

The Filthy Moose Super Pac

October 21, 2015

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

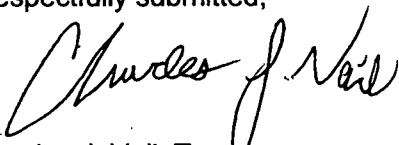
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Re: Form 1, Statement of Organization--Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether indirect, in-kind, or via coordinated communications, to the federal candidates or committees. This organization is one that is invested in the future of American students and the path to a better, economically secure education. The Filthy Moose intends to provide students with means to graduate and pay off debt.

Respectfully submitted,



Charles J. Vail, Treasurer

2015-10-27 09:40:00 AM

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

THE FILTHY MOOSE

ADDRESS (number and street)

114451 Potassium St. NW

(Check if address is changed)

Ramsley CITY ▲ MINN STATE ▲ 55303 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

joshnorman18@gmail.com

Optional Second E-Mail Address

charliejvail@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

10 / 21 / 2015

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

Charles J. Vail

Signature of Treasurer

Charles J. Vail

Date

10 / 21 / 2015

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)

20151027 10:00:00

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"/>

1-2010-0000-0001-001-0000

Write or Type Committee Name

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

NONE

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

JOSHUA ELLIOTT NORMAN

Mailing Address

14451 POTASSIUM ST. NW

RAMSEY

MN

55303

Title or Position

CITY

STATE

ZIP CODE

EMPEROR

Telephone number 763-439-2207

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

CHARLES JOSEPH VAIL

Mailing Address

14451 POTASSIUM ST. NW

RAMSEY

MN

55303

Title or Position

CITY

STATE

ZIP CODE

NOT A WEREWOLF

Telephone number 763-350-0638

NATIONAL UNION OF PUBLIC WORKERS

Full Name of Designated Agent

Joshua Elliott Norman

Mailing Address

14451 Potassium St NW

Ramsey

CITY

MN

STATE

55303

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

763-434-2207

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.

T.C.F. Bank

Mailing Address

3345 124th Ave NW

Minneapolis

CITY

MN

STATE

55433

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

NON-PROFIT ORGANIZATION

2076 123rd Ave., NW
Cochi Rapids, MN, 55448

MINNEAPOLIS MN 55401

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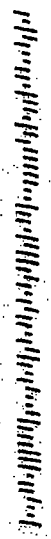


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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of 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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (3/2015)

10/27/15
 DATE PREPARED

2015-10-27 10:00:00 AM