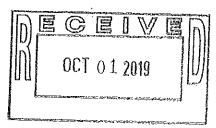
APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(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	: 🔲 7	reas	urer/Depi	uty [S	Deposite	ory 🗵	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last)					3. Address (include post office box or street, city, state, zip							
Linda Hudson				code) P.O. Box 3688, Fort Pierce, FL34948								
4. Telephone						. 0000	, , 0, , , , , ,	100, 1 22	10 10			
(772) 467-1246	linda@	nda@reelectMayorHudson										
6. Office sought (include district, circuit, group number)					7. If a candidate for a <u>nonpartisan</u> office, check if							
Mayor, City of Fort Pierce					applicable:							
					My intent is to run as a Write-In candidate.							
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a												
Write-In No Party AffiliationParty 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					12. Teleph					hone		
1713 Francis Court, Fort Pierce, FL 34949					(772) 467-1246							
13. City			15. Sta	ate	16. Zip Code 17. E-mail address							
Fort Pierce	rt Pierce St. Lucie		FL		34949 linda@reelectN				ayorHudson.com			
18. I have designated the following bank as my												
19. Name of Bank 20. Address												
IBMSECO (formerly Oculina)					1929 Seaway Dr.							
21. City	•			23. State					24. Zip Code			
Fort Pierce St. Lucie			FL					34949				
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 26. Signature of Candidate												
September 30, 2019					X Lenda Herdson							
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.												
September 30, 2019 X Linda Hedson										l		
Date	-8igna	ignature of Campaign Treasurer or Deputy Treasurer										