

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2015 JAN 12 AM 11:59

FEC MAIL CENTER  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

B A Y C A R E P H Y S I C I A N S P A C

ADDRESS (number and street) 1 6 4 N B R O A D W A Y

Check if different than previously reported. (ACC) G R E E N B A Y W I 5 4 3 0 3 - 2 7 2 8

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 4 0 7 7 0 0

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on 1 1 / 0 4 / 2 0 1 4 in the State of W I

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y

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

Type or Print Name of Treasurer CHRIS AUGUSTIAN

Signature of Treasurer

*Chris Augustian*

Date

M M / D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

**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: 

MM	DD	YYYY
10	01	2014

 To: 

MM	DD	YYYY
11	24	2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>2014</td></tr></table>	YYYY	2014		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>32,703.52</td></tr></table>	32,703.52
YYYY					
2014					
32,703.52					
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>37,361.09</td></tr></table>	37,361.09			
37,361.09					
(c) Total Receipts (from Line 19) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1,949.68</td></tr></table>	1,949.68	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>11,607.25</td></tr></table>	11,607.25	
1,949.68					
11,607.25					
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>39,310.77</td></tr></table>	39,310.77	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>44,310.77</td></tr></table>	44,310.77	
39,310.77					
44,310.77					
7. Total Disbursements (from Line 31).....		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5,000.00</td></tr></table>	5,000.00		
5,000.00					
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>39,310.77</td></tr></table>	39,310.77	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>39,310.77</td></tr></table>	39,310.77	
39,310.77					
39,310.77					
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....					
10. Debts and Obligations Owed <b>BY</b> 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:

MM / DD / YYYY  
10 / 01 / 2014

To:

MM / DD / YYYY  
11 / 24 / 2014

**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).....

1,325.92

7,916.93

(ii) Unitemized .....

623.76

3,690.32

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,949.68

11,607.25

(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).....▶

1,949.68

11,607.25

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)).....▶

1,949.68

11,607.25

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1,949.68

11,607.25

## DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

### II. Disbursements

**COLUMN A  
Total This Period**

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

	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 .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		5,000.00
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))..		5,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		5,000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC. Form 3X (Rev. 02/2003)

Page 5

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) .....	1,949.68	11,607.25
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,949.68	11,607.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

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

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

FOR LINE NUMBER:		PAGE	OF
<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) <b>A. BRADA, STEPHEN, A</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2014
Mailing Address 700 TERRAVIEW DR		Amount of Each Receipt this Period 657.02
City GREEN BAY	State Zip Code WI 54301	
FEC ID number of contributing federal political committee. C 00407700		10/22/14 - 352.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 5,907.63
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. HARRISON, RICHARD, L</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2014
Mailing Address 984 HIGHLAND SPRINGS CT		Amount of Each Receipt this Period 31.20
City ONEIDA	State Zip Code WI 54155	
FEC ID number of contributing federal political committee. C 00407700		10/22/14 - 31.20
Name of Employer BAYCARE CLINIC, LLP	Occupation NEUROSURGEON	Aggregate Year-to-Date ▼ 372.14
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SODHI, JAGDEEP</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2014
Mailing Address 3465 WEATHERWOOD LN		Amount of Each Receipt this Period 29.00
City GREEN BAY	State Zip Code WI 54311	
FEC ID number of contributing federal political committee. C 00407700		10/22/14 - 16.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 394.98
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1,116.42
<b>TOTAL</b> 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: (check only one)	PAGE	OF
	<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) <b>A. GUO, DANQING</b>		Date of Receipt MM / DD / YYYY <b>11 / 21 / 2014</b>
Mailing Address <b>3322 NEW PLANK RD</b>		Amount of Each Receipt this Period <b>29.07</b>
City <b>DEPERE</b>	State Zip Code <b>WI 54115</b>	
FEC ID number of contributing federal political committee. <b>C 00407700</b>		10/22/14 - 5.40
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>279.77</b>	

Full Name (Last, First, Middle Initial) <b>B. OTS, MAX, E</b>		Date of Receipt MM / DD / YYYY <b>11 / 21 / 2014</b>
Mailing Address <b>2455 SHIRLEY RD</b>		Amount of Each Receipt this Period <b>25.00</b>
City <b>DEPERE</b>	State Zip Code <b>WI 54155</b>	
FEC ID number of contributing federal political committee. <b>C 00407700</b>		10/22/14 - 25.00
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>NEUROSURGEON</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>275.00</b>	

Full Name (Last, First, Middle Initial) <b>C. SCHNAUBELT, MICHAEL, A</b>		Date of Receipt MM / DD / YYYY <b>11 / 21 / 2014</b>
Mailing Address <b>4318 HILTON HEAD DR</b>		Amount of Each Receipt this Period <b>31.17</b>
City <b>ONEIDA</b>	State Zip Code <b>WI 54155</b>	
FEC ID number of contributing federal political committee. <b>C 00407700</b>		10/22/14 - 15.20
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>254.78</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>130.84</b>
<b>TOTAL</b> 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: (check only one)	PAGE	OF
	<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) <b>A. SCHOCK, HAROLD J</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2014
Mailing Address 4552 CHOCTAW TRL		Amount of Each Receipt this Period 20.83
City GREEN BAY	State Zip Code WI 54313	
FEC ID number of contributing federal political committee. C 00407700		10/22/14 - 20.83
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 ▼ 229.13	

Full Name (Last, First, Middle Initial) <b>B. LIMONI, ROBERT P</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2014
Mailing Address 3072 BAY SETTLEMENT CT		Amount of Each Receipt this Period 18.50
City GREEN BAY	State Zip Code WI 54311	
FEC ID number of contributing federal political committee. C 00407700		10/22/14 - 18.50
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 ▼ 203.50	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2014
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C 00407700		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	78.66
<b>TOTAL</b> This Period (last page this line number only).....▶	1,325.92

11-01-2011 11:31:00 AM



01/07/2015 10:10:11

**CERTIFIED MAIL**

FIRST-CLASS MAIL

neopost

01/07/2015

**\$06.69**

**US POSTAGE**



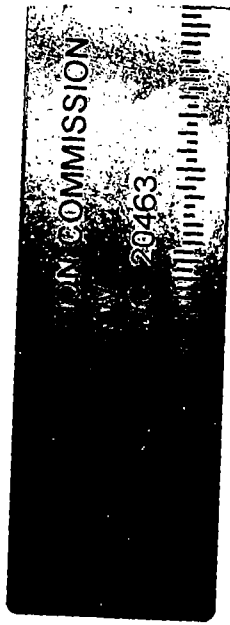
ZIP 54301  
04111212026



7009 3410 0001 9222 0532



P.O. BOX 28317  
GREEN BAY, WI 54324



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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/7/15
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*J&D*  
 PREPARER

1/12/15  
 DATE PREPARED

11-0101-100-0101