Г	FEC FORM 3X	A	ND	RT O DISBU	JRSE	MEN	TS		4020 FE		AED Center AM S 19
1.	NAME OF COMMITTEE (in f		E OR F	PRINT ▼		ample: If t er the lines		12F	'E4M5		·
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~ 2.	FEC IDENTIFIC	ATION NUME	ER 🔻					STATE	A	ZIP CO	DE 🔺
0 2 0	C 0 0 4 0) 770	0	3	. IS THIS REPOR	r. .	NEW (N) O	R [AMENDEE (A))	
06 - 04 04	(Choose One) (a) Quarterly Rep		(b) Mon Rep Due	ort 🔲 On: 🗖	Feb 20 (M Mar 20 (M		May 20 (1 Jun 20 (N		Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
20041-1A00	July 15 Quarterly October	Report (Q1) Report (Q2) 15 Report (Q3)	(c)	12-Day PRE-Election Report for th) Primary (Conventio	·		Oct 20 (M10 General (12G) Special (12S)		Jan 31 (YE) Runoff (12R)
	July 31 N	Report (YE) Aid-Year Non-election	(d)	30-Day POST-Election		General (30G)		Runoff (30R)	in the State o	of Special (30S)
	Termination (TER)	on Report		Report for th	e: ection on	M·M	/ 0 0	′ [• • •		in the State o	f
5.	Covering Period	07	/ D 01	20)19	throug	h 1	2 /	31 2	019	
	certify that I have ex ype or Print Name of	,		nd to the bes S AUGUS'		owledge a	nd belief it is	s true, cor	rrect and compl	ete.	
Si	ignature of Treasurer			46	luger	6-		Date	01 / B	31 ,	2020
	OTE: Submission of fa Office Use Only	alse, erroneous	, or inco	omplete inforn	nation may	subject the	person signir	ng this Rep	FE	Ities of 2 (C FOR Rev. 12/2	IM 3X

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	- FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE	Page 2
- 1	Vrite or Type Committee Name		
1	BAYCARE PHYSICIANS PAC		
R	report Covering the Period: From: 07	01 / 2019 To:	12 / 31 / 2019
	· · · · · · · · · · · · · · · · · · ·	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. *	(a) Cash on Hand January 1, 2019	Ē	76,394.72
	(b) Cash on Hand at Beginning of Reporting Period	82,903.92	
	(c) Total Receipts (from Line 19)	5,368.96	11,878.16
1	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines		
, ,	6(a) and 6(c) for Column B)	88,272.88	88,272.88
) — 5 7.	Total Disbursements (from Line 31)	2,184.96	2,184.96
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	86,087.92	86,087.92
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
6 <u>·</u> 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)

FE6AN026

For further information contact:

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

Toll Free 800-424-9530 Local 202-694-1100

	D	ETAILED SUMMARY PAGE	
-	FEC Form 3X (Rev. 06/2004)	f Receipts	Page 3
W	rite or Type Committee Name		
Е	BAYCARE PHYSICIANS PAC		
R	eport Covering the Period: From: 07	01 2019 To:	12 31 2019
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	 Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	4,329.94 1,039.02 5,368.96 5,368.96	9,510.08 2,368.08 11,878.16 11,878.16
	Transfers From Affiliated/Other Party Committees		
14. 15. 16. 17.	Loan Repayments Received Offsets To Operating Expenditures. (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
19.	 (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5, 368.96	11,878.16
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	5,368.96	11,878.16

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DETAILED SUMMARY PAGE

COLUMN A

Total This Period

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

COLUMN B

Calendar Year-to-Date

II. Disbursements 21. Operating Expenditures:

 (a) Alločated Federal/Non-Federal Activity (from Schedule H4)
 (i) Federal Share

(ii) Non-Federal Share.....(b) Other Federal Operating

- (add 21(a)(i), (a)(ii), and (b)) ► 22. Transfers to Affiliated/Other Party
- 22. Contributions to Federal Candidates/Committees and Other Political Committees.....
- and Other Political Committees..... 24. Independent Expenditures
- (use Schedule E)..... 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)....
- 26. Loan Repayments Made.....

- - (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)).... ▶
- Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).

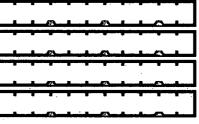
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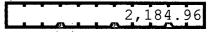
							
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2,184.96

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DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003) III. Net Contributions/Operating Ex- penditures	Of Disbursements COLUMN A Total This Period	Page 5 COLUMN B Calendar Year-to-Date
 33. Total Contributions (other than loans) (from Line 11(d), page 3)	5, 368.96 5, 368.96 2, 184.96 2, 184.96	11,878.16 11,878.16 2,184.96 2,184.96

