



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-7

February 23, 2016

HERB SWARZMAN, TREASURER
BAYPAC
BOX 271082
TAMPA, FL 33688

IDENTIFICATION NUMBER: C00155713

REFERENCE: YEAR-END REPORT (07/01/2015 - 12/31/2015)

Dear Treasurer:

It has come to the attention of the Federal Election Commission that you may have failed to file the above referenced report of receipts and disbursements or failed to file a report covering the entire reporting period as required by the Federal Election Campaign Act, as amended. 52 U.S.C. §30104(a)

It is important that you file this report immediately with the Federal Election Commission, 999 E Street, N.W., Washington, DC 20463. Please note that electronic filers must submit their reports electronically, as per 11 CFR §104.18. A copy of the report or relevant portions must also be filed with the Secretary of State or equivalent State officer unless the State is exempt from the federal requirement to receive and maintain paper copies. You can verify the Commission's receipt of any documents submitted by your committee on the FEC website at www.fec.gov.

The failure to timely file a complete report may result in civil money penalties, an audit or legal enforcement action. The civil money penalty calculation for late reports does not include a grace period and begins on the day following the due date for the report. Due to heightened security screening measures, delivery of mail by the US Postal Service may be delayed. The Commission recommends that you submit your report via overnight delivery or courier service.

If you have any questions regarding this matter, please contact Ben Holly in the Reports Analysis Division on our toll free number (800)424-9530. The analyst's direct number is (202)694-1395.

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2016 APR 21 AM 9:59

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

BAYPAC

ADDRESS (number and street) **Box 271082**

Check if different than previously reported. (ACC) **TAMPA**

FL 33688

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

C00155713

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) **2015**

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 / / in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

7 1 2015 through **12 31 2015**

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 **HERB SWARZMAN**

Signature of Treasurer *Herb Swarzman* Date / /

4 10 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

NON-IDENTIFIABLE INFORMATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BAYPAE

Report Covering the Period:

From:

7 / 1 / 2015

To:

12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		4650 -
(b) Cash on Hand at Beginning of Reporting Period.....	4650 -	
	11000	11000
(c) Total Receipts (from Line 19).....	13150	13150 -
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15650	15650 -
	17900	17900 -
7. Total Disbursements (from Line 31).....	11000	11000 -
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	4650	4650 -
	6400 -	6400 -
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	D	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	



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 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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11,000-	11,000-
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,000-	10,000-
24. Independent Expenditures (use Schedule E)	1,000-	1,000-
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))	11,000-	11,000-
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)) ..	11,000-	11,000-
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	11,000-	11,000-

NON-FEDERAL SHARE

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)	11,000	11,000
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,000 -	1,000 -
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,000 -	1,000 -

2010-01-24 09:00:00

**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 1 OF 2
	<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 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)
BATPAZ

A. SUE SCHOBORUM

Full Name (Last, First, Middle Initial)
Mailing Address: **CLAREMONT, FLA**
City: _____ State: _____ Zip Code: _____

Date of Receipt: **MM / DD / 2015**

Amount of Each Receipt this Period: **5000-**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **HOUSEWIFE** Occupation: _____

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date: **5000-**

B. AUGUST LEWISON

Full Name (Last, First, Middle Initial)
Mailing Address: **BENJAMIN ROAD**
City: **TAMPA, FLA** State: _____ Zip Code: _____

Date of Receipt: **MM / DD / 2015**

Amount of Each Receipt this Period: **2000-**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **OPTICAL OUTLERS** Occupation: **OWNER**

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date: **2000-**

C. SHARON STEIN

Full Name (Last, First, Middle Initial)
Mailing Address: **1825 BAYSHORE BLVD**
City: **TAMPA** State: **FL** Zip Code: **33606**

Date of Receipt: **MM / DD / 2015**

Amount of Each Receipt this Period: **1500-**

FEC ID number of contributing federal political committee: **C**

Name of Employer: _____ Occupation: _____

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date: **1500-**

SUBTOTAL of Receipts This Page (optional).....▶ **8500-**

TOTAL This Period (last page this line number only).....▶ **8500-**

2010-01-21 10:00:00 AM

**SCHEDULE ^A B (FEC Form 3X)
ITEMIZED DISBURSEMENTS RECEIPTS
OF LEVIE FUNDS**

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

FOR LINE NUMBER: PAGE 2 OF 2
(check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)
BAYPAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name
Blussom Leibowitz

