STATEMENT OF

2009 DEC 15 AM 9: 01

FORM 1		ORGANIZA	ATION		Office Use Only
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example:If typing, type over the lines.	₹12 ₽₽4₩3	en James (s. e.)
		10. Employ	ec Pocit	cal Act	n' 0 n
Comm; +1	rce		111111		
ADDRESS (number a	and street)	[Z,0,0, S,W, Ma	riket isiti	Suite 55	0
(Check if a				<u> </u>	
is changed)	[P,O,r,+, 1,a,n,d,		1 0R 19	7,20,11-
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRE	SS (Please provide only one e-	mail address)		
(Check if	addrage	and reaway	eid-wen.	com	
is change				<u> </u>	
COMMITTEE'S WEE	3 PAGE AD	DRESS (URL)			
erres		N/A	, <u> </u>	11111	<u> </u>
(Check if is change					
2. DATE	Z1 0	8 2009			
3. FEC IDENTIFI	CATION N	имвен С С	0469825		
4. IS THIS STATE	MENT	NEW (N) OR	AMENDED (A	A)	
I certify that I have	examined t	his Statement and to the best	of my knowledge and bei	lief it is true, correct a	nd complete.
Type or Print Name	of Treasure	ar Andrew (Olson		
Signature of Treasur	rer	andrew (ndt olsen	Date 12	08 2009
NOTE: Submission of	false, erron	eous, or incomplete information ANY CHANGE IN INFORMATION		-	e penalties of 2 U.S.C. §437g.
Office Use Only			For further informat Federal Election Com Toll Free 800-424-955 Local 202-694-1100	nmission	FEC FORM 1 (Revised 02/2009)

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– -	F COMMITTEE	
	late 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 th information below.)	e candidate
Name of Candidat		1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
Candidat Party Aff	illation Sought: House Senate President	ite trict
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	E o fallación comercio y C. Allatta.
Name of Candidat		
Party C	Committee:	
(d)	(National, State (Democ	ratic, can, etc.) Party.
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor	Organization
	70 A Gray Sure	•
	2.500g	erative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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.)	
Joint F	undralsing Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	ore political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or motion committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
c	Committees Participating in Joint Fundraiser	
1	. FEC ID number C	Live de marie de mari
2	2. FEC ID number C	
3	3.	gent passyone, and
4	FEC ID number	
	Activities of the control of the con	man

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	18	
JELD-WE	N, inc. Employee Political Action	Committee (PAC
. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
JE149-WEN11	n _i c _i .	
Mailing Address	P.O B O X 1 3 2 9	 .
J	BIZISIOI WAKEPORITI BILIVIA.	
		7601-
·	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization	Leadership PAC Sponsor
Custodian of Records: ide books and records.	entify by name, address (phone number optional) and position of the person	In possession of committee
Full Name Mic	h, c, l, l, e, H, a, l, l, e, , , , , , , , , , , , , , , ,	
Mailing Address	120,0 SW Market sty 15,011 te 5,5	P
	Portiland	17201-
Title or Position	CITY STATE	ZIP CODE
Manager	Telephone number 5,03]-14,7,8-14,4,6,3]
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and , assistant treasurer).	the name and address of
Full Name of Treasurer	ررده ۱٫۵٫۱۵٫۵ ۱	
Mailing Address	120,0, SW, Market, St, Suite SSC	
	Portiand OR 9	7201-
Title or Position	CITY STATE	ZIP CODE
[Manage]	Telephone number S O 3	1-14.7.81-4.4.6.21

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Full Name of Designated Agent	(,c,h,e,1,1,e,,H,a,1,1,e	<u> </u>	1.1.1.1	
Mailing Address	[2,0,0, SW MOTO	ret st, su	4te 550	0
masing risques	1			
	19,0,1,1,0,nd		l mei	1972011-1
	CITY		STATE	9,7,20,/]-[,, ZIP CODE
Title or Position	<u> </u>	Telephone	number S	03-4178-4146
	ositories: List all banks or other depo	ositories in which the cor	mmittee deposits	s funds, holds accounts, rents
Name of Bank, Dep	or maintains funds. sitory, etc.			
Name of Bank, Dep				
Name of Bank, Dep	sitory, etc.	1 1 1 1 1 1 1	L, I, O, O,	
Name of Bank, Dep	ely BanK	1 1 1 1 1 1 1		
Name of Bank, Dep	ely BanK	1 1 1 1 1 1 1		[47.Z ₁ 0.1]-
Name of Bank, Dep	Ely Bank, Land	1 1 1 1 1 1 1	L, 1,0,0,	[4,7, Z, 0, 1] - L
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Name of Bank, Dep Mailing Address Name of Bank, Dep	E Y B A N K	1 1 1 1 1 1 1	L, 1,0,0,	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** 12/9/07 Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt 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 or Postmarked Other (Specify):