

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2019 AUG 22 PM 12:32
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)

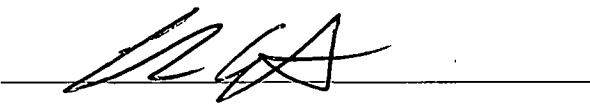
Election on M M / D D / Y Y Y Y Y Y in the State of

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

01 / 01 / 2019 through 06 / 30 / 2019

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

08 / 19 / 2019

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:

M	M
01	01

 /

D	D
01	01

 /

Y	Y	Y	Y	Y	Y
2	0	1	9		

 To:

M	M
06	30

 /

D	D
06	30

 /

Y	Y	Y	Y	Y	Y
2	0	1	9		

	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>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>9</td><td></td><td></td></tr></table> 2019	Y	Y	Y	Y	Y	Y	2	0	1	9			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>6</td><td>,</td><td>3</td><td>9</td><td>4</td><td>.</td><td>7</td><td>2</td></tr></table>	7	6	,	3	9	4	.	7	2	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>6</td><td>,</td><td>3</td><td>9</td><td>4</td><td>.</td><td>7</td><td>2</td></tr></table>	7	6	,	3	9	4	.	7	2
Y	Y	Y	Y	Y	Y																											
2	0	1	9																													
7	6	,	3	9	4	.	7	2																								
7	6	,	3	9	4	.	7	2																								
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>6</td><td>,</td><td>3</td><td>9</td><td>4</td><td>.</td><td>7</td><td>2</td></tr></table>	7	6	,	3	9	4	.	7	2																						
7	6	,	3	9	4	.	7	2																								
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>,</td><td>5</td><td>0</td><td>9</td><td>.</td><td>2</td><td>0</td></tr></table>	6	,	5	0	9	.	2	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>,</td><td>5</td><td>0</td><td>9</td><td>.</td><td>2</td><td>0</td></tr></table>	6	,	5	0	9	.	2	0														
6	,	5	0	9	.	2	0																									
6	,	5	0	9	.	2	0																									
(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>8</td><td>2</td><td>,</td><td>9</td><td>0</td><td>3</td><td>.</td><td>9</td><td>2</td></tr></table>	8	2	,	9	0	3	.	9	2	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8</td><td>2</td><td>,</td><td>9</td><td>0</td><td>3</td><td>.</td><td>9</td><td>2</td></tr></table>	8	2	,	9	0	3	.	9	2												
8	2	,	9	0	3	.	9	2																								
8	2	,	9	0	3	.	9	2																								
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	.	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	.	0	0																						
0	.	0	0																													
0	.	0	0																													
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>8</td><td>2</td><td>,</td><td>9</td><td>0</td><td>3</td><td>.</td><td>9</td><td>2</td></tr></table>	8	2	,	9	0	3	.	9	2	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8</td><td>2</td><td>,</td><td>9</td><td>0</td><td>3</td><td>.</td><td>9</td><td>2</td></tr></table>	8	2	,	9	0	3	.	9	2												
8	2	,	9	0	3	.	9	2																								
8	2	,	9	0	3	.	9	2																								
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																															

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 / 2019 To: MM / DD / YYYY
06 / 30 / 2019

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).....

4,402.69

4,402.69

(ii) Unitemized.....

2,106.51

2,106.51

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

6,509.20

6,509.20

(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).....▶

6,509.20

6,509.20

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)).....▶

6,509.20

6,509.20

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

6,509.20

6,509.20

DETAILED SUMMARY PAGE
of Disbursements

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

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)	6,509.20	6,509.20
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6,509.20	6,509.20
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)		

NON-CONFIDENTIAL

**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)

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 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 ▼

4,402.69

Date of Receipt

MM / DD / YYYY
06 / 21 / 2019

Amount of Each Receipt this Period

176.00

6/7/19 \$176.00 3/7/19 \$176.00
5/22/19 \$497.95 2/22/19 \$176.00
5/7/19 \$176.00 2/7/19 \$176.00
4/22/19 \$176.00 1/22/19 \$1549.48
4/5/19 \$176.00 1/7/19 \$176.00
3/22/19 \$771.26

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

MM / DD / YYYY
06 / 21 / 2019

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

MM / DD / YYYY
06 / 21 / 2019

Amount of Each Receipt this Period

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

4,402.69

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

4,402.69

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7016 2710 0000 2032 4463

3-2728

CONFIDENTIAL & CONFIDENTIAL

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08/19/2019

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Washington DC 20463

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UNITED STATES

Federal Election Commission
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 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
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<input type="checkbox"/> USPS First Class Mail	Postmarked	Date of Receipt
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	8-19-19
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<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
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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 PREPARER	8-22-19 DATE PREPARED
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