# **FEC** FORM 3X

Only

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RFCEIVED

2014 FEB -6 PM 12: 22

Rev. 12/2004

COffice Use Drift F TFR TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. B, A, Y, C, A, R, E, , P, H, Y, S, I, C, I, A, N, S, , P, A, C, B R O A D W A Y ADDRESS (number and street) Check if different than previously W, I G R E E N 5,4,3,0,3 , B, A, Y, reprised. (ACC) 2. FEC IDENTIFICATION NUMBER ▼ CITY A STATE A ZIP CODE A 3. IS THIS NEW **AMENDED** C 0 0 4 0 7 7 0 0  $\underline{V}$ OR REPORT (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** ...... Quarterly Report (Q2) Special (12S) Report for the: Convention (12C) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of V 1 V 1 V 1 LD ILD ן סיים 2013 12 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. CHRIS AUGUSTIAN Type or Print Name of Treasurer TOTO / TY JY JY Date Signature of Treasurer 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 **FEC FORM 3X** Use

# SUMMARY PAGE

|       | FEC Form 3X (Rev. 02/2003)  | OF RECEIPTS AND DISBURSEMENTS | Page 2                                |
|-------|---|-------------------------------|---------------------------------------|
|       | e or Type Committee Name YCARE PHYSICIANS PAC   |                               |                                       |
| Repo  | 11  | 7                             | o: 12 / 31 / 2013                     |
| -     |   | COLUMN A<br>This Period       | COLUMN B<br>Calendar Year-to-Date     |
| 6. (a | January 1,  |                               | 22,837.77                             |
| (b    | ) Cash on Hand at<br>Beginning of Reporting Period                                      | 29,188.29                     |                                       |
| (c    | ) Total Receipts (from Line 19)   | 6,882.48                      | 14,233.00                             |
| (d    | ) Subtotal (add Lines 6(b) and 6(c) for Celuthn A and Lines 6(a) and 6(c) for Column B) | 36,070.77                     | 37,070.77                             |
| '. To | otal Disbursements (from Line 31)   | 3,367.23                      | 4,367.23                              |
| Re    | ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))                  | 32,703.54                     | 32,703.54                             |
| th    | ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)   |                               |                                       |
| th    | ebts and Obligations Owed BY e Committee (Itemize all on chedule C and/or Schedule D)   |                               | · · · · · · · · · · · · · · · · · · · |

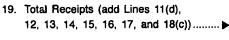
This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

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

Toll Free 809-424-9530 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 01 31 2013 07 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5,073.73 9,195.83 (i) Itemized (use Schedule A)..... 1,808.75 5,037.17 (ii) Unitemized ..... (iii) TOTAL (add 14,233.00 6,882.48 Lines 11(a)(i) and (ii)...... (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 6,882.48 14,233.00 Totals to Line 33, page 5) ......▶ 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))..



