

Image# 14962170809

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Pam Byrnes			2. Candidate's FEC Identification Number H4MI07178		
(b) Address (number and street) PO Box 485			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Dexter MI 48130			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House		6. State & District of Candidate MI 07	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Pam Byrnes for Congress		
(b) Address (number and street) PO Box 485		
(c) City, State, and ZIP Code Dexter MI 48130		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Byrnes Victory Fund		
(b) Address (number and street) 410 1st St, SE Suite 310		
(c) City, State, and ZIP Code Washington DC 20003		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Pam Byrnes [Electronically Filed]	Date 08/01/2014
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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