

2018 NOV -5 PM 4:23

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 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)

*William Henry AUTON*

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

*1916 34TH AVE*

4. Telephone

*(772) 473-5507*

5. E-mail address

*Vero Beach, FL 32960*

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

*Indian River County Property Appraiser*

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     Republican Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

*William Henry AUTON*

11. Mailing Address

*1916 34TH AVE*

12. Telephone

*(772) 473-5507*

13. City

*Vero Beach*

14. County

*Indian River*

15. State

*FL*

16. Zip Code

*32960*

17. E-mail address

*BA32967@yahoo.com*

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

19. Name of Bank

*Harbor Community Bank*

20. Address

*3240 Cardinal Drive*

21. City

*Vero Beach*

22. County

*Indian River*

23. State

*Florida*

24. Zip Code

*32963*

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

*11/5/18*

26. Signature of Candidate

**X**

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

I, *William Henry AUTON*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*11/5/18*

**X**

Date

Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

INDIAN RIVER COUNTY  
SUPERVISOR OF ELECTIONS

2018 NOV -5 PM 4:23 Revised to 3:23  
pm per Kathy  
Crockett

(PLEASE PRINT OR TYPE)

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)

*William Henry AUTON*

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

*1916 34TH AVE*

4. Telephone

*(772) 473-5507*

5. E-mail address

*Vero Beach, FL 32960*

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

*Indian River County Property Appraiser*

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     *Republican* Party candidate.

9. I have appointed the following person to act as my  Campaign Treasurer     Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

*William Henry AUTON*

11. Mailing Address

*1916 34TH AVE*

12. Telephone

*(772) 473-5507*

13. City

*Vero Beach*

14. County

*Indian River*

15. State

*FL*

16. Zip Code

*32960*

17. E-mail address

*BA32967@yahoo.com*

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

19. Name of Bank

*Center STATE  
~~HARBOR COMMUNITY BANK~~ CM*

20. Address

*3240 Cardinal Drive*

21. City

*Vero Beach*

22. County

*Indian River*

23. State

*Florida*

24. Zip Code

*32963*

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

*11/5/18*

26. Signature of Candidate

**X**

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

I, *William Henry AUTON*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

*11/5/18*

Date

**X**

Signature of Campaign Treasurer or Deputy Treasurer