2015 · 07 · M1 · 0M · 00015006

FEC FORM 3X

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FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 JUL 31 AM 11: 58 Office Use Only

FEC FORM 3X

Rev. 12/2004

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: over the I	If typing, type ines.	12FE4M5	
B, A, Y, C, A, R, E, P, H,	Y S I C I A N S	PAC			
ADDRESS (number and street)	1,6,4, N, E	R O A D WA	<u>Y</u>		
Check if different		<u></u>			
than previously reported. (ACC)	GREEN	3 A Y		W I 5	4 3 0 3 - 2 7 2 8
2. FEC IDENTIFICATION N	UMBER ▼	CITY A		STATE A	ZIP CODE ▲
C 0 0 4 0 7 7	0 0	3. IS THIS REPORT	NEW (N) OR		DED
4: TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5	Aug 20 ((NON-Election
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (
Quarterly Report ((July 15 Quarterly Report ((October 15 Quarterly Report ((Q2) (c) 12-Day PRE-Elect Report for	the: Conv	ention (12C)	General (126) Special (128)	land .
January 31 Year-End Report (Election on	/ 0 0 /	YEYEY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Ele Report for	land .	ral (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	M / 6 0 /	Ÿ Y Y Y Y	in the State of
5. Covering Period 0	i 01 Y		rough 06	30 / Y	2015
I certify that I have examined t	•		e and belief it is	true, correct and co	·
Type or Print Name of Treasure	er CHRIS AUGU	STIAN		•	
Signature of Treasurer	the au	y to		Date 07	0 0 / Y Y Y Y Y Y 2015
(Cartero pre) NOTE/Submission/of/false,/error	Harrings //	ormation may subject	the person signing	this Report to the p	enalties of 2 U.S.C. \$437a

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: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 38,486.29 2015 January 1, (b) Cash on Hand at 38,486.29 Beginning of Reporting Period 6,610.17 6,610.17 Total Receipts (from Line 19) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 45,096.46 45,096.46 6(a) and 6(c) for Column B) 0.00 0.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period 45,096.46 45,096.46 (subtract Line 7 from Line 6(d))..... 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

FE6AN026

DE	TAILED SUMMARY PAGE	
FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Write or Type Committee Name		
BAYCARE PHYSICIANS PAC		
Report Covering the Period: From: 01	01 2015 To	. 06 30 2015
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)	3,943.82	3,943.8
(ii) Uniternized	2,666.35	2,666.50
(iii) TOTAL (add	((() () () ()	C (20 2)
Lines 11(a)(i) and (ii)▶	6,610.17	6,610.1
(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)▶	6,610.17	6,610.1
12. Transfers From Affiliated/Other		Programme and the second secon
Party Committees		
13. All Loans Received		
To. All Loans recoved		
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.)		
 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 		
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(2)		
(c) Total Transfers (add 18(a) and 18(b))	# R R Survey Sur	The state of the s
	And Decided to the American State of the Ame	
	·	
	· .	
19. Total Receipts (add Lines 11(d),		

12, 13, 14, 15, 16, 17, and 18(c)).......▶

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

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B		
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date		
	(i) Federal Share				
	(ii) Non-Federal Share				
	(b) Other Federal Operating				
	Expenditures	, , , , , , , , , , , , , , , , , , ,			
	(c) Total Operating Expenditures				
20	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party				
22.	Committees				
23.	Contributions to Federal Candidates/Committees and Other Political Committees				
24.	Independent Expenditures				
25.	(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))				
	(use Schedule F)				
<u>.</u>					
26.	Loan Repayments Made				
27.	Loans MadeRefunds of Contributions To:	<u> </u>	A 1 (1) A (1) A (1)		
20.	(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	And the second s			
	(b) Federal Election Activity Paid Entirely				
	With Federal Funds(c) Total Federal Election Activity (add				
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶				
21	Total Disbursements (add Lines 21(c), 22,		- ·· - · · · · · · · · · · · · · · · · 		
J1.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))				
32.	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)				
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		•			

DETAILED SUMMARY PAGE

of Disbursements

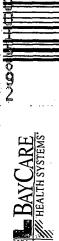
FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A III. Net Contributions/Operating Ex-**COLUMN B Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

۲	OH	LINE	ΝU	MREH	:	PAG	E 1) 	
(c	he	ck only	on	ie)						
	1	11a		11b		11c		12		
		13		14		15_		16		17
on for the nurnose of soliciting contributions										

		,	
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
7	NAME OF COMMITTEE (In Full)		
$ \rangle$	BAYCARE PHYSICIANS PAC		
Α.	Full Name (Last, First, Middle Initial) BRADA, STEPHEN, A		Date of Receipt
	Mailing Address 700 TERRAVIEW DR	7: 0::	06 22 2015
	GREEN BAY	State Zip Code WI 54301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 00407700	352.00
	Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	5/22/2015 - \$867.08 4/22/2015 - \$352.00 3/20/2015 - \$556.59
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 3,455.96	3/20/2015 - \$556.59 2/20/2015 - \$352.00 1/22/2015 - \$976.29
	Other (specify) ▼	3,455.90	
В.	Full Name (Last, First, Middle Initial) HARRISON, RICHARD, L		Date of Receipt
	Mailing Address 984 HIGHLAND SPRINGS CT City	State Zip Code	06 22 2015
	ONEIDA	WI 54155	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 00407700	31.20
	Name of Employer	Occupation	5/22/2015 - \$31.20 4/22/2015 - \$31.20
	BAYCARE CLINIC, LLP Receipt For:	NEUROSURGEON Aggregate Veer to Date T	3/20/2015 - \$31.20
	Primary 🗸 General	Aggregate Year-to-Date ▼	2/20/2015 - \$31.20 1/22/2015 - \$47.08
	Other (specify) ▼	203.08	112212010 - 44 1.00
<u>с</u> .	Full Name (Last, First, Middle Initial) SODHI, JAGDEEP		Date of Receipt
	Mailing Address 3465 WEATHERWOOD LN		06 22 2015
	GREEN BAY	State Zip Code WI 54311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 00407700	16.00
	Name of Employer	Occupation	5/22/2015 - \$74.95
	BAYCARE CLINIC, LLP	PHYSICIAN	4/22/2015 - \$16.00 3/20/2015 - \$83.23
	Receipt For: Primary	Aggregate Year-to-Date ▼	2/20/2015 - \$16.00
	Other (specify) ▼	284.78	1/22/2015 - \$78.60
[5	SUBTOTAL of Receipts This Page (optional)		3,943.82
 -	OTAL This Period (last page this line number	only)	3,943.82



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164 N. Broadway Green Bay, WI 54303-2728

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate how	
Hand Delivered	Date of Receipt
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USPS Registered/Certified	Postmarked (R/C) 7/27/15
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business D	ay Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
	7/31/15
PREPARER (3/2015)	DATE PREPARED