PAGE 1/5 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) Barrick Gold of North America Inc. Employees PAF 460 West 50 North, Suite 500 ADDRESS (number and street) (Check if address is changed) Salt Lake City 84101 UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00320580 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. Christina Erling Type or Print Name of Treasurer Christina Erling [Electronically Filed] 80 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

	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>	
5. 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 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.		
Nam Cand	e of didate			
Par	ty Con	nmittee:  (National, State	(Democratic,	
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party	
Poli	tical A	ction Committee (PAC):		
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 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	raising Representative:		
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t		
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  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.		
	Com	mittees Participating in Joint Fundraiser		
	1.			
	2.			
	3.			
	4.	FEC ID number C		

Г		
FEC Form 1 (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		
Barrick Gold of	North America Inc. Employees PAF	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	ip PAC Sponsor
Barrick Gold of North	America Inc.	
Mailing Address	460 West 50 North, Suite 500	
	Salt Lake City UT 84101	
	CITY STATE Z	IP CODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor
books and records.	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
Christina E Full Name	Erling	
Mailing Address	101 Constitution Ave. NW	
	Suite 675 East	
	Washington DC 20001	
Title or Position	CITY STATE Z	IP CODE
Custodian of Records		82 9499
8. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name Christina E	Erling	1
Mailing Address	101 Constitution Ave. NW	
Mailing Addless	Suite 675 East	
	Washington   DC    20001	.  -
	CITY STATE Z	IP CODE
Title or Position Treasurer		32 <sub>   </sub> 9499

Telephone number

FEC <b>Forr</b>	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
Banks or Other safety deposit be Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc.  Nevada State Bank	accounts, rents
safety deposit bo	Depository, etc.  Nevada State Bank  P.O. Box 990	accounts, rents
safety deposit be Name of Bank, I	Depository, etc.  Nevada State Bank  P.O. Box 990  Las Vegas  NV 89125	
safety deposit be Name of Bank, I	Depository, etc.  Nevada State Bank  P.O. Box 990  Las Vegas  CITY  STATE	zip CODE
safety deposit be Name of Bank, I	Depository, etc.  Nevada State Bank  P.O. Box 990  Las Vegas  CITY  STATE	
safety deposit be Name of Bank, I	Depository, etc.  Nevada State Bank  P.O. Box 990  Las Vegas  CITY  STATE	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Nevada State Bank  P.O. Box 990  Las Vegas  CITY  STATE	
Name of Bank, I	Depository, etc.  Nevada State Bank  P.O. Box 990  Las Vegas  CITY  STATE	

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A
Transaction ID:

This Statement of Organization is being amended to disclose 1)new Treasurer 2)new Custodian of Records 3)new address for Committee 4)new address for Connected Organization.

Form/Schedule: Transaction ID: