

**FEC
FORM 3X**

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

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 / / 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

11 / 24 / 2020 through 12 / 31 / 2020

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

01 / 15 / 2021

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
11 / 24 / 2020

To:

MM / DD / YYYY
12 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		86,087.92
(b) Cash on Hand at Beginning of Reporting Period.....	94,582.83	
(c) Total Receipts (from Line 19)	506.15	9,001.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	95,088.98	95,088.98
7. Total Disbursements (from Line 31)	2,059.49	2,059.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93,029.49	93,029.49
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
11 / 24 / 2020

To:

MM / DD / YYYY
12 / 31 / 2020

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).....

417.03

7,124.84

(ii) Unitemized.....

89.12

1,876.22

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

506.15

9,001.06

(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).....▶

506.15

9,001.06

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)).....▶

506.15

9,001.06

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

506.15

9,001.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	2,059.49	2,059.49	
(ii) Non-Federal Share.....			
(b) Other Federal Operating Expenditures			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2,059.49	2,059.49	
22. Transfers to Affiliated/Other Party Committees.....			
23. Contributions to Federal Candidates/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.....			
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)) ..	2,059.49	2,059.49	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,059.49	2,059.49	

**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 checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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 ▼
6,286.96

Date of Receipt
12 / 22 / 2020

Amount of Each Receipt this Period
176.00

\$176 - 12/7/2020

Full Name (Last, First, Middle Initial)
B. OTS, MAX E

Mailing Address
2455 SHIRLEY RD
City State Zip Code
DEPERE 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 ▼
300.00

Date of Receipt
12 / 22 / 2020

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. SCHNAUBELT, MICHAEL A

Mailing Address
7452 N PURDY PKWY
City State Zip Code
APPLETON WI 54913

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 ▼
287.92

Date of Receipt
12 / 22 / 2020

Amount of Each Receipt this Period
19.20

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

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

396.20

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

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

FOR LINE NUMBER: PAGE 2 OF 2
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
+2

Full Name (Last, First, Middle Initial)
A. SCHOCK, HAROLD J

Mailing Address
4552 CHOCTAW TRL
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **249.96**

Date of Receipt
MM / DD / YYYY
12 / 22 / 2020

Amount of Each Receipt this Period
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 22 / 2020

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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
12 / 22 / 2020

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ **20.83**

TOTAL This Period (last page this line number only) ▶ **417.03**

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
 BAYCARE PHYSICIANS PAC

A. Full Name (Last, First, Middle Initial)
 BAYCARE HEALTH SYSTEMS

Mailing Address
 164 N. BROADWAY

City State Zip Code
 GREEN BAY WI 54303

Purpose of Disbursement:
 RENTAL AGREEMENT

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
 2,059.49

Date 12 / 10 / 2020

Category/Type 001

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2,059.49		0.00		2,059.49

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

Category/Type

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

Category/Type

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2,059.49		0.00		2,059.49

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2,059.49		0.00		2,059.49

POSTAGE WILL BE PAID BY ADDRESSEE

CERTIFIED MAIL

CARE
SYSTEMS

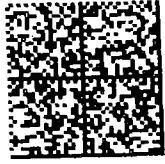


7016 2710 0000 2032 4470

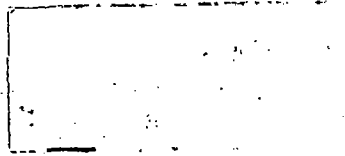
3-2728

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**Federal Election Commission
1050 First Street, NE
Washington, DC 20002**



Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
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Next Business Day Delivery	<input type="checkbox"/>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	02-12-21 DATE PREPARED

20210212 14:00:00