

**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
07 / 01 / 2013

To:

MM / DD / YYYY
12 / 31 / 2013

14031181231

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		22,837.77
(b) Cash on Hand at 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 Column A and Lines 6(a) and 6(c) for Column B).....	36,070.77	37,070.77
7. Total Disbursements (from Line 31).....	3,367.23	4,367.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32,703.54	32,703.54
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:

MM / DD / YYYY
07 / 01 / 2013

To:

MM / DD / YYYY
12 / 31 / 2013

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).....

5,073.73

9,195.83

(ii) Unitemized.....

1,808.75

5,037.17

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

6,882.48

14,233.00

(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).....▶

6,882.48

14,233.00

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)).....▶

6,882.48

14,233.00

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

6,882.48

14,233.00

14031181232

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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	867.23	867.23
(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 Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,500.00	3,500.00
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))..	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

14031181233

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

14031181234

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)	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)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	867.23	867.23

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

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

FOR LINE NUMBER: PAGE / OF 4

(check only one)

11a 11b 11c 12

13 14 15 16 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 RHYSIANS PAC

A. HENNIGAN, SHAWN P

Full Name (Last, First, Middle Initial)

Mailing Address
1994 PAINT HORSE TRAIL

City State Zip Code
DEPERE WI 54115

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
319.63

Date of Receipt
12 / 20 / 2013

Amount of Each Receipt this Period
10.00

11/22/13 - 22.63
10/22/13 - 10.00
9/20/13 - 10.00
8/22/13 - 34.37
7/22/13 - 10.00

B. LIMONI, ROBERT P

Full Name (Last, First, Middle Initial)

Mailing Address
3072 BAY SETTLEMENT CT

City State Zip Code
GREEN BAY WI 54311

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
222.00

Date of Receipt
12 / 20 / 2013

Amount of Each Receipt this Period
18.50

11/22/13 - 18.50
10/22/13 - 18.50
9/20/13 - 18.50
8/22/13 - 18.50
7/22/13 - 18.50

C. OTS, MAX E

Full Name (Last, First, Middle Initial)

Mailing Address
2455 SHIRLEY RD

City State Zip Code
DEPERE WI 54115

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 20 / 2013

Amount of Each Receipt this Period
25.00

11/22/13 - 25.00
10/22/13 - 25.00
9/20/13 - 25.00
8/22/13 - 25.00
7/22/13 - 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 358.00

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

14031181235

**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. SCHNAUBELT, MICHAEL, A

Date of Receipt

/ /
12 / 20 / 2013

Mailing Address
4318 HILTON HEAD DR

City State Zip Code
ONEIDA WI 54155

Amount of Each Receipt this Period

15.20

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

11/22/13 - 51.48
10/22/13 - 15.20
9/20/13 - 15.20
8/22/13 - 70.24
7/22/13 - 15.20

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
340.04

Full Name (Last, First, Middle Initial)
B. SCHOCK, HAROLD J

Date of Receipt

/ /
12 / 20 / 2013

Mailing Address
4552 CHOCTAW TRL

City State Zip Code
GREEN BAY WI 54313

Amount of Each Receipt this Period

20.83

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

11/22/13 - 20.83
10/22/13 - 20.83
9/20/13 - 20.83
8/22/13 - 20.83
7/22/13 - 20.83

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
249.96

Full Name (Last, First, Middle Initial)
C. SODHI, JAGDEEP

Date of Receipt

/ /
12 / 20 / 2013

Mailing Address
3465 WEATHERWOOD LANE

City State Zip Code
GREEN BAY WI 54311

Amount of Each Receipt this Period

16.00

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

11/22/13 - 85.17
10/22/13 - 16.00
9/20/13 - 16.00
8/22/13 - 81.07
7/22/13 - 16.00

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
489.28

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

537.74

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

14031181236

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 4	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BAYCARE RHYSIICIANS PAC