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



6,882.48

14,233.00

14,233.00

# **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

|      | II. Disbursements   | COLUMN A   | COLUMN B   |  |  |
|------|---|--|--|--|--|
| 21.  | Operating Expenditures:   | Total This Retiod  | Calendar Year-to-Date  |  |  |
|      | (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                 |  |  |  |  |
|      | (i) Federal Share   | 867.23   | 867.23   |  |  |
|      | (4)   |  |  |  |  |
|      | (ii) Non-Federal Share  |  |  |  |  |
|      | (b) Other Federal Operating   |  |  |  |  |
|      | Expenditures  |  |  |  |  |
|      | (c) Total Operating Expenditures  |  |  |  |  |
|      | (add 21(a)(i), (a)(ii), and (b))▶   | 867.23   | 867.23   |  |  |
| 22.  | Transfers to Affillated/Other Flarty  |  |  |  |  |
| 23.  | Contributions to  |  |  |  |  |
|      | Federal Candidates/Committees and Other Political Committees                  | 2,500.00   | 3,500.00   |  |  |
| 24   | Independent Expenditures  |  |  |  |  |
| 24.  | (use Schedule E)  |  |  |  |  |
| 25.  | Coordinated Party Expenditures  |  |  |  |  |
|      | (2 U.S.C. §441a(d))<br>(use Schedule F)                                       |  |  |  |  |
|      | <b>,</b>  |  |  |  |  |
| 26.  | Loan Repayments Made  |  |  |  |  |
|      | •   |  |  |  |  |
| 27.  | Loans Made  |  |  |  |  |
| 28.  | Refunds of Contributions To: (a) Individuals/Persons Other                    |  |  |  |  |
|      | Than Political Committees   |  |  |  |  |
|      |   |  |  |  |  |
|      | (b) Political Party Committees  |  | <u></u>  |  |  |
|      | (c) Other Political Committees  |  |  |  |  |
|      | (such as PACs)  |  |  |  |  |
|      | (d) Total Contribution Refunds  |  |  |  |  |
|      | (add Lines 28(a), (b), and (c))▶  |  |  |  |  |
|      | (445 2 20(4)) (5), 4 (6))   |  | [  |  |  |
| 29.  | Other Disbursements   |  |  |  |  |
|      |   |  | [ <u></u>  |  |  |
| 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  |  | <u> </u>   |  |  |
|      | (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) |  |  |  |  |
|      | Lines octatili, octatili and sotoli   |  | <u> </u>   |  |  |
| 31.  | Total Disbursements (add Lines 21(c), 22,                                     |  |  |  |  |
| - •• | 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                                      | 3,367.23   | 4,367.23   |  |  |
|      |   |  |  |  |  |
| 32.  | Total Federal Disbursements   |  |  |  |  |
|      | (subtract Line 21(a)(ii) and Line 30(a)(ii)                                   | [  |  |  |  |
|      | from Line 31)   | 3,367.23   | 4,367.23   |  |  |
|      |   | The state of the s | The same of the sa |  |  |
|      |   |  |  |  |  |

# **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date        |
|--|-------------------------------|--|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3)         | 6,882.48                      | 14,233.00                                |
| 34. Total Contribution Refunds (from Line 28(d))                             |                               |  |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 6,882.48                      | 14,233.00                                |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 867.23                        | 867.23                                   |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)                 |                               | A. A |
| 88. Net Operating Expenditures (subtract Line 37 from Line 36)               | 867.23                        | 867.23                                   |

| SCHEDULE A (FEC Form 3X)   |  |   | FOR LINE NUMBER: PAGE / OF 4  |  |  |
|--|--|---|---|--|--|
| TEMIZED RECEIPTS   |  | Use separate schedule(s) for each category of the                     | (check only one)  |  |  |
| TEMPLE HEVEIF 19   |  | Detailed Summary Page   | 11a 11b 11c 12  |  |  |
|  | <u> </u>                               |   | 13 14 15 16 17  |  |  |
| Any information copied from such Reports and S<br>or for commercial purposes, other than using the | tatements ma<br>_name and_a            | ay not be sold or used by any pe<br>ddress_of any political committee | erson for the purpose of soliciting contributions to solicit contributions from such committee. |  |  |
| NAME OF COMMITTEE (In Full)  |  |   |   |  |  |
| BAYCARE RHYSICIANS PAC   |  |   |   |  |  |
| Full Name (Last, First, Middle Initial)  A. HENNIGAN, SHAWN P                                      | ······································ |   | Date of Receipt   |  |  |
| Mailing Address  |  |   | Date of vecebi  |  |  |
| 1994 PAINT HORSE TRAIL   |  |   | 12 20 2013  |  |  |
| City   | State                                  | Zip Code  |   |  |  |
| DEPERE   |  | 54115<br>   | Amount of Each Receipt this Period  |  |  |
| FEC ID number of contributing federal political committee.   |  | 7700  | 10.00   |  |  |
| Name of Employer   | Occupation                             |   | 11/22/13 - 22.63  |  |  |
| BAYCARE CLINIC, LLP  | PHYSICI                                | AN  | 10/22/13 - 10.00  |  |  |
| Receipt For:   | Aggregate                              | Year-to-Date ▼  | 9/20/13 - 10.00<br>8/22/13 - 34.37  |  |  |
| Primary General  | 319.63                                 |   | 7/22/13 - 10.00   |  |  |
| Other (specify) ▼  | 1319.03                                |   | 1   |  |  |
| Full Name (Last, First, Middle Initial)  |  |   |   |  |  |
| 3. LIMONI, ROBERT P  |  |   | Date of Receipt   |  |  |
| Mailing Address 3072 BAY SETTLEMENT CT   |  |   | 12 20 2013  |  |  |
| City   | State                                  | Zip Code  | المصلحا المصا   |  |  |
| GREEN BAY  | WI                                     | 54311   | Amount of Each Receipt this Period  |  |  |
| FEC ID number of contributing federal political committee.   |  | 7700  | 18.50   |  |  |
| ·  | San and an and an                      |   | 11/22/13 - 18.50  |  |  |
| Name of Employer   | Occupation PHYSICI                     | ANI   | 10/22/13 - 18.50  |  |  |
| BAYCARE CLINIC, LLP Receipt For:   |  |   | 9/20/13 - 18.50   |  |  |
| Primary General  |  | Year-to-Date ▼  | 8/22/13 - 18.50   |  |  |
| Other (specify) ▼  | 222.00                                 | <u> </u>  | 7/22/13 - 18.50<br> -   |  |  |
| Full Name (Last, First, Middle Initial)  |  | · · · · · · · · · · · · · · · · · · ·                                 |   |  |  |
| OTS, MAX E   |  |   | Date of Receipt   |  |  |
| Mailing Address 2455 SHIRLEY RD  |  |   | 12 20 2013  |  |  |
| City DEPERE  | State<br>WI                            | Zip Code<br>54115   | Amount of Each Receipt this Period  |  |  |
| FEC ID number of contributing  |  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                |   |  |  |
| federal political committee.   | C 0040                                 | )7700<br>   | 25.00   |  |  |
| Name of Employer   | Occupation                             |   | 11/22/13 - 25.00  |  |  |
| BAYCARE CLINIC, LLP  | PHYSICIA                               | \N  | 10/22/13 - 25.00  |  |  |
| Receipt For:   | Aggregate                              | Year-to-Date ▼  | ── 9/20/13 - 25.00<br>│ 8/22/13 - 25.00   |  |  |
| Primary General  | 300.00                                 |   | 7/22/13 - 25.00   |  |  |
| Other (specify) ▼  | 300.00                                 | <u> </u>  | ;<br>1  |  |  |
| SUBTOTAL of Receipts This Page (optional)  | 358.00                                 |   |   |  |  |
|  |  |   |   |  |  |
| TOTAL This Period (last page this line number of   | only)                                  |   |   |  |  |

| SCHEDUL         | E A | (FEC         | Form | 3X) |
|-----------------|-----|--------------|------|-----|
| <b>ITEMIZED</b> | REC | <b>EIPTS</b> | ;    |     |

