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-	FEC FORM 1	STATEMEN ORGANIZA						
		· · · · · · · · · · · · · · · · · · ·	·		e Use Only			
	1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	· · · · · · · · · · · · · · · · · · ·			
	JELD-WEN	Empilio, y.e.e., Po	litical Action	(commit	lee			
						l		
	ADDRESS (number and street)	1200 SWIMARK	et st. Ste S	<u>SD</u> , , , , , , , , , , , , , , , , , , ,	• • • • • •	l		
	(Check if address	Part land	1 1 1 1 1 1 1 1 1 1			ł		
a secondaria de la compañía de la co	····· is changed)		· · · · · · · · · · · · · · · · · · ·	<u>OK</u> 9.7	Z O[]-L:,			
•		cr	ſY	STATE	ZIP CODE			
►.	COMMITTEE'S E-MAIL ADDRI	ESS (Please provide only one e-m	ail address)					
ኪኅ •ጣ	(Check if address is changed)	michelle ha	@jeld-uen.		, <u>,1 ! ! !</u>	J		
C) O		<u> </u>		i . i : . i	1.1.1.1.1.1.1.1.	l		
inen]	COMMITTEE'S WEB PAGE ADDRESS (URL)							
м О	(Check if address is changed)	LINE A	1 1 1 : 1 1 1 ! !		• 5 • • • • • •			
5				1.1.: <u></u>	<u></u>	ł		
	3. FEC IDENTIFICATION N				r			
	4. IS THIS STATEMENT		AMENDED (A)			-		
	I certify that I have examined t	certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
	Type or Print Name of Treasurer Andrea Olson Signature of Treasurer (Mdrea Olson Date 10 29 2009							
	Signature of Treasurer	Judra Ols			29 2009			
	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 Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on 7	EC FORM 1 (Revised 02/2009)	1		

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		orm 1 (Revised 02/2009)	Page 2
		COMMITTEE e 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 information below.)	the candidate
Nam Cano	e of didate		11111
	didate / Affiliatio	ion Sought: House Senate President	State
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Namo	e of lidate		
Parl	ty Com	nmittee:	····
(d)	.,	(Den	nocratic, Iblican, etc.) Par
Poli	tical A	Action Committee (PAC):	
(8)	•	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization i
		Corporation Corporation w/o Capital Stock	oor Organization
		Membership Organization Trade Association Co	operative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	·	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated fund or par
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	t Fund	traising Representative:	
			mono political
Join (g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(g)	Com	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 two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
(g)	Com	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 two or committees/organizations, none of which is an authorized committee of a federal candidate. Imittees Participating in Joint Fundraiser	more political
(g)		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 two or committees/organizations, none of which is an authorized committee of a federal candidate. Interes Participating in Joint Fundraiser	
(g)	1.	committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. Interes Participating in Joint Fundraiser FEC ID number C	

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	FEC Form 1 (Revised	02/2009)	Page 3
	Write or Type Committee Nam	9	
	JELD-WEN	Employee PAC	
6. 		Organization, Affiliated Committee, Joint Fundralsing Representative, or Leaders	hip PAC Sponsor
	IELD + WEN!	· (Λα!	
			<u></u>
		PO BOX 1329 1111 11111111111111111	
	Mailing Address		
		11Clamath Flatis 1111 1012 1976	
	Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative	adership PAC Sponsor
<u> </u> 7	Custodian of Records: Ider	ntify by name, address (phone number - optional) and position of the person in pos	session of committee
	books and records.		
		chelle Italle	1
		1200 SW Market St # 550	
	Mailing Address		
		Portiland	
		[Port, long, 1972	0, 1-1
	Title or Position	CITY STATE	ZIP CODE
	Manaqu.	Telephone number 50,3-14	781-144631
8	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
	Full Name of Treasurer	ra Olson,	
	Mailing Address	1200 SW, market St. #550	<u> </u>
		L	
		Paritiland 1972	0,1
	Title or Position		ZIP CODE
	Manager,		78-4462
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	Revised 02/2009)		Page 4
			· · ·
Full Name of Designated Agent	ichelle Halle		
Mailing Address	1200 SW Marlet, St. F	550	<u> </u>
	Portland,		<u>[4:7:2.0:]]-[</u> ZIP CODE
Title or Position	Telepho	one number 🔛 i	31-14781-1446
	sitories: List all banks or other depositories in which the	committee deposits fur	nds, holds accounts, rents
safety deposit boxes o Name of Bank, Depos			
Name of Bank, Depos	itory, etc.	<u></u>	<u></u>
Name of Bank, Depos		<u>L(00, , ,</u>	
Name of Bank, Depos	itory, etc. <u> <u> </u> </u>	L(00, ; ;	<u>, , , , , , , , , , , , , , , , , , , </u>
Name of Bank, Depos	itory, etc. <u> <u> </u> </u>	L(00, ; ;	
Name of Bank, Depos	itory, etc. <u>CY: Bank</u>	<u>L (00, , ,)</u> <u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
Name of Bank, Depos	itory, etc. <u>CY: Bank</u>		<u> </u>
Name of Bank, Depos	itory, etc.	L (00, , , , , , , , , , , , , , , , , , , ,	
Name of Bank, Depos	itory, etc.	L (00, , , , , , , , , , , , , , , , , , , ,	
Name of Bank, Depos	itory, etc.	L (00, , , , , , , , , , , , , , , , , , , ,	

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PREPARER (3/2005)	DATE PREPARED		

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