Mailing Address
Tampa **FLA** **33618**

City State Zip Code

Purpose of Disbursement

Receipt
Date of Disbursement
MEM / DDD / 2015

Amount of Each Disbursement this Period
2500-

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

Amount of Each Disbursement this Period

Receipts

SUBTOTAL of Disbursements This Page (optional).....▶ **2500-**

TOTAL This Period (last page this line number only).....▶ **11000-**

2010-01-21 10:00:00 AM

**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 **3**

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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

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NAME OF COMMITTEE (In Full)
BAIPAC

A. **Cong David Jolley** Date of Disbursement: **9 / 25 / 2015**

Mailing Address: **ST. PETERSBURG, FLA**

City: **ST. PETERSBURG, FLA** State: **FLA** Zip Code: _____

Purpose of Disbursement: **CAMP CONTRIBUTION** Category/Type: _____

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: **FLA** District: _____

Amount of Each Disbursement this Period: **1000-**

B. **Cong Richard Nugent** Date of Disbursement: **9 / 15 / 2015**

Mailing Address: _____

City: **WASHINGTON, D.C.** State: **D.C.** Zip Code: _____

Purpose of Disbursement: **CAMP CONTRIBUTION** Category/Type: _____

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: **FLA** District: _____

Amount of Each Disbursement this Period: **1000-**

C. **Cong Richard Nugent** Date of Disbursement: **11 / 4 / 2015**

Mailing Address: _____

City: **WASHINGTON, D.C.** State: **D.C.** Zip Code: _____

Purpose of Disbursement: **CAMP CONTRIBUTION** Category/Type: _____

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period: **1000-**

SUBTOTAL of Disbursements This Page (optional) **3000-**

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

20150915 10:00 AM

**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 2 OF 3
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input 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	

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NAME OF COMMITTEE (In Full)
BAYPAC

A. Cong. K. CASTOR

Full Name (Last, First, Middle Initial)
Mailing Address
City: **Tampa, Fla** State Zip Code

Purpose of Disbursement: **CAMP CONTRIBUTION**

Candidate Name

Office Sought: House Senate President
State: **FLA** District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **9 / 15 / 2015**

Amount of Each Disbursement this Period: **2500-**

B. SEN LINDSEY GRAHAM

Full Name (Last, First, Middle Initial)
Mailing Address
City: **Washington** State: **D.C.** Zip Code

Purpose of Disbursement: **CAMP CONTRIBUTION**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 / 7 / 2015**

Amount of Each Disbursement this Period: **1000-**

C. CONG GUS BILIRAKIS

Full Name (Last, First, Middle Initial)
Mailing Address
City: **TARPON SPRINGS** State: **FLA** Zip Code

Purpose of Disbursement: **CAMP CONTRIBUTION**

Candidate Name

Office Sought: House Senate President
State: **FLA** District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **11 / 30 / 2015**

Amount of Each Disbursement this Period: **2500-**

SUBTOTAL of Disbursements This Page (optional).....▶ **6000-**

TOTAL This Period (last page this line number only).....▶ **9000-**

NON-PROFIT ORGANIZATION

**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 3 OF 3	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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NAME OF COMMITTEE (In Full)
BA-PAAC

A. Full Name (Last, First, Middle Initial)
Cong Dennis Ross

Mailing Address

City: **Orlando** State: **FLA** Zip Code

Purpose of Disbursement: **CAMP CONTRIBUTION**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **FLA** District:

Date of Disbursement: **12/14/2015**

Amount of Each Disbursement this Period: **1000-**

Category/Type

B. Full Name (Last, First, Middle Initial)
Jewish Press

Mailing Address

City: **Clearwater, FLA** State: Zip Code

Purpose of Disbursement: **PUBLIC RELATIONS & ADVERTISING**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **12/20/2015**

Amount of Each Disbursement this Period: **1000-**

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ **2000-**

TOTAL This Period (last page this line number only) ▶ **11000-**

20150101 10:40:00 AM

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): **FEDEX** Shipping Date
4/20/16
 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  **4/20/16**
DATE PREPARED
 (3/2015)

NOV 10 10 00 AM '16