Email Address:**

agerumbley@bhhsflpq.net

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

Pasco County School Bd. dist. 4

**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.     \_\_\_\_\_ Party candidate.

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

Campaign Treasurer

Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**

Alison Gail Crumbley

**12. Telephone:**

(727) 858-1281

**13. Email Address:**

agerumbley@bhhsflpq.net

**14. Mailing Address:**

10811 Panicum Ct.

**15. City:**

New Port Richey

**16. State:**

FL

**17. Zip Code:**

34655

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

**19. Name of Bank:**

Bank of America

**20. Address:**

2918 Little Rd.

**21. City:**

Trinity

**22. County:**

PASCO

**23. State:**

FL

**24. Zip Code:**

34655

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:**

January 12, '24

**26. Signature of Candidate:**

X Alison Crumbley

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

I, Alison Gail Crumbley do hereby accept the appointment designated above as:

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

1-12-24

**29. Signature of Campaign Treasurer or Deputy Treasurer**

X Alison Crumbley