FOR LINE NUMBER: PAGE A OF Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 **Detailed Summary Page** 13 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 RHYSICIANS PAC Full Name (Last, First, Middle Initial) A. SCHNAUBELT, MICHAEL, A Date of Receipt Mailing Address V-1-V-1-V 4318 HILTON HEAD DR 12 20 2013 City State Zip Code **ONEIDA** WI 54155 Amount of Each Receipt this Period FEC ID number of contributing C 00407700 15.20 federal political committee. 11/22/13 - 51.48 Name of Employer Occupation 10/22/13 - 15.20 **PHYSICIAN** BAYCARE CLINIC, LLP 9/20/13 - 15.20 Receipt For: Aggregate Year-to-Date ▼ 8/22/13 - 70.24 ✓ General Primary 7/22/13 - 15.20 Other (specify) ▼ 340.04 Full Name (Last, First, Middle Initial) B. SCHOCK, HAROLD J Date of Receipt Mailing Address 2013 20 **4552 CHOCTAW TRL** City Zip Code State WI **GREEN BAY** 54313 Amount of Each Receipt this Period FEC ID number of contributing C 00407700 20.83 federal political committee. 11/22/13 - 20.83 Name of Employer Occupation 10/22/13 - 20.83 BAYCARE CLINIC, LLP **PHYSICIAN** 9/20/13 - 20.83 Receipt For: Aggregate Year-to-Date ▼ 8/22/13 - 20.83 **Primary** ✓ General 7/22/13 - 20.83 Other (specify) ▼ 249.96 Full Name (Last, First, Middle Initial) SODHI, JAGDEEP **Date of Receipt** Mailing Address 2013 3465 WEATHERWOOD LANE 20 City State Zip Code WI **GREEN BAY** 54311 Amount of Each Receipt this Period FEC ID number of contributing 00407700 16.00 federal political committee. 11/22/13 - 85.17 Name of Employer Occupation 10/22/13 - 16.00 **BAYCARE CLINIC, LLP** PHYSICIAN 9/20/13 - 16.00 Receipt For: Aggregate Year-to-Date ▼ 8/22/13 - 81.07 Primary ✓ General 7/22/13 - 16.00 489.28 Other (specify) 537.74 SUBTOTAL of Receipts This Page (optional)..... 

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

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | (e)                                 | Use separate schedule(s)<br>for each category of the<br>Detailed Surnmary Page | FOR LINE NUMBER: PAGE 3 OF 4 (check only one)  11a 11b 11c 12 13 14 15 16 17 |  |  |
|---|-------------------------------------|--|--|--|--|
| Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BAYCARE RHYSICIANS PAC  |                                     |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. WILKINS, THOMAS J  Mailing Address 2927 SHELTER CREEK CT  City GREEN BAY  FEC ID number of contributing federal political committee.  Name of Employer BAYCARE CLINIC, LLP  Receipt For:  Primary Other (specify) | Occupation PHYSICI Aggregate 480.00 |  | Date of Receipt  12  |  |  |
| Full Name (Last, First, Middle Initial)  B. LEV, RAISA  Mailing Address  302 BRAEBOURNE CT  City  | State                               | Zip Code   | Date of Receipt 2013   |  |  |

| Name of Employer BAYCARE CLINIC, LLP  | Occupation PHYSICIAN  | 11/22/13 - 40.00<br>  10/22/13 - 40.00                                 |
|---|---|--|
| Receipt For:  Primary  General  Other (specify) ▼   | Aggregate Year-to-Date ▼  480.00  | 9/20/13 - 40.00<br>8/22/13 - 40.00<br>7/22/13 - 40.00                  |
| Full Name (Last, First, Middle Initial)  LEV, RAISA  Mailing Address 302 BRAEBOURNE CT  City  GREEN BAY  FEC ID number of contributing federal political committee.  Name of Employer  BAYCARE CLINIC, LLP  Receipt For:  Primary  Other (specify)   General      | State Zip Code WI 54301  C 00407700  Occupation PHYSICIAN  Aggregate Year-to-Date ▼         | Date of Receipt  07 22 2013  Amount of Each Receipt this Period  52.00 |
|   |   |  |
| Full Name (Last, First, Middle Initial)  HALLER, ROBERT W  Mailing Address 3196 SHADY LANE  City GREEN BAY  FEC ID number of contributing federal political committee.  Name of Employer BAYCARE CLINIC, LLP  Receipt For:  Primary Ganeral Other (specify)       | State Zip Code WI 54313  C 00407700  Occupation PHYSICIAN  Aggregate Year-to-Date ▼  963.69 | Date of Receipt  11  |
| HALLER, ROBERT W  Mailing Address 3196 SHADY LANE  City GREEN BAY  FEC ID number of contributing tederal political committee.  Name of Employer BAYCARE CLINIC, LLP Receipt For:  Primary ✓ General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional). | WI 54313  C 00407700  Occupation PHYSICIAN  Aggregate Year-to-Date ▼  963.69                | Amount of Each Receipt this Period  70.19  8/22/13 - 42.01             |

