FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) (a) Name of Individual, Organization or Corporation Dulyth for Clean Water check if different than previously reported 4220 Cooke (c) City, State and ZIP Code 3. FEC Identification Number C90017799 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 Yes, it amends the report filed on 07 16 2018 b) Is this Report an amendment? 01 2018 5. COVERING PERIOD: 06 30 2018 **THROUGH** 6. TOTAL CONTRIBUTIONS 7. TOTAL INDEPENDENT EXPENDITURES 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. DATE TYPE OR PRINT NAME OF PERSON COMPLETING FORM **SIGNATURE** 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) Can Water Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 2018 Zip Code $\mathcal{M}\mathcal{M}$ Amount of Each Receipt this Period 30000 FEC ID number of contributing C federal political committee. Name of Employer Occupation B. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation C. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Occupation Name of Employer D. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation

9 03-00221925

> SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page carry total to Line 6)......

(b) SUBTOTAL of Uniternized Independent Expenditures

(c) TOTAL Independent Expenditures.....

OF

FOR LINE 7 OF FORM 5

PAGE

SCHEDULE 5-E

NAME OF FILER (In Full)

ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES		FOR LINE 7 OF FORM 5
AME OF FILER (In Full)		
Dulom for Clean We	ate	
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Arrahead Uninting Mailing Address		06 29 2018
(27 E. 2nd St).		Amount
City Duluth Mu	and the same of th	39.67
Purpose of Expenditure Non + Ad + Production	Category/ Type 0 4	Office Sought: House State: MN Senate District:
Name of Federal Candidate Supported or Opposed by Exp	penditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	39.67	Disbursement For: General Other (specify)
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: House State:
Name of Federal Candidate Supported or Opposed by Ex	penditure:	President District: Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
		or c + e b + x Pv y y
Mailing Address		Amount
City State	Zip Code	, , ,
Purpose of Expenditure	Category/ Type	Office Sought: House State:
Name of Federal Candidate Supported or Opposed by Ex	penditure:	President District: Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ν •	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		,52270
(b) SUBTOTAL of Unitemized Independent Expenditures		5227° 7.4° 530°°
(c) TOTAL Independent Expenditures	,	53030

Via E-Mail

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. Date of Receipt Hand Delivered Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 7-17-18 7-17-18

DATE PREPARED

(3/2015)