

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <i>Duluth for Clean Water</i>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>4220 Cooke St.</i>	
(c) City, State and ZIP Code <i>Duluth, MN 55804</i>	
2. Occupation and Name of Employer (for Individual Filers Only)	3. FEC Identification Number <i>C90017799</i>

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  24-Hour Report  
 October 15 Quarterly Report  48-Hour Report  
 January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

5. COVERING PERIOD: FROM *10 01 2018*  
THROUGH *12 31 2018*

6. TOTAL CONTRIBUTIONS

~~*\$1,270*~~

*1,120.00*  
~~*+270.00*~~

7. TOTAL INDEPENDENT EXPENDITURES

*0.00*

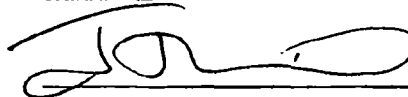
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

*JT HAINES*



*1-30-19*

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

Duluth for Clean Water

A. Full Name (Last, First, Middle Initial)

Lisa Fitzpatrick

Mailing Address

522A Pembury St.

City

Duluth

State

MN

Zip Code

55804

Date of Receipt

10 31 2018

Amount of Each Receipt this Period

200.00

FEC ID number of contributing federal political committee.

C

Name of Employer

UMD

Occupation

B. Full Name (Last, First, Middle Initial)

Gary Trachsel

Mailing Address

420 W. Faribault St.

City

Duluth

State

MN

Zip Code

55803

Date of Receipt

12 15 2018

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Sally Munger

Mailing Address

401 Snively Rd.

City

Duluth

State

MN

Zip Code

55803

Date of Receipt

12 11 2018

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page carry total to Line 6)

1120.00

2018-01-11 10:00 AM

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
*Duluth for Clean Water*

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City	State	Zip Code	Amount
Purpose of Expenditure		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... *0.00*

(b) SUBTOTAL of Unitemized Independent Expenditures..... *0.00*

(c) TOTAL Independent Expenditures..... *0.00*

**Via E-Mail**

UNRECHNUNGSGEBIET UND HINZUGEBIET

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Email</i>	Date of Receipt or Postmarked <i>1/30/19</i>

*mf*  
 PREPARER

*1-31-19*  
 DATE PREPARED

20190101 10:00:00 AM