

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2018 FEB -5 AM 9:51  
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** ▼ **C 0 0 4 0 7 7 0 0** **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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)	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 MM/DD/YYYY in the State of \_\_\_\_\_

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

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

Election on MM/DD/YYYY in the State of \_\_\_\_\_

5. Covering Period **07 01 2017** through **12 31 2017**

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 31 2018**

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

**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: 07 / 01 / 2017 To: 12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		54,960.63
(b) Cash on Hand at Beginning of Reporting Period.....	59,144.44	
(c) Total Receipts (from Line 19).....	6,581.34	13,265.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65,725.78	68,225.78
7. Total Disbursements (from Line 31).....	1,633.61	4,133.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	64,092.17	64,092.17
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed <b>BY</b> 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: M M / D D / Y Y Y Y 07 01 2017 To: M M / D D / Y Y Y Y 12 31 2017

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).....	5,220.71	10,479.96
(ii) Unitemized.....	1,360.63	2,785.19
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6,581.34	13,265.15
(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).....▶	6,581.34	13,265.15
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)).....▶	6,581.34	13,265.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6,581.34	13,265.15

NON-FEDERAL RECEIPTS

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. Disbursements</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share .....	1,633.61	1,633.61	
(ii) Non-Federal Share.....			
(b) Other Federal Operating Expenditures .....			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)).....▶	1,633.61	1,633.61	
22. Transfers to Affiliated/Other Party Committees.....			
23. Contributions to Federal Candidates/Committees and Other Political Committees.....			2,500.00
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))..	1,633.61	1,633.61	4,133.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....▶	1,633.61		4,133.61

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6,581.34	13,265.15
34. Total Contribution Refunds (from Line 28(d)) .....	6,581.34	13,265.15
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)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

NON-CONFIDENTIAL

**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 4											
<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) <b>A. BRADA, STEPHEN, A</b>			Date of Receipt		
Mailing Address 700 TERRAVIEW DR			M	M	D D / Y Y Y Y
City State Zip Code GREEN BAY WI 54301			12	22	2017
FEC ID number of contributing federal political committee. <b>C 00407700</b>			Amount of Each Receipt this Period <b>176.00</b>		
Name of Employer BAYCARE CLINIC, LLP		Occupation PHYSICIAN	12/7/17 \$176.00	9/8/17 \$176.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Aggregate Year-to-Date ▼ 8,136.79	11/22/17 \$1545.36	8/22/17 \$803.43	
			11/7/17 \$176.00	8/7/17 \$176.00	
			10/20/17 \$176.00	7/21/17 \$176.00	
			10/6/17 \$176.00	7/10/17 \$176.00	
			9/22/17 \$176.00		

Full Name (Last, First, Middle Initial) <b>B. GRIFFITT, WESLEY</b>			Date of Receipt		
Mailing Address 1805 RAINBOW AVE			M	M	D D / Y Y Y Y
City State Zip Code DE PERE WI 54155			12	22	2017
FEC ID number of contributing federal political committee. <b>C 00407700</b>			Amount of Each Receipt this Period <b>10.00</b>		
Name of Employer BAYCARE CLINIC, LLP		Occupation PHYSICIAN	11/22/17 \$32.61		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Aggregate Year-to-Date ▼ 202.05	10/20/17 \$10.00	9/22/17 \$10.00	
			8/22/17 \$19.65	7/21/17 \$10.00	

Full Name (Last, First, Middle Initial) <b>C. HARRISON, RICHARD</b>			Date of Receipt		
Mailing Address 984 HIGHLAND SPRINGS			M	M	D D / Y Y Y Y
City State Zip Code ONEIDA WI 54155			12	22	2017
FEC ID number of contributing federal political committee. <b>C 00407700</b>			Amount of Each Receipt this Period <b>22.00</b>		
Name of Employer BAYCARE CLINIC, LLP		Occupation PHYSICIAN	11/22/17 \$33.77		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Aggregate Year-to-Date ▼ 311.86	10/20/17 \$22.00	9/22/17 \$22.00	
			8/22/17 \$27.24	7/21/17 \$22.00	

SUBTOTAL of Receipts This Page (optional)..... ▶	4,350.06			
TOTAL This Period (last page this line number only)..... ▶				

NATIONWIDE COLLECTION

**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	<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	

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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
Mailing Address 4318 HILTON HEAD DR		M M / D D / Y Y Y Y 12 22 2017
City	State Zip Code	Amount of Each Receipt this Period
ONEIDA	WI 54155	
FEC ID number of contributing federal political committee. C 00407700		15.20
Name of Employer	Occupation	11/22/17 \$53.51
BAYCARE CLINIC, LLP	PHYSICIAN	10/20/17 \$15.20
Receipt For:	Aggregate Year-to-Date ▼	9/22/17 \$15.20
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	346.86	8/22/17 \$46.83
<input type="checkbox"/> Other (specify) ▼		7/21/17 \$15.20

Full Name (Last, First, Middle Initial) <b>B. OTS, MAX, E</b>		Date of Receipt
Mailing Address 2455 SHIRLEY RD		M M / D D / Y Y Y Y 12 22 2017
City	State Zip Code	Amount of Each Receipt this Period
DEPERE	WI 54155	
FEC ID number of contributing federal political committee. C 00407700		25.00
Name of Employer	Occupation	11/22/17 \$25.00
BAYCARE CLINIC, LLP	NEUROSURGEON	10/20/17 \$25.00
Receipt For:	Aggregate Year-to-Date ▼	9/22/17 \$25.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	300.00	8/22/17 \$25.00
<input type="checkbox"/> Other (specify) ▼		7/21/17 \$25.00

