**FEC** 

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## 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) over the lines. is changed) Noranda Intermediate Holding Corporation Political Action Committee (Noranda PAC) 801 Crescent Centre Drive ADDRESS (number and street) Suite 600 (Check if address is changed) Franklin 37067-7202 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Don.Suray@noralinc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.norandaaluminum.com (Check if address is changed) DATE 2015 C00468876 FEC IDENTIFICATION NUMBER 3. 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. Donald J. Suray Type or Print Name of Treasurer Donald J. Suray [Electronically Filed] 2015 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

	EEC Ea	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		om 1 (Revised 02/2009) OMMITTEE	raye <b>Z</b>
Car	ndidate	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 Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		X 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 s committee. (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	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	FEC Form 1 (Revised (	02/2009)	Page 3
W	Irite or Type Committee Name		
1	Noranda Intermedia	ate Holding Corporation Political Action Committee (No	randa PAC)
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
N	oranda Intermediate	Holding Corporation	
		801 Crescent Centre Dr	
	Mailing Address	Ste 600	
		Franklin TN 37067-7202	<u>                                     </u>
		CITY STATE ZI	P CODE
	_	CITY STATE ZI	I CODE
	Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
'.	Custodian of Records: Ider books and records.	tify by name, address (phone number optional) and position of the person in posse	ssion of committee
	Donald J.	Suray	
	Full Name	,801 Crescent Centre Drive	
	Mailing Address		
		Suite 600	
		Franklin TN 37067-720	2
	Title or Position	CITY STATE ZI	P CODE
	Custodian of Records		5717
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Donald J. S	Suray	
	Mailing Address	801 Crescent Centre Drive	
	-	Suite 600	 
		Franklin	2  -
		CITY STATE ZII	P CODE
	Title or Position Treasurer		1 5717

	1 (Revised 02/2009)	Page <b>4</b>				
2 ooigilatou	Dale W. Boyles					
Agent						
Mailing Address	801 Crescent Centre Drive					
	Suite 600					
	Franklin TN 370	67-7202				
Tide on Decision	CITY STATE	ZIP CODE				
Title or Position  Designated Agent	t Telephone number 615 -	5789				
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, les or maintains funds.	holds accounts, rents				
Name of Bank, Depository, etc.						
Mairie Of Balik, De	spository, etc.					
	Bank of America Merrill Lynch					
L						
	Bank of America Merrill Lynch					
L	Bank of America Merrill Lynch  414 Union Street	10.1607				
L	Bank of America Merrill Lynch  414 Union Street	19-1697				
L	Bank of America Merrill Lynch  414 Union Street	19-1697 				
L	Bank of America Merrill Lynch  414 Union Street  Nashville  CITY  STATE					
Mailing Address	Bank of America Merrill Lynch  414 Union Street  Nashville  CITY  STATE					
Mailing Address	Bank of America Merrill Lynch  414 Union Street  Nashville  CITY  STATE					
Mailing Address  Name of Bank, De	Bank of America Merrill Lynch  414 Union Street  Nashville  CITY  STATE					
Mailing Address  Name of Bank, De	Bank of America Merrill Lynch  414 Union Street  Nashville  CITY  STATE					

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## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1N Transaction ID:

This Statement of Organization is being updated to reflect a new Treasurer / Custodian of Records, a new Designated Agent (Assistant Treasurer), a new PAC e-mail, and a new bank account.

Form/Schedule: Transaction ID:

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address ZIP CODE 🛕 CITY 🗖 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Noranda Intermediate Holding Corporation 801 Crescent Centre Dr Mailing Address Ste 600 Franklin ΤN 37067-7202 **CITY** STATE 4 ZIP CODE Relationship: **Connected Organization** Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number