10030220440

2010 JAM 22 AM 9: 30

FEC FORM 1	ORGANIZATION		Office Use Only			
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	5	
POUTHEASTERM LUMBER MANUFACTURERS ASSOCIATION						
POLITICAL ACTION COMMITTEE						
ADDRESS (number a	nd street)	200 GREEN	CASTILE ROAS			
(Check if a is changed)		TYRONE .		<b>(6,A)</b>	[3,0,2,9,0]-[,,,,	
·		·	CITY	STATE	ZIP CODE	
COMMITTEE'S E-MA	AL ADDRE	SS (Please provide only one e	e-mail address)			
(Check if is change		Christy 05	51 manary			
COMMITTEE'S WEB	PAGE AD	DRESS (URL)			· · · · · ·	
(Check if is change				 <u>{                                     </u>		
2. DATE 0.1 ) 2 201 0						
3. FEC IDENTIFICATION NUMBER C.O.D.I 268 78						
4. IS THIS STATEMENT I NEW (N) OR AMENDED (A)						
I certify that I have o	examined th	nis Statement and to the bes	t of my knowledge and belief it	is true, corre	ct and complete.	
Type or Print Name	of Treasure	CHRISTY	SAMMON		holdininininininininininininininininininin	
Signature of Treasurer  Date 01 12 Z010						
NOTE: Submission of			may subject the person signing to ION SHOULD BE REPORTED W		to the penalties of 2 U.S.C. §437g.	
Office Use			For further information c Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE				
Ca	ngigate	e Committee:				
(a)	No. I	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 candidate information below.)				
	ne of ndidate					
	ndidate ty Affiliati	on Sought: House Senate President	State District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	ne of Ididate		i			
Pai	rty Con	nmlttee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e)	M	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:			
		Corporation Corporation w/o Capital Stock	Labor Organization			
			Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
<b>(f)</b>	The state of the s	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.)				
Joir	nt Fund	raising Representative:				
(g)	The second of th	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)	ž. ji	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.		The state of the s			

FEC ID number C

						-	
ì	FEC Form 1 (Revised	1 02/2009)				Page 3	
Writ	te or Type Committee Nan	ne					
6. N	Name of Any Connected	Organization, Affiliat	ted Committee, Joint I	Fundraising Repr	esentative,	or Leadership PAC Sponsor	
15.7	OUTHEASTE	CAL MALIE	EACTURES	7  S     A  S  S	NC IIA		
	<u> </u>	<u>יט א                                   </u>	<u>                                      </u>		<u> </u>		
<u>L_i</u>		17 NO 1/10	SIS WOLVICE	) ۱۵ اه ا <sup>ی</sup> ایکا	<b>)</b>		
M	failing Address	[200] GR	EENCHSTL	TC KOME	<u> </u>		
				<u> </u>		170.2901	
		TYRONZ	CITY		STATE	30290- ZIP CODE	
		- "					
R	delationship: Connect	ed Organization A	filiated Committee	Joint Fundraising	Represental	ive Leadership PAC Spon	SOI
							_
	custodian of Records: Ide ooks and records.	entify by name, addres	ss (phone number o <sub>l</sub>	otional) and position	on of the pe	rson in possession of commit	tee
<b>E</b>	ull Name B: E; U	E G L Y , KN,	1,6,4,7				
	Mailing Address	_	E, E, NC, A,S, T,L				<u> </u>
IV	naming Address	l			<del>~                                      </del>		
		TYRUNG		<del> </del>	16 A	3,0,2,9,6 -  , , ,	
_				<u> </u>	<u> </u>		
Т	itle or Position	•	CITY		STATE	ZIP CODE	
Ľ	OFFICE MA	+ NAGEL		Telephone num	ber 🔟	7,0]-[6,3]]-[6,7,0	1
			<u> </u>				
	reasurer: List the name a ny designated agent (e.g.,		ımber optional) of the	e treasurer of the	committee;	and the name and address of	i
Fu	ull Name	TY SA	a. a 41				
of	Treasurer						
М	lailing Address	400 GR	EENCASTI	+E, KoiA	<u>D                                    </u>		
			<del>                                      </del>	<del></del>	<del></del>		
		TY. RONE			(eA)	30290-	
Ti	itle or Position	0	CITY		STATE	ZIP CODE	_
	GOLVIC FINIME IN	TKELAT	TIDNS DIRECTOR	Telephone num	ber 17	7, 0] - [6, 3, ] - [6, 7, 1,	
1			F = 10=				

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Agent			1     ! .     .   .
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	<u>[                                    </u>	number !!	
Banks or Other Depos	sitories: List all banks or other depositories in which the comr	nittee deposits	funds, holds accounts, rents
Banks or Other Depos safety deposit boxes or Name of Bank, Deposit	tory, etc.		funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc.		
safety deposit boxes or	maintains funds. tory, etc.		
safety deposit boxes or Name of Bank, Deposit	maintains funds.  tory, etc.		
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safety deposit boxes or Name of Bank, Deposit Mailing Address	maintains funds.  tory, etc.  CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	ation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
Eu	1/22/10
PREPARER	DATE PREPARED
(3/2005)	