FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Alliance Coal, LLC PAC P.O. Box 22027 ADDRESS (number and street) (Check if address is changed) Tulsa 74121-2027 OK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS barbara.sullivan@arlp.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00330233 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. Fagg, Stephen P., , , Type or Print Name of Treasurer Fagg, Stephen P.,,, [Electronically Filed] 07 13 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

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 scommittee. (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.)	
Join	t Fund	raising 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees 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 Nam		
Alliance Coal, I	LLC PAC	
·	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
Alliance Coal, LLC		
Mailing Address	PO Box 20227	
	Tulsa OK 7412 CITY STATE	1-2027
Relationship: x Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
	Barbara J., , ,	
Full Name	₁ P.O. Box 22027	
Mailing Address		
	Tulsa OK 7412	21-2027
Title or Position	CITY STATE	ZIP CODE
Asst Treasurer	Telephone number	
. Treasurer: List the name at any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Fagg, Ste	ephen P., , ,	
Mailing Address	P.O. Box 22027	
		1-2027
Title or Position Treasurer	CITY STATE Telephone number 918 -	ZIP CODE 295 7629

FF0 F	4 (Device d 0.0 (0.00))	D 4
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Full Name of Designated Agent	Fagg, Stephen P., , ,	
Mailing Address	P.O. Box 22027	
	Tulsa OK 74121-202	27
Title or Position	CITY STATE ZII	IP CODE
Treasurer		95 7629
safety deposit bo Name of Bank, [accounts, rema
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, [Depository, etc. Bank of Oklahoma PO Box 2300	
safety deposit bo Name of Bank, [Depository, etc. Bank of Oklahoma	
safety deposit bo Name of Bank, [Depository, etc. Bank of Oklahoma PO Box 2300 Tulsa OK 74192-000	
safety deposit bo Name of Bank, [Depository, etc. Bank of Oklahoma PO Box 2300 Tulsa CITY STATE ZI	11 -
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Bank of Oklahoma PO Box 2300 Tulsa CITY STATE ZI)1 - - IP CODE
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Bank of Oklahoma PO Box 2300 Tulsa CITY STATE ZI Depository, etc.)1 - - IP CODE
Safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Bank of Oklahoma PO Box 2300 Tulsa CITY STATE ZI Depository, etc.)1 - - IP CODE
Name of Bank, I	Depository, etc. Bank of Oklahoma PO Box 2300 Tulsa CITY STATE ZI Depository, etc.)1 - - - -

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraising						-
1.				FEC ID number		÷
2.				FEC ID number	C	_
3.				FEC ID number	C	_
4.				FEC ID number	C	_
ame of Any Connected O	rganization, Affilia	ited Committee	, Joint Fundra	ising Representat	ive, or Leadership PAC Sp	on
Mailing Address						
	l , , , , , ,					
Relationship:		CITY A		STATE A	ZIP CODE 4	
	by name, address	Affiliated Committee		Fundraising Represe	ntative Leadership PAC	
esignated Agent: Identify be Eckman, M Full Name	oy name, address (ary, Stephanie, ,			Fundraising Represe	ntative Leadership PAC	
esignated Agent: Identify b	by name, address			Fundraising Represe	ntative Leadership PAC	
esignated Agent: Identify be Eckman, M	oy name, address (ary, Stephanie, ,					
esignated Agent: Identify be Eckman, M	PO Box 22027		- optional)	J OK	74121-2027	Sp
esignated Agent: Identify be Eckman, M	PO Box 22027 Tulsa	(phone number	- optional)	J OK	74121-2027	Sr
esignated Agent: Identify b Eckman, M Full Name Mailing Address	PO Box 22027 Tulsa	(phone number	- optional)	OK	74121-2027 ZIP CODE A	; Sp
esignated Agent: Identify to Eckman, M Full Name Mailing Address TITLE OR POSITION Asst Treasurer Anks or Other Depositoric	py name, address (ary, Stephanie, , PO Box 22027 Tulsa Tulsa	(phone number	- optional)	OK STATE A	74121-2027 ZIP CODE ▲	762
Eckman, M Full Name Mailing Address TITLE OR POSITION Asst Treasurer Asst Treasurer anks or Other Depositoricalety deposit boxes or main	py name, address (ary, Stephanie, , PO Box 22027 Tulsa Tulsa	(phone number	- optional)	OK STATE A	74121-2027 ZIP CODE 918 918 - 295	762
esignated Agent: Identify to Eckman, M Full Name Mailing Address TITLE OR POSITION Asst Treasurer Anks or Other Depositorie afety deposit boxes or main ame of Bank,	py name, address (ary, Stephanie, , PO Box 22027 Tulsa Tulsa	(phone number	- optional)	OK STATE A	74121-2027 ZIP CODE 918 918 - 295	762
Eckman, M Full Name Mailing Address TITLE OR POSITION Asst Treasurer Anks or Other Depositorie afety deposit boxes or main ame of Bank, epository, etc.	py name, address (ary, Stephanie, , PO Box 22027 Tulsa Tulsa	(phone number	- optional)	OK STATE A	74121-2027 ZIP CODE 918 918 - 295	762