ORGANIZATION

PAGE 1 / 4

STATEMENT OF **FEC** 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 07 2018 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] 2018 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

FF	C E	m 1 (Pavisad 02/2000)	Paga 2
		m 1 (Revised 02/2009) DMMITTEE	Page 2
Candi	idate	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. (Complinformation below.)	ete the candidate
Name of Candida			
Candida Party A		n Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party	Com	mittee:	
(d)			Democratic, epublican, etc.) Party
Politic	cal A	etion Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated 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	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
	Comr	nittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised 0	2/2009)	Page 3
Write or Type Committee Name	Corporation Political Action Committee	
	Corporation Political Action Committee	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
Murray Energy Corpora	ation 	
Mailing Address	46226 National Road	
	St. Clairsville OH 43950	
Relationship: x Connected	CITY STATE Organization Affiliated Committee Joint Fundraising Representative Le	ZIP CODE sadership PAC Sponsor
. Custodian of Records: Identi books and records.	tify by name, address (phone number optional) and position of the person in po	ssession of committee
Piccolini, P	aul, , ,	
Mailing Address	46226 National Road	
	St. Clairsville OH 43950	
Title or Position	CITY STATE	ZIP CODE
VP- HR and ER		338 3334
3. Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name Piccolini, Pa	aul, , ,	
Mailing Address	46226 National Road	
	St. Clairsville OH 43950 CITY STATE	ZIP CODE
Title or Position VP- HR and ER		338 3334

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other De	epositories: List all banks or other depositories in which the committee deposits funds, ho	olds accounts, rents
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc.	lds accounts, rents
safety deposit boxes Name of Bank, Dep	s or maintains funds.	olds accounts, rents
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc.	olds accounts, rents
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc. Jnified Bank	olds accounts, rents
safety deposit boxes Name of Bank, Dep	or maintains funds. Dository, etc. Jnified Bank PO Box 10	
safety deposit boxes Name of Bank, Dep	or maintains funds. pository, etc. Jnified Bank PO Box 10 201 S. Fourth Street	
safety deposit boxes Name of Bank, Dep	S or maintains funds. Dository, etc. Jnified Bank PO Box 10 201 S. Fourth Street Martins Ferry OH 43935	
safety deposit boxes Name of Bank, Dep Mailing Address	S or maintains funds. Dository, etc. Jnified Bank PO Box 10 201 S. Fourth Street Martins Ferry OH 43935	
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