Full Name (Last, First, Middle Initial) A. WILKINS, THOMAS J		Date of Receipt 12 / 20 / 2013
Mailing Address 2927 SHELTER CREEK CT		Amount of Each Receipt this Period 40.00
City GREEN BAY	State Zip Code WI 54313	
FEC ID number of contributing federal political committee. C 00407700		11/22/13 - 40.00 10/22/13 - 40.00 9/20/13 - 40.00 8/22/13 - 40.00 7/22/13 - 40.00
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 ▼ 480.00	

Full Name (Last, First, Middle Initial) B. LEV, RAISA		Date of Receipt 07 / 22 / 2013
Mailing Address 302 BRAEBOURNE CT		Amount of Each Receipt this Period 52.00
City GREEN BAY	State Zip Code WI 54301	
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 ▼ 467.17	

Full Name (Last, First, Middle Initial) C. HALLER, ROBERT W		Date of Receipt 11 / 22 / 2013
Mailing Address 3196 SHADY LANE		Amount of Each Receipt this Period 70.19
City GREEN BAY	State Zip Code WI 54313	
FEC ID number of contributing federal political committee. C 00407700		8/22/13 - 42.01 7/22/13 - 104.00
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 ▼ 963.69	

SUBTOTAL of Receipts This Page (optional).....	508.20
TOTAL This Period (last page this line number only).....	

14031181237

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

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

FOR LINE NUMBER: PAGE **4** OF **4**

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BAYCARE PHYSICIANS PAC

A. BRADA, STEPHEN, A

Full Name (Last, First, Middle Initial)

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 ▼
6,058.40

Date of Receipt
12 / 20 / 2013

Amount of Each Receipt this Period
352.00

11/22/13 - 711.04
10/22/13 - 352.00
9/20/13 - 352.00
8/22/13 - 1173.14
7/22/13 - 352.00

B. GRIFFITT, WESLEY E

Full Name (Last, First, Middle Initial)

Mailing Address
1805 RAINBOW AVE

City **DEPERE** State **WI** Zip Code **54115**

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 ▼
286.42

Date of Receipt
12 / 20 / 2013

Amount of Each Receipt this Period
13.60

11/22/13 - 48.34
10/22/13 - 13.60
9/20/13 - 13.60
8/22/13 - 59.88
7/22/13 - 13.60

C. HARRISON, RICHARD L

Full Name (Last, First, Middle Initial)

Mailing Address
984 HIGHLAND SPRINGS

City **ONEIDA** State **WI** Zip Code **54155**

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 ▼
435.05

Date of Receipt
12 / 20 / 2013

Amount of Each Receipt this Period
31.20

11/22/13 - 31.20
10/22/13 - 31.20
9/20/13 - 31.20
8/22/13 - 58.99
7/22/13 - 31.20

SUBTOTAL of Receipts This Page (optional)..... **3,669.79**

TOTAL This Period (last page this line number only)..... **5,073.73**

14031181238

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
09 / 26 / 2013		

Mailing Address
PO BOX 7200

WI 54912

City State Zip Code

APPLETON

Purpose of Disbursement

Contribution

Candidate Name

REID RIBBLE

011

Category/
Type

Amount of Each Disbursement this Period

2,500.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: WI District: 8

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

--

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

--

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

2,500.00

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

2,500.00

14031181239

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
 BAYCARE RHYSIICIANS 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 867.23		
City GREEN BAY	State WI	Zip Code 54303	Date 12 / 30 / 2013		
Purpose of Disbursement: RENTAL AGREEMENT		Category/ Type 001			
Activity or Event Identifier:					
FEDERAL SHARE 867.23		+ NONFEDERAL SHARE 0.00	= TOTAL AMOUNT 867.23		

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
867.23		0.00		867.23

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
867.23		0.00		867.23

14031181240

CARE
SYSTEMS

03-2728



7010 3090 0003 7266 2587

14031181241



ZIP 54321

CONFIDENTIAL & CONFIDENTIAL



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Hand Delivered Date of Receipt

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1/31/14

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked


PREPARER
(8/2013)

2/6/14
DATE PREPARED

14031181242