| SCHEDULE A (FEC Form 3X)   |   | FOR LINE NUMBER: PAGE 4 OF 4                     |  |  |
|--|---|--|--|--|
| •  | Use separate schedule(s)                    | (check only one)                                 |  |  |
| TEMIZED RECEIPTS   | for each category of the                    | √ 11a  |  |  |
| _  | Detailed Summary Page                       | 13 14 15 16 17                                   |  |  |
| Any information copied from such Reports and St or for commercial purposes, other than using the | atements may not be sold or used by any pe  | rson for the purpose of soliciting contributions |  |  |
| NAME OF COMMITTEE (In Full)  | næne and address of any political committee | to solicit communions from such committee,       |  |  |
| BAYCARE RHYSICIANS PAC   |   |  |  |  |
| Full Name (Last, First, Middle Initial)  |   |  |  |  |
| A. BRADA, STEPHEN, A   |   | Date of Receipt                                  |  |  |
| Mailing Address 700 TERRAVIEW DR   |   | 12 / 20 / 2013                                   |  |  |
| City   | State Zip Code                              | السمسمت السختا السختا                            |  |  |
| GREEN BAY  | WI 54301                                    | Amount of Each Receipt this Period               |  |  |
| FEC ID number of contributing federal political committee.                                       | C 00407700                                  | 352.00   |  |  |
| Name of Employer   | Occupation                                  | 11/22/13 - 711.04                                |  |  |
| BAYCARE CLINIC, LLP  | PHYSICIAN                                   | 10/22/13 - 352.00                                |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼                    | 9/20/13 - 352.00<br>8/22/13 - 1173.14            |  |  |
| Primary General  | 6.059.40                                    | 7/22/13 - 352.00                                 |  |  |
| Other (specify) ▼  | 6,058.40                                    |  |  |  |
| Full Name (Last, First, Middle Intel)  |   |  |  |  |
| GRIFFITT, WESLEY E  Mailing Address  |   | Date of Receipt                                  |  |  |
| 1805 RAINBOW AVE   |   |  |  |  |
| City   | •   |  |  |  |
| DEPERE   | WI 54115                                    | Amount of Each Receipt this Period               |  |  |
| FEC ID number of contributing federal political committee.                                       | C 00407700                                  | 13.60  |  |  |
| Name of Employer   | Occupation                                  | 11/22/13 - 48.34                                 |  |  |
| BAYCARE CLINIC, LLP  | PHYSICIAN                                   | 10/22/13 - 13.60                                 |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼                    | 9/20/13 - 13.60<br>8/22/13 - 59.88               |  |  |
| Primary ✓ General Other (specify) ▼  | 286.42                                      | 7/22/13 - 13.60                                  |  |  |
| Other (specify)  | 200.42                                      |  |  |  |
| Full Name (Last, First, Middle Initial)  C. HARRISON, RICHARD L                                  |   | Date of Receipt                                  |  |  |
| Mailing Address 984 HIGHLAND SPRINGS   |   | 12 20 2013                                       |  |  |
| City   | State Zip Code                              |  |  |  |
| ONEIDA   | WI 54155                                    | Amount of Each Receipt this Period               |  |  |
| FEC ID number of contributing  | C 00407700                                  | 31.20  |  |  |
| federal political committee.   |   |  |  |  |
| Name of Employer   | Occupation                                  | 11/22/13 - 31.20<br>10/22/13 - 31.20             |  |  |
| BAYCARE CLINIC, LLP  | PHYSICIAN                                   | 9/20/13 - 31.20                                  |  |  |
| Receipt For: Primary  General  | Aggregate Year-to-Date ▼                    | 8/22/13 - 58.99                                  |  |  |
| Other (specify)  | 435.05                                      | 7/22/13 - 31.20                                  |  |  |
|  |   |  |  |  |
|  | 3,669.79                                    |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  | <b>&gt;</b>                                 |  |  |  |
| TOTAL This Period (last page this line number of   | ontv)                                       | 5,073.73   |  |  |

