CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Linda Hudson	OFFICE USE ONLY						
7 1	Name	ONLINE SUBMISSION [1199532]						
(2)	PO Box 3688	Submitted on:						
	Address (number and street)	2/10/2020 08:48:08 (eastern)						
	Fort Pierce, FL 34948 City State Zip Code							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 437						
(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						
		☐ Check here if PTY has disbanded						
		☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From $\frac{1}{1}$ / $\frac{1}{2020}$ To							
		ecial Election Report						
		T						
(6)	Contributions This Report	(7) Expenditures This Report						
Cael	h & Checks \$, , 300 . 00	Monetary Expenditures \$, , 0 . 00						
Casi	1 & CHECKS *							
Loar	ns \$, , 0.00	Transfers to						
		Office Account \$, , 0 . 00						
Tota	al Monetary \$, , 300 . 00							
		Total Monetary \$, , 0 . 00						
In-Ki	ind \$, , 0 . <u>00</u>							
		(8) Other Distributions						
		\$,,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
(0)	\$, 27 , 980 . 00	\$, 6 , 228 78_						
	, <u>a.</u> , <u>soo</u> <u>soo</u>	, , , , , , , , , , , , , , , , , , , ,						
(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:								
(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		x						
	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lind	Linda Hudson			(2) I.D. Number 437							
	1/1/202	0		1/31/	2020						
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1		

(5) Date	(7) Full Name	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type		Contribution Type	In-kind Description	Amendment	Amount
1/3/2020	O'Leary, Marian 1 Harbour Isle Dr E Unit : Fort Pierce, FL 34949	I 205	technology	r CH			\$100.0
1/7/2020	Vandenbos, Gary PO Box 1357 Tahlequah, OK 74465	I	retired	СН			\$100.0
1/30/2020	Holtsberg, Harold 1 805 S Indian River Dr Fort Pierce, FL 34950	I	retired	СН			\$50.0
1/30/2020	Holtsberg, Mae J 805 S Indian River Dr Fort Pierce, FL 34950	I	retired	СН			\$50.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Linda Hudson (2) I.D. Number 437										
	1/1/2020 1/	31/2020	, I) Page <u>1</u>		0					
(5) Date (6) Sequence Number	(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)	(11) Amount					
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