PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Murray Energy Corporation Political Action Committee 46226 National Road ADDRESS (number and street) (Check if address is changed) St. Clairsville 43950 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ppiccolini@coalsource.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00410985 FEC IDENTIFICATION NUMBER 3. X 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. Piccolini, Paul, , , Type or Print Name of Treasurer Piccolini, Paul, , , [Electronically Filed] 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Fo i	m 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE 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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	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 s committee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.		
٥.		

FEC Form 1 (Revise	ed 02/2009)		Page 3
Write or Type Committee Na	ame		
Murray Energ	y Corporation Politica	al Action Comm	ittee
6. Name of Any Connecte	d Organization, Affiliated Committee,	loint Fundraising Representati	ive, or Leadership PAC Sponsor
Murray Energy Corp	poration		
Mailing Address	46226 National Road		
	St. Clairsville	OH	43950
	CITY	STATE	ZIP CODE
	cted Organization Affiliated Committee		
Custodian of Records: I books and records.	dentify by name, address (phone numbe	r optional) and position of the	e person in possession of committee
Piccoli	ni, Paul, , ,		
Full Name			
Mailing Address	46226 National Road		
	St. Clairsville	OH	43950
Title or Position	CITY	STATE	ZIP CODE
VP- HR and ER		Telephone number	740 - 338 - 3334
8. Treasurer: List the name any designated agent (e.c.	and address (phone number optional) g., assistant treasurer).	of the treasurer of the committee	tee; and the name and address of
Full Name Piccolin of Treasurer	ni, Paul, , ,		
Mailing Address	46226 National Road		
	St. Clairsville	OH	43950
The exposition	CITY	STATE	ZIP CODE
Title or Position VP- HR and ER		Telephone number	740 - 338 - 3334

FEC Forr	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 2
safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc. The First National Bank of Powhatan Point	
safety deposit be	Depository, etc. The First National Bank of Powhatan Point 345 Highway 7 North Box 147	accounts, rents
safety deposit be Name of Bank,	Depository, etc. The First National Bank of Powhatan Point 345 Highway 7 North	
safety deposit be Name of Bank,	Depository, etc. The First National Bank of Powhatan Point 345 Highway 7 North Box 147 Powhatan Point OH 43942	ZIP CODE
safety deposit be Name of Bank,	Depository, etc. The First National Bank of Powhatan Point 345 Highway 7 North Box 147 Powhatan Point OH 43942 CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. The First National Bank of Powhatan Point 345 Highway 7 North Box 147 Powhatan Point OH 43942 CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. The First National Bank of Powhatan Point 345 Highway 7 North Box 147 Powhatan Point OH 43942 CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. The First National Bank of Powhatan Point 345 Highway 7 North Box 147 Powhatan Point OH 43942 CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. The First National Bank of Powhatan Point 345 Highway 7 North Box 147 Powhatan Point OH 43942 CITY STATE	