

January 29, 2018

2018 JUN 19 PM 12: 24

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
REPORT ANALYSIS DIVISION

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 **SpeechNow v. FEC**, 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.

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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2018 JUN 19 AM 10:45  
Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

BYE LAMALFA PAC

ADDRESS (number and street)

70 DECLARATION DRIVE

(Check if address is changed)

SUITE 202

CHICO

CITY ▲

CA

STATE ▲

95973

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

HPLADSONCPA@YAHOO.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

06 ' 05 ' 2018

3. FEC IDENTIFICATION NUMBER ▶

C00668681

4. 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.

Type or Print Name of Treasurer Holly Pladson

Signature of Treasurer

*Holly Pladson*

Date

06 ' 05 ' 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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

FEC FORM 1  
(Revised 06/2012)

110310 : 001 : 101 : 001 : 0001111111

5. TYPE OF COMMITTEE

**Candidate 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 the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political 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
  - 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

NOTICE: GO TO: FORM 000147500

Write or Type Committee Name

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name HOLLY PLADSON

Mailing Address 70 DECLARATION DRIVE  
SUITE 202  
CHICO CA 95973

CITY STATE ZIP CODE

Title or Position \_\_\_\_\_ Telephone number 530-342-4002

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer HOLLY PLADSON

Mailing Address 70 DECLARATION DRIVE  
SUITE 202  
CHICO CA 95973

CITY STATE ZIP CODE

Title or Position TREASURER Telephone number 530-342-4002

2010-01-10 10:00 AM 000017171



5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

FEC ID number **C** \_\_\_\_\_

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

TITLE OR POSITION ▼ \_\_\_\_\_ Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

20170210 10:01:00 AM



**HOLLY B. PLADSON**  
— Certified Public Accountant —

70 Declaration Drive, Suite 202  
Chico, CA 95973

SACRAMENTO

CA 957

06 JUN 19

PM 2 L



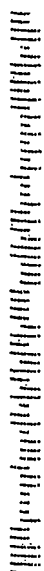
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1050 First Street, NE  
Washington, DC 20002

20463

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 The FEC added this page to the end of this filing to indicate how it was received.

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Other (Specify): Date of Receipt or Postmarked

 6-19-18  
 PREPARER DATE PREPARED

NOTICE: DO NOT SIGN