

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BAYCARE PHYSICIANS PAC

Report Covering the Period: From: 11 / 27 / 2018 To: 12 / 31 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		64,092.17
(b) Cash on Hand at Beginning of Reporting Period.....	77,689.60	
(c) Total Receipts (from Line 19).....	585.98	14,183.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78,275.58	78,275.58
7. Total Disbursements (from Line 31).....	1,880.86	1,880.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	76,394.72	76,394.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BAYCARE PHYSICIANS PAC

Report Covering the Period: From:

11 27 2018

To:

12 31 2018

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	482.68	11,566.29
(ii) Unitemized.....	103.30	2,617.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	585.98	14,183.41
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	585.98	14,183.41
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	585.98	14,183.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	585.98	14,183.41

NON-FEDERAL RECEIPTS

DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	1,880.86	1,880.86
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,880.86	1,880.86
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,880.86	1,880.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1,880.86	1,880.86

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DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	585.98	14,183.41
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	585.98	14,183.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,880.86	1,880.86
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,880.86	1,880.86

REPRODUCED FROM THE ORIGINAL SOURCE

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 1 OF 4	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial) A. BRADA, STEPHEN, A		Date of Receipt 12/21/2018
Mailing Address 700 TERRAVIEW DR		Amount of Each Receipt this Period 176.00
City GREEN BAY	State Zip Code WI 54301	
FEC ID number of contributing federal political committee. C 00407700		12/7/18 \$176.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9,134.40	

Full Name (Last, First, Middle Initial) B. GUO, DANQING		Date of Receipt 12/21/2018
Mailing Address 3322 NEW PLANK RD S		Amount of Each Receipt this Period 5.40
City DEPERE	State Zip Code WI 54115	
FEC ID number of contributing federal political committee. C 00407700		
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.26	

Full Name (Last, First, Middle Initial) C. HARRISON, RICHARD		Date of Receipt 12/21/2018
Mailing Address 984 HIGHLAND SPRINGS		Amount of Each Receipt this Period 8.00
City ONEIDA	State Zip Code WI 54155	
FEC ID number of contributing federal political committee. C 00407700		
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.28	

SUBTOTAL of Receipts This Page (optional).....▶	365.40
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 2 OF 4		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial) A. OTS, MAX, E		Date of Receipt 12 / 21 / 2018
Mailing Address 2455 SHIRLEY RD		Amount of Each Receipt this Period 25.00
City DEPERE	State Zip Code WI 54155	
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 25.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. SCHNAUBELT, MICHAEL, A		Date of Receipt 12 / 21 / 2018
Mailing Address 4318 HILTON HEAD DR		Amount of Each Receipt this Period 15.20
City ONEIDA	State Zip Code WI 54155	
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 15.20
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.40	

Full Name (Last, First, Middle Initial) C. DERVISH, AHMET		Date of Receipt 12 / 21 / 2018
Mailing Address 3966 WEQUIOCK RD		Amount of Each Receipt this Period 10.00
City GREEN BAY	State Zip Code WI 54311	
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 10.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.28	

SUBTOTAL of Receipts This Page (optional).....▶	50.20
TOTAL This Period (last page this line number only).....▶	

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
BAYCARE PHYSICIANS PAC

A. Full Name (Last, First, Middle Initial) BAYCARE HEALTH SYSTEMS			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 164 N. BROADWAY			Allocated Activity or Event Year-To-Date 1,880.86		
City GREEN BAY	State WI	Zip Code 54303	Date 12 31 2018		
Purpose of Disbursement: RENTAL AGREEMENT		001 Category/ Type			
Activity or Event Identifier:					
FEDERAL SHARE +		NONFEDERAL SHARE =		TOTAL AMOUNT	
1,880.86		0.00		1,880.86	

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Date		
Purpose of Disbursement:		Category/ Type			
Activity or Event Identifier:					
FEDERAL SHARE +		NONFEDERAL SHARE =		TOTAL AMOUNT	

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Date		
Purpose of Disbursement:		Category/ Type			
Activity or Event Identifier:					
FEDERAL SHARE +		NONFEDERAL SHARE =		TOTAL AMOUNT	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
1,880.86		0.00	1,880.86
TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))			
FEDERAL SHARE		NONFEDERAL SHARE	TOTAL AMOUNT
1,880.86		0.00	1,880.86

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