	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Linda Hudson	OFFICE USE ONLY							
, ,	Name	ONLINE SUBMISSION							
(2)	PO Box 3688	Submitted on:							
	Address (number and street) Fort Pierce, FL 34948	4/3/2024 06:55:26 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 628							
(4)	Check appropriate box(es):	(6) 15 (40)							
(4)	☐ Crieck appropriate box(es). ☐ Candidate Office Sought: City of Fort	Pierce. Mavor							
	Political Committee (PC)	ricide, major							
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
	☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ Independent Expendent	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)	_ Check here if no other in or no reports will be med							
	(5) Pour est	11 200							
Cove		Identifiers							
		3 / 31 / 2024 Report Type: <u>Q1</u>							
<u>~</u> 0	Original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	h & Checks \$, , <u>250</u> . <u>00</u>	Monetary							
Loar	s,,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00							
Tota	al Monetary \$, , <u>250</u> . <u>00</u>	Total Monetary \$, 5 , 266 . 06							
In-Ki	ind \$, , 000								
		(8) Other Distributions \$, , 000							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>24</u> , <u>960</u> . <u>00</u>	\$, <u>10</u> , <u>340</u> . <u>25</u>							
	(11) Cert It is a first degree misdemeanor for any perso								
Ιc	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)							
X		x							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Linda Hudson				2) I.D. Numbe	r6	528
	1/1/2024			/31/2024			
(3) Cover Perio	od//	thro			(4) Page	1	of 1
1000 98			1450				
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
1 /25 /2024	Ingersoll, Troy		school	CH			\$250.0
1/25/2024	4302 Thousand Pines Drive Fort Pierce, FL 34981		board member				
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	inda	Hudson	L					 (2) I.D. Nur	nber	(528	
		1/1/2	024	4		3/31/2	2024	**				
(3) Cover Pe	eriod	1		1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
1/24/2024	Image360, 3300 43rd Ave Suite 6 Vero Beach, FL 32960	large sign	MO		\$785.02
2/13/2024	Post It Studios, PO Box 651114 Vero Beach, FL 32965	media services	МО		\$1,990.53
3/15/2024	Post It Studios, PO Box 651114 Vero Beach, FL 32965	media services	МО		\$1,705.50
2/23/2024	Image 360, 3300 43rd Ave Vero Beach, FL 32960	large sign	МО		\$785.01
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