

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Linda Hudson
 Name
 (2) PO Box 3688
 Address (number and street)
Fort Pierce, FL 34948
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1137390]
 Submitted on:
 12/11/2016 08:59:28 (eastern)

Check here if address has changed (3) ID Number: 264

(4) Check appropriate box(es):
 Candidate Office Sought: City of Fort Pierce, Mayor
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 7 / 1 / 2015 To 7 / 31 / 2015 Report Type: M7
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00
 Loans \$, , 0 . 00
 Total Monetary \$, , 0 . 00
 In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , -65 . 95
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , -65 . 95

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 41 , 925 . 49

(10) TOTAL Monetary Expenditures To Date
 \$, 41 , 925 . 49

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) _____
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)
X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Linda Hudson (2) I.D. Number 264

(3) Cover Period 7/1/2015 through 7/31/2015 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Linda Hudson

(2) I.D. Number 264

(3) Cover Period 7/1/2015 through 7/31/2015

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
7/15/2015 //	Website Dynamics,	website	MO	Delete	\$29.95
1					
7/15/2015 //	Website Dynamics, 2001 9th Ave Vero Beach, FL 32960	website	MO	Add	\$0.00
2					
7/28/2015 //	Metro PCS,	telephone	MO	Delete	\$36.00
3					
7/28/2015 //	Metro PCS, 732 Orange Ave Ft Pierce, FL 34950	telephone	MO	Add	\$0.00
4					
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