PAGE 1 / 4 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) JELD-WEN, inc. Employee Political Action Committee 1631 NW Thurman Street, Suite 400 ADDRESS (number and street) (Check if address is changed) Portland 97209 OR CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dancr@jeld-wen.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00469825 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. Dan Crenshaw Type or Print Name of Treasurer Dan Crenshaw [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. FEC FORM 1 (Revised 06/2012)

	Office			For further information contact:
.	Use			Federal Election Commission
				Toll Free 800-424-9530
	Only			Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE  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. (Compinformation below.)	lete the candidate
Nam Can	e of didate		
	didate / Affiliati	on 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
(d)		, , , ,	Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a
		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 seg committee. (i.e., nonconnected committee)	regated 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	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

FEC Form 1 (Revised	02/2009)		Page <b>3</b>
Write or Type Committee Name			raye 3
	c. Employee Political Action	n Committee	
			oin DAC Security
	Organization, Affiliated Committee, Joint Fundraisi	ing Representative, or Leadersi	iip PAC Sponsor
JELD-WEN, inc.			
Mailing Address	P.O. Box 1329		
	3250 Lakeport Blvd.		
	Klamath Falls	OR 97601	
	CITY	STATE	7ID CODE
	CHY	STATE	ZIP CODE
Relationship: X Connecte	d Organization Affiliated Committee Joint Fur	ndraising Representative Lea	dership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) a	nd position of the person in pos	session of committee
Dan Cren	shaw		
Full Name	,401 Harbor Isles Boulevard		
Mailing Address	in the second se		
	Klamath Falls	OR 97601	
Title or Position	CITY	STATE	ZIP CODE
Manager		none number 541 -	882 - 3451
3. <b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasure assistant treasurer).	er of the committee; and the nar	me and address of
Full Name Dan Crens	haw		1
of Treasurer			
Mailing Address	401 Harbor Isles Boulevard		
	Klamath Falls	OR 97601	
Tible on Decision	CITY	STATE	ZIP CODE
Title or Position  Manager	Talaah	one number 541 - 5	3451
	lelepno		

FEC Form 1 (F	Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent Micl	chelle Halle	
Mailing Address	1631 NW Thurman Street, Suite 400	
	Portland OR CITY STATE	97209 ZIP CODE
Title or Position Manager	Telephone number	003 - 478 - 4463
safety deposit boxes of Name of Bank, Depos		funds, holds accounts, rents
	200 SW Market St, L100	
Mailing Address		
	Portland	97201
	Portland OR STATE	97201 ZIP CODE
Name of Bank, Depos	CITY STATE	
Name of Bank, Depos	CITY STATE	
Name of Bank, Depos	CITY STATE	ZIP CODE
L	CITY STATE	ZIP CODE
L	CITY STATE	ZIP CODE