

**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 / 2016

MM / DD / YYYY
01 / 01 / 2016

YYYY
2016

To:

MM / DD / YYYY
03 / 31 / 2016

MM / DD / YYYY
03 / 31 / 2016

YYYY
2016

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="43,360.62"/>	<input type="text" value="43,360.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43,360.62"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="9,350.74"/>	<input type="text" value="9,350.74"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="52,711.36"/>	<input type="text" value="52,711.36"/>
Total Disbursements (from Line 31).....	<input type="text"/>	<input type="text"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52,711.36"/>	<input type="text" value="52,711.36"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	

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
01	01	2016

 To:

MM	DD	YYYY
03	31	2016

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).....	2,479.51	2,479.51
(ii) Unitemized.....	1,871.23	1,871.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4,350.74	4,350.74
(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).....▶	4,350.74	4,350.74
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.....	5,000.00	5,000.00
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)).....▶	9,350.74	9,350.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9,350.74	9,350.74

NON-FEDERAL RECEIPTS

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	4,350.74	4,350.74
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4,350.74	4,350.74
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)		

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

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

FOR LINE NUMBER:		PAGE 1 OF 1	
(check only one)			
<input 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 checked="" 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. RIBBLE FOR CONGRESS		Date of Receipt	
Mailing Address PO BOX 7200		MM / DD / YYYY 03 / 31 / 2016	
City APPLETON	State WI	Zip Code 54912	
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 5,000.00	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5,000.00	

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

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

SUBTOTAL of Receipts This Page (optional).....▶	5,000.00
TOTAL This Period (last page this line number only).....▶	5,000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 1 OF 1		
	(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. BRADA, STEPHEN, A		Date of Receipt
Mailing Address 700 TERRAVIEW DR		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City GREEN BAY	State WI	Zip Code 54301
FEC ID number of contributing federal political committee. <input type="text" value="C00407700"/>	Amount of Each Receipt this Period <input type="text" value="703.58"/>	
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	2/22/2016 - \$352 1/22/2016 - \$1,423.93
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2,479.51"/>	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C00407700"/>	Amount of Each Receipt this Period <input type="text"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/>	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2016"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C00407700"/>	Amount of Each Receipt this Period <input type="text"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2,479.51"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="2,479.51"/>

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