

CAMPAIGN FINANCIAL REPORT

(All of the information in this report is public information)

Name of candidate, committee or corporation Bridget Lundquist
 Office sought or ballot question North Suburban Hospital District Board
 Type of report + Candidate report
 Period of time covered by report: Monday, 9/14/16
 from 8/16/16 to 9/16/16

CONTRIBUTIONS RECEIVED

Give the total for all contributions received during the period of time covered by this report. Contributions should be listed by type (money or in-kind) rather than contributor. See note on contribution limits on the back of this form. Use a separate sheet to itemize all contributions from a single source that exceeded \$100 during the calendar year. This itemization must include name, address, employer or occupation if self-employed, amount and date for these contributions.

CASH \$ 913.00 TOTAL CASH-ON-HAND \$ 908.00
 IN-KIND + \$ _____
 TOTAL AMOUNT RECEIVED = \$ 913.00

DISBURSEMENTS

Include the amount, date and purpose for all disbursements made during the period of time covered by report. Attach additional sheets if necessary.

Date	Purpose	Amount
8/24/16	for savings	5.00
TOTAL		5.00

CORPORATE PROJECT EXPENDITURES

Corporations must list any media project or corporate message project for which contribution(s) or expenditure(s) total more than \$200. Submit a separate report for each project. Attach additional sheets if necessary.

Date	Purpose	Name and Address of Recipient	Expenditure or Contribution Amount
TOTAL			

I certify that this is a full and true statement. Thomas A. Hamilton 09-19-16

Printed Name Thomas A. Hamilton Signature _____ Date _____
 Telephone 612-440-5586 Email (if available) ham@hamilton.com
 Address 7856 MURIEL ST SE SPRING LAKE PARK, GEORGETOWN, MN
55432

Report

Office

For Office Use Only: Name

contributions

SEIU Healthcare MN
345 Randolph Ave., Ste 100
St. Paul, MN 55102

\$600.00

9-8-16