STATEMENT OF

FORM 1	ORGANIZATI (See instructions)	ION		
- NAME OF		Consider Management		Office use only
NAME OF COMMITTEE (in a	(Check if name I is changed)	Example: If typying, type over the lines	12FE4M5	
PCS Administ	ration (USA), Inc. (also known as 'Po	tashCorp') PAC		
ADDRESS (number and s	treet) 1101 Skokie Boulevard			
(Check if address	Suite 400			
is changed)	Northbrook			60062
	CIT	Y▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail a			
(Check if address is changed)	tcpasztor@potashcorp.c	om		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address				
is changed)				
2. DATE M M 0 1	/ D D / Y Y Y Y Y Y 2011			
3. FEC IDENTIFICA	TION NUMBER C (C00385039		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
L certify that I have exami	ned this Statement and to the best of my knowledg	se and helief it is true, correct and	I complete	
reening macrinave exami	led this statement and to the best of my knowledg	e and belief it is true, correct and	Complete	
Type or Print Name of	Treasurer Tom Pasztor			
Signature of Treasurer	Electronically Filed by Tom Pasztor	I	Date 0 1	1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subj		•	es of 2 U.S.C. §437g.
Office		For further information co	ontact:	EEC FORM 4
Use Only		Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	F	FEC F	Form 1 (Revised 02/2009)	Page 2						
5.			OMMITTEE (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 the information below.)	ne candidate						
	Name Candi									
	Candid Party	date Affiliati	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								
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.						
	Politic	cal Act	tion Committee (PAC):							
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization									
			X Corporation Corporation w/o Capital Stock Lal	bor Organization						
			Membership Organization Trade Association Co	poperative						
			In addition, this committee is a Lobbyist/Registrant PAC.							
	(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.)							
_	laint E									
		-unara	ising Representative:							
	(g)	Ш	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.							
	(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							
			2. FEC ID number							
			3. FEC ID number							
			. FEC ID number C							

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Write or Type Committee Name	SA), Inc. (also known as 'PotashCorp') P	NAC .						
PCS Administration (03	SA), IIIC. (also kilowii as Potasiicoip) P	AC						
6. Name of Any Connected Org	ganization, Affiliated Committee, Joint Fundrai	ising Representative, or Leade	ership PAC Sponsor					
PCS ADMINISTRATIO	N (USA) Inc.							
Mailing Address	1101 SKOKIE BOULEVARD) 						
-	SUITE 400							
	NORTHBROOK		60062					
	CITY	STATE ▲	ZIP CODE					
Relationship:								
X Connected Organization	Affiliated Committee Joint Fi	undraising Representative	Leadership PAC Sponsor					
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name	asztor							
Mailing Address	1101 Skokio Poulovord							
	Suite 400							
	Nortbrook		60062					
Title or Position ▼	CITY A	STATE A Telephone number	ZIP CODE 4					
name and address of any	Tom Deamley							
Mailing Address	1101 Skokie Boulevard							
-	Suite 400							
	Nortbrook	<u>IL</u>	60062					
Title or Position ♥	CITY A	STATE	ZIP CODE A					
Treasurer		Telephone number 847	849 4462					

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	Full Name of Designated Agent	_								_
	Mailing Address									
	Title or Position ▼			С	ITY ▲			STATE A	ZIP CODE A	
						Te	elephone nun	nber		
9.	Banks or Other I safety deposit box Name of Bank, De	es or maintai epository, etc	ins funds.	ks or other	depositories	in which th	e committee	deposits funds, ho	lds accounts, rents	
		Dank C								
	Mailing Address		901 Main	Street						
			Dallas					TX	75202	
				(CITY 🛕			STATE 4	ZIP CODE 🛕	
	Name of Bank, De	epository, etc								
	Mailing Address									
				(CITY 🔼			STATE △	ZIP CODE 🛕	