

**FEC
FORM 3X**

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

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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) OR

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 M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 01 2018 through M M / D D / Y Y Y Y 09 30 2018

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 10 10 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.

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: 07 01 2018 To: 09 30 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		64,092.17
(b) Cash on Hand at Beginning of Reporting Period.....	71,302.28	
(c) Total Receipts (from Line 19).....	3,686.83	10,896.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	74,989.11	74,989.11
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	74,989.11	74,989.11
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 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

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(ii) Non-Federal Share.....

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(b) Other Federal Operating
Expenditures

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(c) Total Operating Expenditures
(add 21(a)(i), (a)(ii), and (b))

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22. Transfers to Affiliated/Other Party
Committees.....

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23. Contributions to
Federal Candidates/Committees
and Other Political Committees.....

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24. Independent Expenditures
(use Schedule E).....

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25. Coordinated Party Expenditures
(2 U.S.C. §441a(d))
(use Schedule F).....

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26. Loan Repayments Made.....

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27. Loans Made.....

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28. Refunds of Contributions To:
(a) Individuals/Persons Other
Than Political Committees

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(b) Political Party Committees

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(c) Other Political Committees
(such as PACs).....

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(d) Total Contribution Refunds
(add Lines 28(a), (b), and (c))

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29. Other Disbursements

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30. Federal Election Activity (2 U.S.C. §431(20))

(a) Allocated Federal Election Activity
(from Schedule H6)

(i) Federal Share

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(ii) "Levin" Share.....

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(b) Federal Election Activity Paid Entirely
With Federal Funds

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(c) Total Federal Election Activity (add ...
Lines 30(a)(i), 30(a)(ii) and 30(b))

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

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

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2010-10-18 09:00:00

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 1 OF 2	
	<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		Date of Receipt 09 / 21 / 2018
Mailing Address 700 TERRAVIEW DR		Amount of Each Receipt this Period 176.00
City GREEN BAY	State Zip Code WI 54301	
FEC ID number of contributing federal political committee. C 00407700		9/10/18 \$176.00 8/22/18 \$1571.54 8/7/18 \$176.00 7/20/18 \$176.00 7/9/18 \$176.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7,055.03	

Full Name (Last, First, Middle Initial) B. GUO, DANQING		Date of Receipt 09 / 21 / 2018
Mailing Address 3322 NEW PLANK RD S		Amount of Each Receipt this Period 5.40
City DEPERE	State Zip Code WI 54115	
FEC ID number of contributing federal political committee. C 00407700		8/22/18 \$67.49 7/20/18 \$5.40
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.88	

Full Name (Last, First, Middle Initial) C. HARRISON, RICHARD		Date of Receipt 09 / 21 / 2018
Mailing Address 984 HIGHLAND SPRINGS		Amount of Each Receipt this Period 22.00
City ONEIDA	State Zip Code WI 54155	
FEC ID number of contributing federal political committee. C 00407700		8/22/18 \$22.00 7/20/18 \$22.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.28	

SUBTOTAL of Receipts This Page (optional).....▶	2,595.83
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"/> 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) A. OTS, MAX, E		Date of Receipt 09 / 21 / 2018
Mailing Address 2455 SHIRLEY RD		Amount of Each Receipt this Period 25.00
City DEPERE	State Zip Code WI 54155	
FEC ID number of contributing federal political committee. C 00407700		8/22/18 \$25.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	7/20/18 \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. SCHNAUBELT, MICHAEL, A.		Date of Receipt 09 / 21 / 2018
Mailing Address 4318 HILTON HEAD DR		Amount of Each Receipt this Period 15.20
City ONEIDA	State Zip Code WI 54155	
FEC ID number of contributing federal political committee. C 00407700		8/22/18 \$33.58
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	7/20/18 \$15.20
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.70	

Full Name (Last, First, Middle Initial) C.		Date of Receipt 09 / 21 / 2018
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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

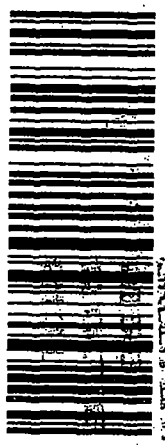
SUBTOTAL of Receipts This Page (optional).....▶	138.98
TOTAL This Period (last page this line number only).....▶	2,734.81

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOR A DOTTED LINE
CERTIFIED MAIL



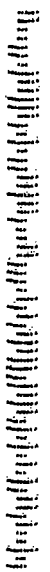
P.O. Box 28900
Green Bay, WI 54324-0900

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OCT 18 AM 9:33



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10/12/2018
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