



FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

PURIFICATION SUPER PAC

ADDRESS (number and street)

11405 N 9th AVE

(Check if address is changed)

Duluth

CITY ▲

MD

STATE ▲

20810

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

PURIFICATION@IRIELANDMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 / 27 / 2016

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Milo McVie Amundson

Signature of Treasurer

Milo A.

Date

04 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

NO PHOTOGRAPHY OR RECORDING

5. TYPE OF COMMITTEE

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  \_\_\_\_\_ Office Sought:  House  Senate  President State  \_\_\_\_\_  
 District  \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> _____
2.	_____	FEC ID number	<input type="checkbox"/> _____
3.	_____	FEC ID number	<input type="checkbox"/> _____
4.	_____	FEC ID number	<input type="checkbox"/> _____

20090214 10:00 AM

Write or Type Committee Name

Puffin Super PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Sam Kenai Krollman

Mailing Address

11905 N 9th Ave E  
Duluth MN 55810

Title or Position

CITY

STATE

ZIP CODE

Chairman

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Milio McCue Amundson

Mailing Address

11905 N 9th Ave E  
Duluth MN 55810

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

20090710001 W01 W01 0101

Full Name of Designated Agent

Kelsey Elise Steinmetz

Mailing Address

1905 NORTH AVE E

Duluth

CITY

MN

STATE

55805

ZIP CODE

Title or Position

Record Keeper

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

TCF Bank

Mailing Address

1208 Kirby Dr

Duluth

CITY

MN

STATE

55812

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

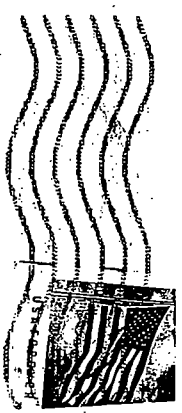
ZIP CODE

20090808 10:00 AM

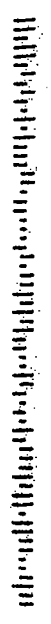
Puffin SuperPac  
1405 N 9th Ave E  
Duluth, MN 55805

ST PAUL MN 551  
28 APR 2016 PM 5:1

Federal Election Commission  
999 E Street N.W  
Washington, D.C. 20463



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Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

PREPARER  
(3/2015)



5/3/16  
DATE PREPARED

NON-PROFIT ORGANIZATION