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S	CHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 1 OF 3						
			Use separate schedule(s)		(check only one)						
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Ν	NAME OF COMMITTEE (In Full)										
\square	BAYCARE PHYSICIANS PAC										
Α.	Full Name (Last, First, Middle Initial) BRADA, STEPHEN, A				Date o	f Re	ceipt				
	Mailing Address 700 TERRAVIEW DR				12] ′	20	Ű/	201	9	
	City	State	Zip Code								· .
	GREEN BAY	Wł	54301	_	Amoun	t of	Each	Recei	ot this	Period	l
	FEC ID number of contributing federal political committee.	C 0040	07700		176.	00	• • •>		ер		
	Name of Employer	Occupation	· · ·	12	2/6/19	\$1	76.0	0	8/22	2/19 \$	646.28
	BAYCARE CLINIC, LLP	PHYSICI			/22/1						176.00
	Receipt For:		Year-to-Date ▼		/7/19						6176.00
	Primary 🖌 General)/22/1)/7/19						176.00 176.00
	Other (specify) V	8,019.	28		20/19				3131	13 4	170.00
В.	Full Name (Last, First, Middle Initial) GUO, DANQING	:			Date o	f Re	ceipt				
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	3322 NEW PLANK RD S				12		20		201	9	
	City	State	Zip Code			_					
	DEPERE		54115	·	Amoun	t of	Each	Receip	ot this	Period	l
	FEC ID number of contributing federal political committee.	C 0040	07700		5.40		63b		0 `		
	Name of Employer	Occupation	<u></u>	11	/22/1	9\$	42.9	5			
	BAYCARE CLINIC, LLP	PHYSICI	AN)/22/1						
	Receipt For:	··	Year-to-Date ▼		20/19						
	Primary 🖌 General	Aggregate			22/19 22/19						
	Other (specify)	242.32		''	22/19	φυ	0.40				
<u>-</u>	Full Name (Last, First, Middle Initial) SCHOCK, HAROLD J		•		Date o	f Re	ceipt	-			
2.	Mailing Address				N M	, ה		6 /		Y-8-Y-1	
	4552 CHOCTAW TRAIL	State	Zip Code		12		20		201	9	
	GREEN BAY	WI	54313		Amoun	t of	Each	Recei	ot this	Period	!
	FEC ID number of contributing federal political committee.	C 0040	07700		20.8	33	بار ۱۹۰۱ - ۲		атана 67 1 -		
	Name of Employer	Occupation	· · · · · · · · · · · · · · · · · · ·		/22/1						
	BAYCARE CLINIC, LLP	PHYSICI	AN)/22/1						
	Receipt For:		Year-to-Date ▼		20/19						
	Primary ✔ General Other (specify) ▼	249.96			22/19 22/19						
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	OTAL This Period (last page this line number o	nly)	······	-							

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	y information copied from such Reports and Sta for commercial purposes, other than using the			
\square	NAME OF COMMITTEE (In Full)	· · · ·		
$\langle \rangle$	BAYCARE PHYSICIANS PAC			
Α.	Full Name (Last, First, Middle Initial) OTS, MAX, E			Date of Receipt
	Mailing Address 2455 SHIRLEY RD			12 20 2019
	City	State	Zip Code	
	DEPERE		54155	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 004	07700	25.00
	Name of Employer	Occupation		11/22/19 \$25.00 10/22/19 \$25.00
	BAYCARE CLINIC, LLP	PHYSICI	AN	
	Primary General	Aggregate	Year-to-Date ▼	8/22/19 \$25.00
	Other (specify)	300.00		7/22/19 \$25.00
в.	Full Name (Last, First, Middle Initial) SCHNAUBELT, MICHAEL, A	· · ·		Date of Receipt
	Mailing Address			
	4318 HILTON HEAD DR	State	Zip Code	12 20 2019
	ONEIDA	Wi	54155	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 004	07700	19.20
	Name of Employer	Occupation	<u>۱</u>	11/22/19 \$21.69
	BAYCARE CLINIC, LLP	PHYSICI	AN	10/22/19 \$19.20
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ✔ General Other (specify) ▼	263.76		7/22/19 \$19.20
_	Full Name (Last, First, Middle Initial) PETERS, ERIC, J			Dote of Bassint
Ų.	Mailing Address	·	<u> </u>	Date of Receipt
	2210 RED LODGE CT			12 20 2019
	City GREEN BAY	State WI	Zip Code 54311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 004	07700	8.80
	Name of Employer	Occupation	<u> </u>	
	BAYCARE CLINIC, LLP	PHYSICI	AN	10/22/19 \$8.80
	Receipt For:	Aggregate	Year-to-Date V	— 9/20/19 \$8.80 8/22/19 \$25.38
	Primary ✔ Generál Other (specify) ▼	212.7	6	7/22/19 \$8.80
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SCHEDULE A (FEC Form 3)	K)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 3 OF 3
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
BAYCARE PHYSICIANS PA	С		· · · · · · · · · · · · · · · · · · ·
Full Name (Last, First, Middle Initial) A. LIMONI, ROBERT, P			Date of Receipt
Mailing Address 3072 BAY SETTLEMENT RD	•		12 20 2019
City GREEN BAY	State WI	Zip Code 54311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 004	07700	18.50
Name of Employer	Occupation	······································	11/22/19 \$18.50
BAYCARE CLINIC, LLP	PHYSIC	AN	10/22/19 \$18.50
Receipt For:	Aggregate	Year-to-Date ▼	8/22/19 \$18.50
Primary ✔ General Other (specify) ▼	222.00		7/22/19 \$18.50
Full Name (Last, First, Middle Initial) B.	· · ·	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
Mailing Address	,*		
City	State	Zip Code	
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 004	07700	
Name of Employer	Occupation	<u>ו ייי</u> ו	
Receipt For	Aggregate	Year-to-Date ▼	
Primary 🖌 General			-
Other (specify) 🔻		<u> </u>	
Full Name (Last, First, Middle Initial) C.			Date of Receipt
Mailing Address			12 20 2019
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 004	07700	
Name of Employer	Occupation	n <u>· · ·</u>	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)			
SUBTOTAL of Receipts This Page (optiona	<u> </u>		▶ 111.00
TOTAL This Period (last page this line nur	nber only)		4,329.94

