

**FEC
FORM 3X**

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

RECEIVED
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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) (N) (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:
- | | | | | | | | |
|--------------------------|-------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--|
| <input type="checkbox"/> | Feb 20 (M2) | <input type="checkbox"/> | May 20 (M5) | <input type="checkbox"/> | Aug 20 (M8) | <input type="checkbox"/> | Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> | Mar 20 (M3) | <input type="checkbox"/> | Jun 20 (M6) | <input type="checkbox"/> | Sep 20 (M9) | <input type="checkbox"/> | Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> | Apr 20 (M4) | <input type="checkbox"/> | Jul 20 (M7) | <input type="checkbox"/> | Oct 20 (M10) | <input type="checkbox"/> | Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | | | | |
|--------------------------|------------------|--------------------------|---------------|--------------------------|--------------|
| <input type="checkbox"/> | Primary (12P) | <input type="checkbox"/> | General (12G) | <input type="checkbox"/> | Runoff (12R) |
| <input type="checkbox"/> | Convention (12C) | <input type="checkbox"/> | Special (12S) | | |
- Election on M M / D D / Y Y Y Y in the State of

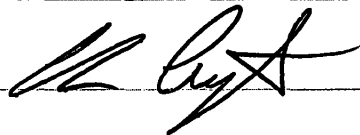
- (d) 30-Day POST-Election Report for the:
- | | | | | | |
|--------------------------|---------------|--------------------------|--------------|--------------------------|---------------|
| <input type="checkbox"/> | General (30G) | <input type="checkbox"/> | Runoff (30R) | <input type="checkbox"/> | Special (30S) |
|--------------------------|---------------|--------------------------|--------------|--------------------------|---------------|
- Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 2014

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



Date

05 / 20 / 2014

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								
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FEC FORM 3X
Rev. 12/2004

14031242164

**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
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, 2014	32,703.52	32,703.52
(b) Cash on Hand at Beginning of Reporting Period.....	32,703.52	
(c) Total Receipts (from Line 19).....	4,074.05	4,074.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36,777.57	36,777.57
7. Total Disbursements (from Line 31).....		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	36,777.57	36,777.57
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

14031242165

**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:

M M / D D / Y Y Y Y
01 / 01 / 2014

To:

M M / D D / Y Y Y Y
03 / 31 / 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).....

2,096.70

2,096.70

(ii) Unitemized.....

1,977.35

1,977.35

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

4,074.05

4,074.05

(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).....▶

4,074.05

4,074.05

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)).....▶

4,074.05

4,074.05

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

4,074.05

4,074.05

14031242166

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

14031242167

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			
(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.....			
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))..			
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	▶		

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)	4,074.05	4,074.05
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4,074.05	4,074.05
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)		

14031242168

**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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

Mailing Address

700 TERRAVIEW DR

City

GREEN BAY

State

WI

Zip Code

54301

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,096.70

Date of Receipt

03 / 21 / 2014

Amount of Each Receipt this Period

620.22

2/21/14 - 352.00

1/22/14 - 1124.48

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

03 / 21 / 2014

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

03 / 21 / 2014

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶

2,096.70

TOTAL This Period (last page this line number only)..... ▶

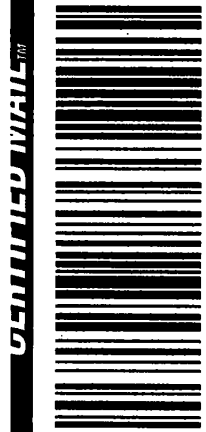
2,096.70

14031242169

14031242170



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Green Bay, WI 54303-2728



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Federal Elections Commission
999 E Street N.W.
Washington, D.C. 20463



20463

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

14031242171

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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 5/20/14
<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
 PREPARER (8/2013)	5/23/14 DATE PREPARED