

**FEC FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2016 DEC 13 PM 12:05

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

WI

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

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

Election on

MM / DD / YYYY  
11 / 08 / 2016

in the State of

WI

5. Covering Period

MM / DD / YYYY  
10 / 01 / 2016

through

MM / DD / YYYY  
11 / 28 / 2016

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

MM / DD / YYYY  
12 / 05 / 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.

Office Use Only							
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**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  
10 / 01 / 2016

To:

MM / DD / YYYY  
11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="YYYYYY 2016"/>		43,360.62
(b) Cash on Hand at Beginning of Reporting Period.....	54,037.87	
(c) Total Receipts (from Line 19).....	2,499.33	18,176.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56,537.20	61,537.20
7. Total Disbursements (from Line 31).....		5,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	56,537.20	56,537.20
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  
10 / 01 / 2016

To:

MM / DD / YYYY  
11 / 28 / 2016

**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).....

1,907.93

10,053.96

(ii) Unitemized .....

591.40

3,122.62

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

2,499.33

13,176.58

(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).....▶

2,499.33

13,176.58

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.....

5,000.00

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)).....▶

2,499.33

18,176.58

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

2,499.33

18,176.58

**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
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
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		5,000.00

NOT FOR INFORMATION ONLY

**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) .....	2,499.33	13,176.58
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,499.33	13,176.58
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) .....		

UNIVERSITY MICROFILMS

**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 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"/> 12
		<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**

**A. BRADA, STEPHEN, A**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
**7,575.04**

Date of Receipt  
**11 / 22 / 2016**  
 Amount of Each Receipt this Period  
**907.04**  
 11/07/16 \$176.00  
 10/21/16 \$176.00  
 10/7/16 \$176.00

**B. SODHI, JAGDEEP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**3465 WEATHERWOOD LN**  
 City State Zip Code  
**GREEN BAY WI 54155**  
 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 ▼  
**510.95**

Date of Receipt  
**11 / 22 / 2016**  
 Amount of Each Receipt this Period  
**81.34**  
 10/21/16 \$16.00

**C. HARRISON, RICHARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**984 HIGHLAND SPRINGS**  
 City State Zip Code  
**ONEIDA WI 54155**  
 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 ▼  
**272.23**

Date of Receipt  
**11 / 22 / 2016**  
 Amount of Each Receipt this Period  
**24.63**  
 10/21/16 \$22.00

**SUBTOTAL** of Receipts This Page (optional).....▶ **1,579.01**  
**TOTAL** This Period (last page this line number only).....▶

NON-FEDERAL CONTRIBUTION

**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 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**BAYCARE PHYSICIANS PAC**

Full Name (Last, First, Middle Initial) <b>A. SCHNAUBELT, MICHAEL, A</b>		Date of Receipt MM / DD / YYYY <b>11 / 22 / 2016</b>
Mailing Address <b>4318 HILTON HEAD DR</b>		Amount of Each Receipt this Period <b>37.20</b>
City <b>ONEIDA</b>	State Zip Code <b>WI 54155</b>	
FEC ID number of contributing federal political committee. <b>C 00407700</b>		10/21/16 \$15.20
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>326.77</b>	

Full Name (Last, First, Middle Initial) <b>B. OTS, MAX, E</b>		Date of Receipt MM / DD / YYYY <b>11 / 22 / 2016</b>
Mailing Address <b>2455 SHIRLEY RD</b>		Amount of Each Receipt this Period <b>25.00</b>
City <b>DEPERE</b>	State Zip Code <b>WI 54155</b>	
FEC ID number of contributing federal political committee. <b>C 00407700</b>		10/21/16 \$25.00
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>NEUROSURGEON</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>275.00</b>	

Full Name (Last, First, Middle Initial) <b>C. CHEN, XINQIAN</b>		Date of Receipt MM / DD / YYYY <b>11 / 22 / 2016</b>
Mailing Address <b>2257 WOOD VIOLET CT</b>		Amount of Each Receipt this Period <b>25.04</b>
City <b>DE PERE</b>	State Zip Code <b>WI 54155</b>	
FEC ID number of contributing federal political committee. <b>C 00407700</b>		10/21/16 \$12.00
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>227.14</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>139.44</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

NON-PROFIT ORGANIZATION

**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 3 OF 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**BAYCARE PHYSICIANS PAC**

Full Name (Last, First, Middle Initial)  
**A. GUO, DANQING**

Mailing Address  
**3322 NEW PLANK RD S**

City State Zip Code  
**DE PERE 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 ▼  
**233.97**

Date of Receipt  
**11 / 22 / 2016**

Amount of Each Receipt this Period  
**67.68**

10/21/16 \$5.40

Full Name (Last, First, Middle Initial)  
**B. LIMONI, ROBERT, P**

Mailing Address  
**3072 BAY SETTLEMENT RD**

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 ▼  
**203.50**

Date of Receipt  
**11 / 22 / 2016**

Amount of Each Receipt this Period  
**18.50**

10/21/16 \$18.50

Full Name (Last, First, Middle Initial)  
**C. PETERS, ERIC, J**

Mailing Address  
**2210 RED LODGE 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 ▼  
**200.23**

Date of Receipt  
**11 / 22 / 2016**

Amount of Each Receipt this Period  
**28.94**

10/21/16 \$8.80

**SUBTOTAL** of Receipts This Page (optional).....▶ **147.82**

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

2016-11-21 10:11:01 AM



**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 4 OF 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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. SCHOCK, HAROLD, J**

Mailing Address  
**4552 CHOCTAW TR**

City State Zip Code  
**GREEN BAY WI 54313**

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 ▼  
**229.13**

Date of Receipt  
**11 / 22 / 2016**

Amount of Each Receipt this Period  
**20.83**

10/21/16 \$20.83

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  
**11 / 22 / 2016**

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  
**11 / 22 / 2016**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>41.66</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1,907.93</b>

NON-CONFIDENTIAL

CONFIDENTIAL INFORMATION

CE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
THE RETURN ADDRESS, TOLD AT DOTTED LINE

**CERTIFIED MAIL™**



7012 3460 0002 7605 3640

**Y-CARE  
CLINIC**

4303-2728

neopost

12/07/2016

**US POSTAGE \$007**



ZIP 5  
041111

**CONFIDENTIAL & CONFIDENTIAL**

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2016 DEC 13 PM 12:05

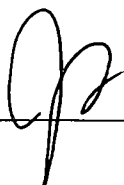


20463

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 12/7/16
<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

PREPARER  
(3/2015)



12/13/16  
DATE PREPARED

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