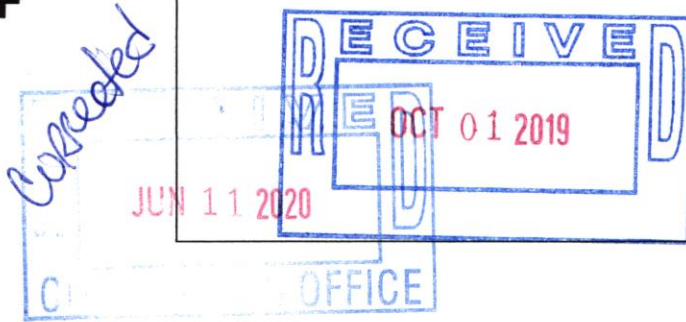


**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY



I, Linda Hudson,

candidate for the office of Mayor, City of Fort Pierce *Seat #1*;

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

X *Linda Hudson*  
Signature of Candidate

September 30, 2019  
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).

**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)

Linda Hudson

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

P.O. Box 3688  
Ft Pierce, FL 34948

**4. Telephone**

(772 ) 467-1246

**5. E-mail address**

linda@reelectmayorhudson.c

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

Mayor, City of Ft Pierce *Seat 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**

Kellie Shay Beebe

**11. Mailing Address**

P.O. Box 3688

**12. Telephone**

( 772 ) 480-4868

**13. City**

Ft Pierce

**14. County**

St Lucie

**15. State**

FL

**16. Zip Code**

34948

**17. E-mail address**

kellieshay@gmail.com

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

**19. Name of Bank**

IBMSECU (formerly Oculina)

**20. Address**

1929 Seaway Drive

**21. City**

Ft Pierce

**22. County**

St Lucie

**23. State**

FL

**24. Zip Code**

34948

**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**

September 30, 2019

**26. Signature of Candidate**

*Linda Hudson*

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

I, Kellie Shay Beebe, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

September 30, 2019

Date

*Kellie Shay Beebe*

Signature of Campaign Treasurer or Deputy Treasurer