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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) Coal Country Conservatives Political Action Committee 4000 Force Rd. ADDRESS (number and street) (Check if address is changed) Gillette 82718 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS coalcountryconservative@gmail.com (Check if address is changed) Optional Second E-Mail Address lauralee0307@reagan.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00815498 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. McCabe, Colleen, , , Type or Print Name of Treasurer McCabe, Colleen,,, [Electronically Filed] 06 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100

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. TYPE OF COMMITTEE:						
Candidate 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 cam information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate						
Candidate Party Affiliation Office Sought: House Sen	ate President District					
(c) This committee supports/opposes only one candidate, and is NOT an au	uthorized committee.					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organ	ization on line 6.) Its connected 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 committee. (i.e., nonconnected committee)	I is NOT a separate segregated fund or party					
In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify spon-	sor on line 6.)					
(g) This committee is an independent expenditure-only political committee (Super PAC). In addition, this committee is a Lobbyist/Registrant PAC.						
				(h) This committee is a political committee with both contribution and non-co	ontribution accounts (Hybrid PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.						
Joint Fundraising Representative:						
(1)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(1)	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.					
Committees Participating in Joint Fundraiser						
1.	С					
	C					

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V	Vrite or Type Committee Name		A ation Comm	:44				
Coal Country Conservatives Political Action Committee								
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint	Fundraising Representat	ive, or Leadership PAC Sponsor				
	Mailing Address							
		CITY ▲	STATE	▲ ZIP CODE ▲				
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repres	sentative Leadership PAC Spons				
7.	Custodian of Records: Ident books and records.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.						
	McCabe, C	Colleen, , ,						
	Full Name							
	Mailing Address	917 Greenwood						
		Gillette	wY	82716				
		CITY ▲	STATE	▲ ZIP CODE ▲				
	Title or Position ▼							
	Treasurer		Telephone number	307 660 5798				
			rerephone 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 McCabe, C	Colleen, , ,						
	of Treasurer							
	Mailing Address	917 Greenwood						
		Gillette	WY	82716				
		CITY A	STATE	▲ ZIP CODE ▲				
	Title or Position ▼							
	Treasurer		Telephone number	307 - 660 - 5798				

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Full Name of Cox Designated Agent	, Laura, Lee, ,						
Mailing Address	4000 Force Rd						
	Gillette	WY WY	82718				
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
President		Telephone number 307					
Banks or Other Depo safety deposit boxes o	ositories: List all banks or other depositories in r maintains funds.	which the committee deposits fund	ds, holds accounts, rents				
Name of Bank, Deposi	itory, etc.						
Firs	First National Bank of Gillette						
Mailing Address	P.O. Box 3002						
	Gillette	WY	82717				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
L							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				