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SCHEDULE H4 (FEC Form 3X)

NAME OF COMMITTEE (In Full)

164 N. BROADWAY

Mailing Address

GREEN BAY

City

BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial)

BAYCARE HEALTH SYSTEMS

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

AGE	1	OF	1	

Allocated Activity or Event:

Administrative Fundraising Exempt

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Voter Drive Direct Candidate Support

FOR LINE 21a OF FORM 3X

Α.

Activity or Event Identifier: 011 Category/ Type 12 26 201 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 2,184.96 0.00 2,184 0.00 2,184 B. Full Name (Last, First, Middle Initial) Allocated Activity or Event: Administrative Fundraising Mailing Address 0.00 2,184 9 0.00 2,184 City State Zip Code Public Comm (ref to party only) by F Purpose of Disbursement: Category/ Type Allocated Activity or Event Year-To-Date Activity or Event Identifier: Category/ Type Total AMOUNT FEDERAL SHARE + NONFEDERAL SHARE = Category/ Type Date Mini / Total / Total Amount Activity or Event Identifier: Category/ Type Date Mini / Total Amount FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Category/ Type Total Amount Allocated Activity or Event: Administrative Administrative		Purpose of Disbursement:				Allocated Activity of Event Tear-To-Date	-
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2,184.96 0.00 2,184 B. Full Name (Last, First, Middle Initial) Allocated Activity or Event: Administrative Fundraising Control Candidate FebERAL SHARE Mailing Address Voter Drive Direct Candidate FebERAL SHARE Public Comm (ret to party only) by f Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date Image: Category/ Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT City State Zip Code Public Comm (ret to party only) by f Activity or Event Identifier: Category/ Type Total AMOUNT C. Full Name (Last, First, Middle Initial) Allocated Activity or Event: Mailing Address Voter Drive Direct Candidate Gord City State Zip Code Public Comm (ret to party only) by f Mailing Address Category/ Type Date Total AMOUNT City State Zip Code Public Comm (ret to party only) by f Activity or Event Identifier: Category/ Type Date Total AMOUNT Subtrotal cot Allocated Federal and NonFederal Activity This Page Total AMOUNT Total AMOUNT Cotal c			•			Date 12 26 2019	Ľ
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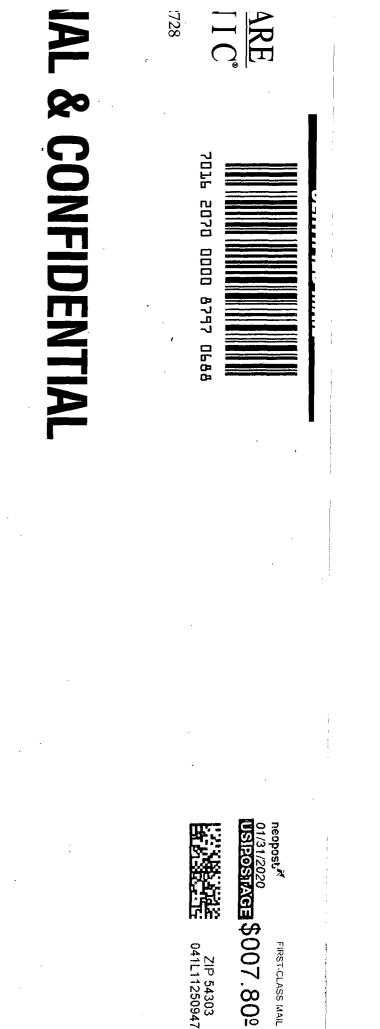
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FEDERAL ELECTION COMMISSION 999 E STREET, NW WASHINGTON, DC 20463

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USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
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Overnight Delivery Service (Specify):	Shipping Date
Νε	ext Business Day Delivery
Received from House Records & Registration C	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
m	1-31-20
PREPARER (3/2015)	DATE PREPARED