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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 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 mruble@coalsource.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 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. Michael Ruble Type or Print Name of Treasurer Michael Ruble [Electronically Filed] 01 2016 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

FFC	Form 1 (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	1 aye <b>£</b>
Candida	te 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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affil	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political	Action Committee (PAC):	
(e) ×		nnected organization is
	X 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 se 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 Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Na	ame		
Murray Energ	y Corporation Political	Action Committe	ee
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint	Fundraising Representative, o	or Leadership PAC Sponsor
Murray Energy Corp	poration		
	46226 National Road		
Mailing Address			
	St, Clairsville	OH	43950
	CITY	STATE	ZIP CODE
Relationship: X Conne	cted Organization Affiliated Committee	Joint Fundraising Representati	ve Leadership PAC Sponsor
<ul> <li>Custodian of Records: books and records.</li> </ul>	Identify by name, address (phone number	optional) and position of the per	rson in possession of committee
I	el Ruble		1
Full Name	,46226 National Road		
Mailing Address			
	St. Clairsville	OH	43950
Title or Position	CITY	STATE	ZIP CODE
Dtr of H R		Telephone number 74	0 338 3162
3. <b>Treasurer</b> : List the name any designated agent (e.	and address (phone number optional) of t g., assistant treasurer).	he treasurer of the committee; a	and the name and address of
Full Name Michae of Treasurer	l Ruble		
Mailing Address	46226 National Road		
	St. Clairsville	OH	43950
	CITY	STATE	ZIP CODE
Title or Position Dtr of H R		Telephone number 74	0 338 3162

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number	
Name of Bank,		
	The First National Bank of Powhatan Point  345 Highway 7 North  Box 147	
Name of Bank,	The First National Bank of Powhatan Point  345 Highway 7 North	
Name of Bank,	The First National Bank of Powhatan Point  345 Highway 7 North  Box 147  Powhatan Point  OH  43942	ZIP CODE
Name of Bank,	The First National Bank of Powhatan Point  345 Highway 7 North  Box 147  Powhatan Point  OH 43942  CITY STATE Z	ZIP CODE
Name of Bank,  Mailing Address	The First National Bank of Powhatan Point  345 Highway 7 North  Box 147  Powhatan Point  OH 43942  CITY STATE Z	ZIP CODE
Name of Bank,  Mailing Address	The First National Bank of Powhatan Point  345 Highway 7 North  Box 147  Powhatan Point  CITY  STATE  Z  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	The First National Bank of Powhatan Point  345 Highway 7 North  Box 147  Powhatan Point  CITY  STATE  Z  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	The First National Bank of Powhatan Point  345 Highway 7 North  Box 147  Powhatan Point  CITY  STATE  Z  Depository, etc.	ZIP CODE