

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

his report is a(n) (c	heck one):xN	New registration Amendment to re	egistration
The organization is	for a (check one): _x_C	andidate Committee Political Comm	ittee Political Fund
	Friends of Bridget Lun		
Candidate Name (f	irst and last)_Bridget Lu	ndquist	
	1.00	nroe St NE Spring Lake Park, MN 554	432
Email_baldeagl8(Phone 612-940-55	
		Hospital Board - Mounds View seat	
	Mounds View, MN		
Geographic Area	Modified Tierry in the		
Officers of the Co	mmittee		
1	Name	Address	Phone
Inches The Control of	Brandon Nessen	1818 Benjamin str	651-236-0919
Treasurer/ Secretary (required)	Thomas Hamilton	7856 Monroe St NE Spring Lake Park, MN 55432	612-940-5556
Other Principal Officers (if any)			
Other Principal Officers (if any)			
Depository(ies)/ Bank Location of		14985 Glazier Ave Apple Valley, MN 55124	800-692-2274
Committee Fund		Address	Phone

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name
Address
Office sought by candidate ————————————————————————————————————
Party Affiliation (if any)
THIS SECTION TO BE COMPLETED BY ALL COMMITTEES
Liquid assets on hand as of (date) 9-26-2016 are \$ 710.47
I, Thomas Hamilton CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT. Signature: Homes Hamiston Date: 9-26-16
ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS

FALSE INFORMATION OR WHO KNOWINGLY OMITS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.