

**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
01 / 01 / 2015

To:

MM / DD / YYYY
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYYYY 2015		38,486.29
(b) Cash on Hand at Beginning of Reporting Period.....	38,486.29	
(c) Total Receipts (from Line 19).....	6,610.17	6,610.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	45,096.46	45,096.46
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)).....	45,096.46	45,096.46
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
01 / 01 / 2015

To:

MM / DD / YYYY
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

3,943.82

(ii) Unitemized.....

2,666.35

2,666.50

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

6,610.17

6,610.17

(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

6,610.17

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)).....▶

6,610.17

6,610.17

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

6,610.17

6,610.17

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)	6,610.17	6,610.17
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6,610.17	6,610.17
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)		

ACCOUNTING INFORMATION

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 1		
	(check only one)	<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. BRADA, STEPHEN, A		Date of Receipt MM / DD / YYYY 06 / 22 / 2015
Mailing Address 700 TERRAVIEW DR		Amount of Each Receipt this Period 352.00
City GREEN BAY	State Zip Code WI 54301	
FEC ID number of contributing federal political committee. C 00407700		5/22/2015 - \$867.08 4/22/2015 - \$352.00 3/20/2015 - \$556.59 2/20/2015 - \$352.00 1/22/2015 - \$976.29
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 ▼ 3,455.96	

Full Name (Last, First, Middle Initial) B. HARRISON, RICHARD, L		Date of Receipt MM / DD / YYYY 06 / 22 / 2015
Mailing Address 984 HIGHLAND SPRINGS CT		Amount of Each Receipt this Period 31.20
City ONEIDA	State Zip Code WI 54155	
FEC ID number of contributing federal political committee. C 00407700		5/22/2015 - \$31.20 4/22/2015 - \$31.20 3/20/2015 - \$31.20 2/20/2015 - \$31.20 1/22/2015 - \$47.08
Name of Employer BAYCARE CLINIC, LLP	Occupation NEUROSURGEON	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.08	

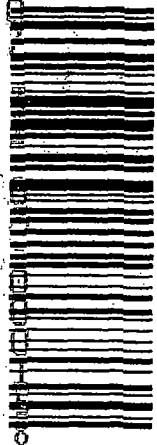
Full Name (Last, First, Middle Initial) C. SODHI, JAGDEEP		Date of Receipt MM / DD / YYYY 06 / 22 / 2015
Mailing Address 3465 WEATHERWOOD LN		Amount of Each Receipt this Period 16.00
City GREEN BAY	State Zip Code WI 54311	
FEC ID number of contributing federal political committee. C 00407700		5/22/2015 - \$74.95 4/22/2015 - \$16.00 3/20/2015 - \$83.23 2/20/2015 - \$16.00 1/22/2015 - \$78.60
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 ▼ 284.78	

SUBTOTAL of Receipts This Page (optional).....▶	3,943.82
TOTAL This Period (last page this line number only).....▶	3,943.82



164 N. Broadway
Green Bay, WI 54303-2728

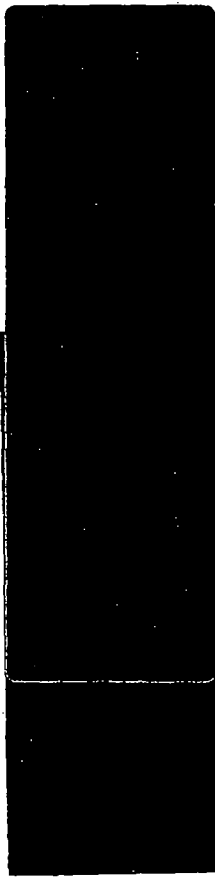
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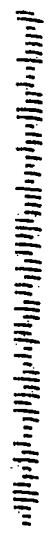
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
Date of Receipt

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 Day 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): Date of Receipt or Postmarked


PREPARER
(3/2015)

7/31/15
DATE PREPARED

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