# SCHEDULE B (FEC Form 3X)

| SCHEDOLL B (I LC TOHII 3X)   | I lies constate cohodule(s) I        | FOR LINE                              |             |  | PAGE 1             | OF 1      |  |
|--|--------------------------------------|---------------------------------------|-------------|--|--------------------|-----------|--|
| TEMIZED DISBURSEMENTS  | for each category of the             | (check only                           | one)        | ] 23                                   | 24 7 25            | <b>┌</b>  |  |
|  | Detailed Summary Page                | 27                                    | 22 /<br>28a | 1 — 1                                  | 28c   29           | 30b       |  |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name  |                                      |                                       |             |  |                    |           |  |
| NAME OF COMMITTEE (In Full)  |                                      | · · · · · · · · · · · · · · · · · · · |             |  |                    |           |  |
| BAYCARE PHYSICIANS PAC   |                                      |                                       |             |  |                    | •         |  |
| Full Name (Last, First, Middle Initial)  |                                      |                                       |             | :5                                     |                    |           |  |
| A.<br>RIBBLE FOR CONGRESS  |                                      |                                       | Date of Di  | sbursement                             | , <u>[[4]], 4]</u> |           |  |
| Mailing Address PO BOX 7200  | WI 54912                             |                                       | 09          | 26                                     | 2013               |           |  |
|  | itate Zip Code                       |                                       |             |  |                    |           |  |
| APPLETON   |                                      |                                       |             |  |                    |           |  |
| Purpose of Disbursement  | F                                    | 011                                   | Amount of   | Each Dich                              | ursement this      | Pariod    |  |
| Contribution Candidate Name  | <del></del>                          | 011                                   |             |  | JISEMENI UNS       |           |  |
| REID RIBBLE  |                                      | Category/<br>Type                     |             | ~g~                                    | 2,5                | 00.00     |  |
| Office Sought:   |                                      | · · · · · · · · · · · · · · · · · · · |             |  | . A.F              |           |  |
| <u> </u>   | Primary  General                     | ,                                     |             |  |                    |           |  |
| President State: WI District: 8  | Other (specify)                      |                                       |             |  |                    |           |  |
| Full Name (Last, First, Middle Initial)  |                                      |                                       |             |  |                    |           |  |
| 3.   |                                      |                                       | Date of Di  | sbursement                             |                    |           |  |
|  |                                      |                                       | (M)         | ا مرم                                  | <u> </u>           | الم       |  |
| Mailing Address  |                                      |                                       |             |  |                    | لــــ     |  |
| City   | tate Zip Code                        |                                       |             | <u> </u>                               |                    |           |  |
| Purpose of Distrursement   | urpose of Distrursement              |                                       |             |  | reament this       | Doriod    |  |
| Candidate Name   |                                      |                                       |             | Amount of Each Disbursement this       |                    |           |  |
|  |                                      | Category/<br>Type                     |             | <u></u>                                | <u>a</u>           | <u>· </u> |  |
| Office Sought: House Disbursem   |                                      |                                       |             |  |                    |           |  |
| .   #  | Primary General<br>Other (specify) ▼ |                                       |             |  |                    |           |  |
| State: District:   | Culci (apouly)                       |                                       |             |  |                    |           |  |
| Full Name (Last, First, Middle Initial)  |                                      |                                       |             |  | <i></i>            |           |  |
| <b>2.</b>  |                                      |                                       | Date of Di  | sbursement                             |                    |           |  |
| Mailing Address  |                                      |                                       | M CN /      | 10.00                                  | , <u> </u>         | 4         |  |
|  |                                      |                                       | <u> </u>    | للــــــــــــــــــــــــــــــــــــ | <u> </u>           | : <u></u> |  |
| City   | tate Zip Code                        |                                       |             |  |                    |           |  |
| Purpose of Disbursement  |                                      |                                       |             |  | _                  |           |  |
| Candidate Name   |                                      | <u></u>                               |             |  | ursement this      |           |  |
|  |                                      | Category/<br>Type                     |             |  | _/                 | - 1       |  |
| Office Sought: House Disbursem   | <del></del>                          |                                       | 1           | ,                                      |                    |           |  |
|  | Primary General                      |                                       |             |  |                    |           |  |
| State: District:   | Other (specify) ▼                    |                                       |             |  |                    |           |  |
| SUBTOTAL of Disbursements This Page (optional)   |                                      |                                       |             | <u> </u>                               |                    | 00,00     |  |
| TOTAL This David disk man Abit Para and a little of the control of |                                      |                                       |             |  | 2.5                | 00.00     |  |
| TOTAL This Period (last page this line number only).   | <u>L</u>                             | Teleste                               | <u> </u>    |  |                    |           |  |

# SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

| PAGE | 1    | C   | F  | 1    |    |
|------|------|-----|----|------|----|
| FOR  | LINE | 21a | OF | FORM | 3X |

|           | ME OF COMMITTEE (In Full) AYCARE RHYSICIANS PAC                |               |                   |                   |  |
|-----------|--|---------------|-------------------|-------------------|--|
|           |  |               |                   |                   | I Allega i El Acción de la constante de la con |
| A.        | Full Name (Last, First, Middle Initial) BAYCARE HEALTH SYSTEMS |               |                   |                   | Allocated Activity or Event:  Administrative Fundraising Exempt  |
|           | Mailing Address  | •             |                   |                   | Voter Drive Direct Candidate Sapport   |
|           | 164 N. BROADWAY  | 04-4-         | Tio Ocido         |                   |  |
|           | City<br>GREEN BAY  | State<br>W I  | Zip Code 54303    |                   | Public Comm (ref to party only) by PAC   |
| •         | Purpose of Disbursement:                                       |               | 31303             |                   | Allocated Activity or Event Year-To-Date   |
|           | RENTAL AGREEMENT   |               |                   | 001               | 867.23   |
|           | Activity or Event Identifier:                                  |               |                   | Category/<br>Type | Date 12 30 2013  |
|           | FEDERAL SHARE  | +             | NONFEDERAL        | SHARE             | = TOTAL AMOUNT   |
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|           | 867.23   | <u> </u>      |                   | 0.00              | 867.23   |
| <u></u> - | Full Name (Last, First, Middle Initial)                        |               |                   |                   | Allocated Activity or Event:   |
|           |  |               |                   |                   | Administrative Fundraising Exempt  |
|           | Mailing Address  |               |                   |                   | Voter Drive Direct Candidate Support   |
|           | City   | State         | Zip Code          |                   | Public Comm (ref to party only) by PAC   |
|           |  |               |                   |                   | Allocated Activity or Event Year-To-Date   |
|           | Purpose of Disbursement:                                       |               |                   |                   |  |
| •         | Activity or Event Identifier:                                  | <del></del>   |                   |                   | [  |
|           | reality of Event Monands.                                      |               |                   | Category/<br>Type | Date Date  |
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| C.        | Full Name (Last, First, Middle Initial)                        |               |                   |                   | Allocated Activity or Event:   |
|           | Mailing Address  | ·             |                   | ·····             | Administrative Fundraising Exempt  |
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|           | City   | State         | Zip Code          | ·                 | Public Comm (ref to party only) by PAC   |
| •         | Purpose of Disbursement:                                       |               |                   |                   | Allocated Activity or Event Year-To-Date   |
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| •         | Activity or Event Identifier:                                  |               |                   | الحصما            |  |
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| SU        | BTOTAL of Allocated Federal and NonFederal                     | Activity This | Page              |                   | <del></del>  |
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| 10        | FEDERAL SHARE  | GUCIAI SIIAI  | NONFEDERAL        |                   | TOTAL AMOUNT   |
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# NAL & CONFIDENTIAL

# **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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(8/2013)