Full Name (Last, First, Middle Initial) <b>C. CHEN, XINQIAN</b>		Date of Receipt
Mailing Address 2257 WOOD VIOLET CT		M M / D D / Y Y Y Y 12 22 2017
City	State Zip Code	Amount of Each Receipt this Period
DE PERE	WI 54155	
FEC ID number of contributing federal political committee. C 00407700		12.00
Name of Employer	Occupation	11/22/17 \$27.23
BAYCARE CLINIC, LLP	PHYSICIAN	10/20/17 \$12.00
Receipt For:	Aggregate Year-to-Date ▼	9/22/17 \$12.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	223.94	8/22/17 \$20.92
<input type="checkbox"/> Other (specify) ▼		7/21/17 \$12.00

SUBTOTAL of Receipts This Page (optional).....▶	407.29
TOTAL This Period (last page this line number only).....▶	

11030001-00-1WB-VIG-NO-81-00

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

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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 3322 NEW PLANK RD S		M M / D D / Y Y Y Y 12 / 22 / 2017
City DE PERE	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period
Name of Employer BAYCARE CLINIC, LLP		11/22/17 \$47.80
Occupation PHYSICIAN		10/20/17 \$5.40
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		9/22/17 \$5.40
Aggregate Year-to-Date ▼ 259.95		8/22/17 \$46.92
		7/21/17 \$5.40

Full Name (Last, First, Middle Initial) <b>B. LIMONI, ROBERT, P</b>		Date of Receipt
Mailing Address 3072 BAY SETTLEMENT RD		M M / D D / Y Y Y Y 12 / 22 / 2017
City GREEN BAY	State WI	Zip Code 54311
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period
Name of Employer BAYCARE CLINIC, LLP		11/22/17 \$18.50
Occupation PHYSICIAN		10/20/17 \$18.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		9/22/17 \$18.50
Aggregate Year-to-Date ▼ 222.00		8/22/17 \$18.50
		7/21/17 \$18.50

Full Name (Last, First, Middle Initial) <b>C. PETERS, ERIC, J</b>		Date of Receipt
Mailing Address 2210 RED LODGE CT		M M / D D / Y Y Y Y 12 / 22 / 2017
City GREEN BAY	State WI	Zip Code 54311
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period
Name of Employer BAYCARE CLINIC, LLP		11/22/17 \$43.31
Occupation PHYSICIAN		10/20/17 \$8.80
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		9/22/17 \$8.80
Aggregate Year-to-Date ▼ 226.55		8/22/17 \$32.55
		7/21/17 \$8.80

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>338.38</b>
<b>TOTAL</b> This Period (last page this line number only).....	

2017-11-22 10:00:00 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 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. SCHOCK, HAROLD, J</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2017
Mailing Address 4552 CHOCTAW TR		Amount of Each Receipt this Period
City GREEN BAY	State Zip Code WI 54313	
FEC ID number of contributing federal political committee. C 00407700		20.83
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	11/22/17 \$20.83
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	10/20/17 \$20.83
		9/22/17 \$20.83
		8/22/17 \$20.83
		7/21/17 \$20.83

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2017
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C 00407700		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2017
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C 00407700		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	124.98
<b>TOTAL</b> This Period (last page this line number only).....▶	5,220.71

20170208 10:00 AM

**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			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 164 N. BROADWAY			Allocated Activity or Event Year-To-Date 1,633.31		
City GREEN BAY	State WI	Zip Code 54303	Date M M / D D / Y Y Y Y 12 / 31 / 2017		
Purpose of Disbursement: RENTAL AGREEMENT		001 Category/ Type			
Activity or Event Identifier:					
FEDERAL SHARE		+	NONFEDERAL SHARE		=
1,633.31			0.00		
					=
					TOTAL AMOUNT
					1,633.31

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Date M M / D D / Y Y Y Y		
Purpose of Disbursement:		Category/ Type			
Activity or Event Identifier:					
FEDERAL SHARE		+	NONFEDERAL SHARE		=
					TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	Date M M / D D / Y Y Y Y		
Purpose of Disbursement:		Category/ Type			
Activity or Event Identifier:					
FEDERAL SHARE		+	NONFEDERAL SHARE		=
					TOTAL AMOUNT

<b>SUBTOTAL of Allocated Federal and NonFederal Activity This Page</b>					
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT	
1,633.31		0.00		1,633.31	
<b>TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))</b>					
FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT	
1,633.31		0.00		1,633.31	

2010-01-01 10:00:00 AM

CARE  
NIC

-2728

FOUNDED IN 1970



7015 1730 0001 4273 4018

neopost  
01/31/2018

US POSTAGE

\$007.62



ZIP 54303  
04111250947

FIRST-CLASS MAIL

**CONFIDENTIAL & CONFIDENTIAL**

FEDERAL ELECTION COMMISSION  
999 E STREET, NW  
WASHINGTON DC 20463

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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) <i>1/31/2018</i>
<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 *MP*  
 (3/2015)

*2/5/2018*  
 DATE PREPARED

20180205 10:00:00 AM