

FED FORM 3

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>	3. FEC Identification Number <i>090017799</i>
2. Occupation and Name of Employer (for Individual Filers Only)	

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

*07 01 2018*

THROUGH

*09 30 2018*

RECEIVED  
 FEDERAL ELECTION  
 COMMISSION  
 REPORT ANALYSIS DIVISION  
 2018 OCT 22 AM 9:40

6. TOTAL CONTRIBUTIONS.....

*387.00*

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*

*10-12-18*

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

2018 OCT 22 AM 9:40

**SCHEDULE C  
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) <i>Jaci Christenson</i>			Date of Receipt <i>08 02 2018</i>
Mailing Address <i>12309 Fiona Ave N.</i>			Amount of Each Receipt this Period <i>200.00</i>
City <i>White Bear Lake</i>	State <i>MN</i>	Zip Code <i>55110</i>	
FEC ID number of contributing federal political committee. <i>C</i>			
Name of Employer <i>N/A</i>		Occupation	

B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>			
Name of Employer		Occupation	

C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>			
Name of Employer		Occupation	

D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>			
Name of Employer		Occupation	

**SUBTOTAL** of Receipts This Page (optional) ..... *200.00*

**TOTAL** This Period (last page carry total to Line 6) ..... *387.00*

2018-10-26 10:21 AM 4

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 OF FORM 5

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

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

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

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

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

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

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

2010-10-10 10:10 AM

**Via E-Mail**

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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 checked="" type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<i>Email</i>	<i>10/15/18</i>
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>RJL</i>	<i>10/22/18</i>
PREPARER	DATE PREPARED

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