2018 FEB -5 AM 9: 32

Federal Election Commission 999 E.St., NW Washington, D.C. 20463

Re: Bye LaMalfa PAC

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in <u>SpeechNow v. FEC</u>, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

2018 · 02 · 05 · 08 · 00197618

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

			2018 FEB - 5 ice AM - Say 32
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
BYE, LAMAL	F.A. PAC		
ADDRESS (number and street)	1,0, V,E,C,L,A,K	$R_1A_1T_1I_1O_1N_1 D_1R_1I_1V$	
(Check if address is changed)	$J_1 I_1 E_1 J_1 O_1 O_1$	<u> </u>	
	CITY A		CA 45 4 7 3 - 1 1 1 2 1 P CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)	11.N.F.D. 50 @.1	B, Y, E, L, A, M, A, L, F, A, .	. <i>(</i> . <i>D</i> . M
is changed)	Optional Second E-Mail Ad		
	Optional Second E-Iviali Ad		
COMMITTEE'S WEB PAGE AD	ODDESS (LIDL)		
(Check if address is changed)	B,Y,E,L,A,M,A,L,F	EA COM	I
is changed)	DITILIZINIMIRILI		
			
2. DATE DI^{M}	8 2 018		
3. FEC IDENTIFICATION N	IUMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	this Statement and to the bes	st of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	er Holly B. P	Pladson	
Signature of Treasurer	Holly & Ple	Pladson OS-	Date 77 30 2018
NOTE: Submission of false, error		n may subject the person signing ATION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	CCL. CUBWII

FEC	Form 1 (Revised 02/2009)	Page 2			
TYPE C	F COMMITTEE				
Candi	date 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. (Comple information below.)	ete the candidate			
Name o Candida					
Candida Party Af		State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name o Candida					
Party	Committee:				
(d)		emocratic, epublican, etc.) Party.			
Politic	al Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	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 segr committee. (i.e., nonconnected committee)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
	In addition, this committee is a Lobbyist/Registrant PAC.	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint F	undraising 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.	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			
(Committees Participating in Joint Fundraiser				
	FEC ID number				
;	2.				
;	3.				
	1.				

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ne	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
 Custodian of Records: Identification books and records. 	entify by name, address (phone number optional) and position of the person in po	essession of committee
Full Name LALOLL	L, Y, , , P, L, A, D, S, O, N, , , , , , , , , , , , , , , , ,	
Mailing Address	[7,0, D, E, C, L, A, R, A, T, I, O, N, P, R, I, V, E,	
	J.1, E, 2,0,1	
-	[C,H,1,C,D] [C,A] [9,5,1	7,7,3]-
Title or Position	CITY STATE	ZIP CODE
· LPA	Telephone number $[53,0]$ – $[3]$	3,4,2j- <u>[4,0,0,2]</u>
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
Full Name of Treasurer	LX, PLADSDN	
Mailing Address	17.0 DECLARATION DRIVE	
•	S,T,E, 2,0,1	
The second	CITY STATE	7, 3 ZIP CODE
Title or Position [C1] A	Telephone number [5,3,0] - [3	8,4,2]-[4,0,0,2]

2018 - 02 - 05 - 0M - 0019M621

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CACRAMENTO CA SON

Federal Election Commission aga E. St., NW. 20445

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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.				
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USPS Priority Mail Express	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Busine	ss 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):	Receipt or Postmarked			
M DEDARED	2/5/2018			
(3/2015)	DATE PREPARED			