

**FEC  
FORM 3X**

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

RECEIVED

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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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> 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:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> 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 07 / 01 / 2014 through M M / D D / Y Y Y Y Y Y 09 / 30 / 2014

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

*Chris Augustian*

Date

M M / D D / Y Y Y Y Y Y 10 / 21 / 2014

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:

MM / DD / YYYY  
07 / 01 / 2014

To:

MM / DD / YYYY  
09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">YYYYYY 2014</span>		<span style="border: 1px solid black; padding: 2px;">32,703.52</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">39,556.82</span>	
(c) Total Receipts (from Line 19).....	<span style="border: 1px solid black; padding: 2px;">2,804.27</span>	<span style="border: 1px solid black; padding: 2px;">9,657.57</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">42,361.09</span>	<span style="border: 1px solid black; padding: 2px;">42,361.09</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">5,000.00</span>	<span style="border: 1px solid black; padding: 2px;">5,000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">37,361.09</span>	<span style="border: 1px solid black; padding: 2px;">37,361.09</span>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<span style="border: 1px solid black; padding: 2px;"> </span>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<span style="border: 1px solid black; padding: 2px;"> </span>	



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 / 2014

To:

MM / DD / YYYY  
09 / 30 / 2014

**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).....

1,824.18

6,237.04

(ii) Unitemized.....

980.09

3,420.53

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

2,804.27

9,657.57

(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).....▶

2,804.27

9,657.57

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)).....▶

2,804.27

9,657.57

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

2,804.27

9,657.57

**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)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,000.00	5,000.00
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)) ..	5,000.00	5,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5,000.00	5,000.00

**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) .....	2,804.27	9,657.57
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,804.27	9,657.57
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) .....		

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

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

FOR LINE NUMBER: PAGE / OF 2  
(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			

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 State Zip Code  
**GREEN BAY WI 54301**

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 ▼  
**4,898.61**

Date of Receipt  
**09 / 22 / 2014**

Amount of Each Receipt this Period  
**352.00**

8/22/14 - 707.35  
7/22/14 - 352.00

Full Name (Last, First, Middle Initial)  
**B. HARRISON, RICHARD, L**

Mailing Address  
**984 HIGHLAND SPRINGS CT**

City State Zip Code  
**ONEIDA WI 54155**

FEC ID number of contributing federal political committee.  
**C 00407700**

Name of Employer Occupation  
**BAYCARE CLINIC, LLP NEUROSURGEON**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**309.74**

Date of Receipt  
**09 / 22 / 2014**

Amount of Each Receipt this Period  
**31.20**

8/22/14 - 31.20  
7/22/14 - 31.20

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

Mailing Address  
**3465 WEATHERWOOD LN**

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 ▼  
**349.98**

Date of Receipt  
**09 / 22 / 2014**

Amount of Each Receipt this Period  
**16.00**

8/22/14 - 69.58  
7/22/14 - 16.00

**SUBTOTAL** of Receipts This Page (optional).....▶ **1,606.53**

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

**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 2 OF 2
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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 PHYSICIANS PAC**

Full Name (Last, First, Middle Initial) <b>A. GUO, DANQING</b>		Date of Receipt
Mailing Address <b>3322 NEW PLANK RD</b>		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City <b>DEPERE</b>	State <b>WI</b>	Zip Code <b>54115</b>
FEC ID number of contributing federal political committee. <b>C 00407700</b>		Amount of Each Receipt this Period <b>5.40</b>
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>PHYSICIAN</b>	8/22/14 - 70.96 7/22/14 - 5.40
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>245.30</b>	

Full Name (Last, First, Middle Initial) <b>B. OTS, MAX, E</b>		Date of Receipt
Mailing Address <b>2455 SHIRLEY RD</b>		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City <b>DEPERE</b>	State <b>WI</b>	Zip Code <b>54155</b>
FEC ID number of contributing federal political committee. <b>C 00407700</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>NEUROSURGEON</b>	8/22/14 - 25.00 7/22/14 - 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>225.00</b>	

Full Name (Last, First, Middle Initial) <b>C. SCHNAUBELT, MICHAEL, A</b>		Date of Receipt
Mailing Address <b>4318 HILTON HEAD DR</b>		<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City <b>ONEIDA</b>	State <b>WI</b>	Zip Code <b>54155</b>
FEC ID number of contributing federal political committee. <b>C 00407700</b>		Amount of Each Receipt this Period <b>15.20</b>
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>PHYSICIAN</b>	8/22/14 - 30.49 7/22/14 - 15.20
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>208.41</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>217.65</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1,824.18</b>

**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

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NAME OF COMMITTEE (In Full)  
BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial) A. BOEHNER FOR SPEAKER		Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address 1915 S. WEBSTER AVE, SUITE C		Amount of Each Disbursement this Period 5,000.00
City GREEN BAY WI 54301	State WI	
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name JOHN BOEHNER	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 8	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

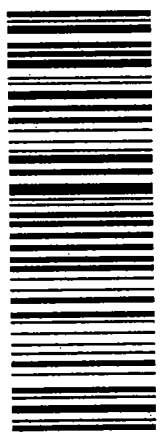
Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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



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**BAYCARE**  
**CLINIC**  
P.O. Box 28900  
Green Bay, WI 54324-0900

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FEC MAIL CENTER

FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON, DC 20463

Federal Election Commission  
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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
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*CMB*  
 PREPARER  
 (8/2013)

10/27/14  
 DATE PREPARED

11/11/14 11:11 AM