Image# 29992221863

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZA	ATION		
i Oitim i	(See instruction	ons)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Kennametal In	c. Employees for Effective Gove	ernment 		
ADDRESS (number and s	treet) 1600 Technology Wa	ay 		
(Check if address				
is changed)	Latrobe		PA	15650
		CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAII	L ADDRESS (Please provide only one e-			
(Check if address is changed)	joy.chandler@kenna	ametal.com 		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
is changed)				
2. DATE 0.6	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION	TION NUMBER	C C00409938		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my kno	owledge and belief it is true, corre	ect and complete	
	reasurer Joy E Chandler			
Type or Print Name of	reasurer			
Signature of Treasurer	Electronically Filed by Joy E Cha	andler	Date 06	12 2009
NOTE: Submission of fals	se, erroneous, or incomplete information ma	ay subject the person signing this	•	
Office Use Only		For further informal Federal Election Con Toll Free 800-424-95	nmission	FEC FORM 1 (Revised 02/2009)

	F	FEC F	Form 1 (Revised 02/2009)	Page 2				
5.			DMMITTEE (Check One) 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 t information below.)	he candidate				
	Name Candi							
	Candi Party	idate Affiliatio	on Office House Senate President	State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Party	Comm	Committee:					
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Politic	cal Act	ion Committee (PAC):					
	(e)	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
			X Corporation Corporation w/o Capital Stock La	bor Organization				
			Membership Organization Trade Association Co	poperative				
			X In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d 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 F	Fundra	ising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political				
	(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.					
		Com	mittees Participating in Joint Fundraiser					
			1. FEC ID number C					
			2. FEC ID number					
			3. FEC ID number					
			FEC ID number C					

	FEC Form 1 (Revised 02	2/2009)		Page 3			
W	rite or Type Committee Name						
	Kennametal Inc. Emplo	yees for Effective Government					
6.	Name of Any Connected Org	ganization, Affiliated Committee, Joint Fundrais	sing Representative, or Leade	rship PAC Sponsor			
	Kennametal Inc.						
1							
	Mailing Address	1600 Technology Way					
		Latrobe	PA L	15650			
		CITY	STATE ▲	ZIP CODE			
	Relationship:						
	X Connected Organization	Affiliated Committee Joint Fu	ndraising 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 Joy E (Full Name					
	Mailing Address	1600 Technology Way					
		Latrobe		15650			
	Title or Position ♥	CITY A	STATE &	ZIP CODE A			
	Custodian		elephone 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 Joy E Chandler						
	<u></u>	1600 Technology Way					
	Mailing Address	1000 recimology way					
		Latrobe	PA	15650			
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A			
	Treasurer		Telephone number				
			i cicpitotte tiuttibet				

FEC Form 1 (Revi	FEC Form 1 (Revised 02/2009)					
Full Name of Designated Agent	Mark J Olyarnik					
Mailing Address	1600 Technology Wa	1600 Technology Way				
	Latrobe		15650 –			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A			
Assista	ant Treasurer	Telephone number 724	539 5447			
Name of Bank, Depositor	ry, etc. he Bank of New York Mellon Trust of I	Delaware				
Mailing Address						
	Philadelphia	PA PA	19106			
	CITY 🗻	STATE⊿	ZIP CODE 🛕			
Name of Bank, Depositor	ry, etc.					
Mailing Address						
	CITY 🙇	STATE △	ZIP CODE 🛕			

Form/Schedule: F1N

Transaction ID:

This amendment is filed to disclose the PAC's relationship with a registered lobbyist and updated bank information. Per the FEC's electronic filing requirements, the document is denoted as NEW to reflect the first time the PAC has electronically filed its Statement of Organization. Please update the Commission records to indicate that this filing is an amendment.