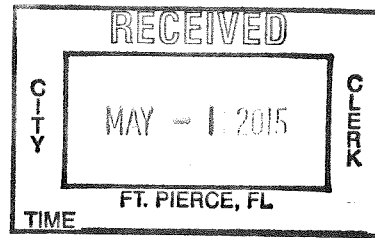


**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(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
Fort Pierce, FL 34948

4. Telephone

(772) 940-6802

5. E-mail address

Linda@ReelectMayorHudson

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

Mayor, City of Fort Pierce

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

315 Avenue A

12. Telephone

(772) 940-6802

13. City

Fort Pierce

14. County

St. Lucie

15. State

Florida

16. Zip Code

34950

17. E-mail address

kellieshay@gmail.com

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

19. Name of Bank

Harbor Community Bank

20. Address

200 S. Indian River Dr.

21. City

Fort Pierce

22. County

St. Lucie

23. State

Florida

24. Zip Code

34950

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

May 1, 2015

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.

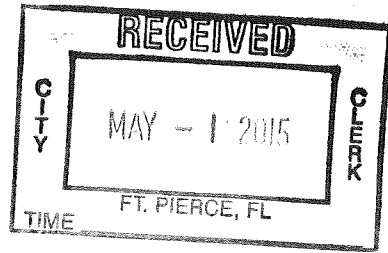
5/1/15
Date

Kellie Shay Beebe
Signature of Campaign Treasurer or Deputy Treasurer

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

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

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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
Fort Pierce, FL 34948

4. Telephone

(772) 940-6802

5. E-mail address

Linda@ReelectMayorHudson

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

Mayor, City of Fort Pierce

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

Linda Hudson

11. Mailing Address

315 Avenue A

12. Telephone

(772) 467-1246

13. City

Fort Pierce

14. County

St. Lucie

15. State

Florida

16. Zip Code

34950

17. E-mail address

lindahudsonbailey@yahoo.com

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

19. Name of Bank

Harbor Community Bank

20. Address

200 S. Indian River Dr.

21. City

Fort Pierce

22. County

St. Lucie

23. State

Florida

24. Zip Code

34950

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25. Date

May 1, 2015

26. Signature of Candidate

Linda Hudson

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

I, Linda Hudson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

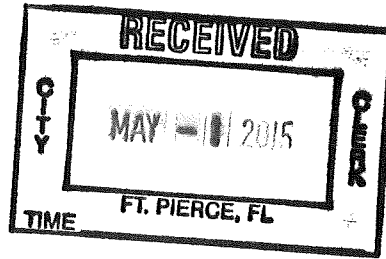
May 1, 2015
Date

Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)



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OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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Linda Hudson

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P.O. Box 3688
Fort Pierce, FL 34948

4. Telephone

(772) 940-6802

5. E-mail address

Linda@ReelectMayorHudson.com

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

Mayor, City of Fort Pierce

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

John K. Bailey

11. Mailing Address

315 Avenue A

12. Telephone

(772) 467-1246

13. City

Fort Pierce

14. County

St. Lucie

15. State

FL

16. Zip Code

34950

17. E-mail address

lindahudsonbailey@yahoo.com

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

19. Name of Bank

Harbor Community Bank

20. Address

200 S. Indian River Dr.

21. City

Fort Pierce

22. County

St. Lucie

23. State

Florida

24. Zip Code

34950

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25. Date

May 1, 2015

26. Signature of Candidate

Linda Hudson

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

I, John K. Bailey, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

5/1/15
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer