# 20-6-02-25-05-0005-956

FE6AN026

FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 FEB 23 AM 11: 27

Office Use Only

NAME OF COMMITTEE (in full)	.TYPE OR PRINT ▼		mple: If typing, type the lines.	12FĚ4	M5	]
B, A, Y, C, A, R, E, , P, H,	Y, S, I, C, I, A, N,	B, P,A,C,			1 1 1 1	
	·					
ADDRESS (number and street)	1 6 4 N 1	BROADV	7 <sub>1</sub> A <sub>1</sub> Y <sub>1</sub>	<u> </u>	<u> </u>	
Check if different		1111			<del>                                     </del>	
than previously reported. (ACC)	GREEN	B <sub>A</sub> Y <sub>1</sub> 1		M I	5 4 3 0	2,7,2,8
2. FEC IDENTIFICATION N	IUMBER ▼	CITY 🛦		STATE A	Zt	P CODE A
C 0 0 4 0 7 7	0 0	3. IS THIS REPORT	NEW (N)	OR 🔲	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20	(M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	- Jun 20	· Land	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (	Q1) (c) 12-Day	Apr 20 (M4)	Jul 20 ( Primary (12P)		Oct 20 (M10) 	Jan 31 (YE)  Runoff (12R)
July 15 Quarterly Report ( October 15	Q2) PRE-Elect Report for		Convention (12C)	Spec	ial (12S)	Special Communication of the C
Quarterly Report ( January 31		Election on	·· / BY6	7   *****	i	n the
Year-End Report (  July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day	~~	General (30G)	Runo		Special (30S)
Termination Report (TER)	Report for	the:	-M-2-M-7 / -0-0-0	7	i	n the
8	07 01 / V	Ŷ¥Ÿ¥Ŷ 2015	through	12 / 31		
I certify that I have examined t		-				
Type or Print Name of Treasur	er CHRIS AUGU	STIAN			· · · · · · · · · · · · · · · · · · ·	
Signature of Treasurer	16		<u> </u>	Date	02 / 08	2016
NOTE: Submission of false, error	neous, or incomplete info	ormation may su	bject the person sig	ning this Report	to the penalties	of 2 U.S.C. §437g.
Office Use						FORM 3X v. 12/2004

## 2016 - 02 - 23 - 03 - 00051937

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name BAYCARE PHYSICIANS PAC 2015 Report Covering the Period: From: **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 45,096.46 Beginning of Reporting Period..... 5,801.90 12,412.07 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column.A and Lines 50,898.36 50,898.36 6(a) and 6(c) for Column B) ..... 7,537.74 7,537.74 Total Disbursements (from Line 31)...... Cash on Hand at Close of Reporting Period 43,360.62 43,360.62 (subtract Line 7 from Line 6(d))..... 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) .....

### For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

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## **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004) Write or Type Committee Name

Page 3

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BAYCARE PHYSICIANS PAC

R	eport Covering the Period: From: 07	01 / 2015 To	): 12 / 31 / 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)	4,067.53	8,564.16
	(ii) Unitemized	1,734.37	3,847.91
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	5,801.90	12,412.07
	(b) Political Party Committees		
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
12.	Totals to Line 33, page 5)  Transfers From Affiliated/Other	5,801.90	12,412.07
	Party Committees		
13.	All Loans Received		
	Loan Repayments Received Offsets To Operating Expenditures		
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made		
.10.	to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts		
18.	(Dividends, Interest, etc.)		
	(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))▶	5,801.90	12,412.07
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5,801.90	12,412.07

### **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		<del></del>
	Activity (from Schedule H4)		
	(i) Federal Share	1,537.74	1,537.74
	(ii) Non Endoral Chare		
	(ii) Non-Federal Share(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	1,537.74	1,537.74
22.	Transfers to Affiliated/Other Party		
00	Committees		
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	6,000.00	6,000.00
24.	Independent Expenditures		
25.	(use Schedule E)		
	(2 U.S.C. §441a(d)) (use Schedule F)		
	•		
26.	Loan Repayments Made		
	Loans MadeRefunds of Contributions To:		
	(a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
٠.	(such as PACs)		
	,	<u> </u>	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
00	Fodoral Florian Astritu (0.11.0.0. \$404/00)		
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))▶		
24	Total Dichuragmente (add Lines 04/a) CC	•	
<b>31</b> .	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	7 5 7 74	7 5 7 7 7
	25, 27, 25, 26, 27, 26(d), 29 and 30(d))	7,537.74	7,537.74
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	,	
	from Line 31)	7,537.74	7,537.74
		Described Descri	the second secon
	· · · · · · · · · · · · · · · · · · ·	•	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-**COLUMN A** 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 (subtract Line 37 from Line 36) ......

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ITEMIZED RECEIPTS	1 1 14 <b>8</b> M	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and St		ay not be sold or used by any pe	
or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)  BAYCARE PHYSICIANS PAC			
Full Name (Last, First, Middle Initial)  BRADA, STEPHEN, A  Mailing Address 700 TERRAVIEW DR  City	State	Zip Code	Date of Receipt  12 22 2015
GREEN BAY		54301 <sup>.</sup>	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 0040	7700	352.00
Name of Employer  BAYCARE CLINIC, LLP  Receipt For:  Primary ✓ General  Other (specify) ▼	Occupation PHYSICI Aggregate 6,612.8	AN Year-to-Date ▼ 0	11/20/2015 - \$1,308.74 10/22/2015 - \$352.00 9/22/2015 - \$352.00 8/21/2015 - \$440.10 7/22/2015 - \$352.00
Full Name (Last, First, Middle Initial)  B. HARRISON, RICHARD, L  Mailing Address  984 HIGHLAND SPRINGS CT  City	State	Zip Code	Date of Receipt  12 22 2015
ONEIDA  FEC ID number of contributing federal political committee.	WI C 0040	54155 07700	Amount of Each Receipt this Period
Name of Employer  BAYCARE CLINIC, LLP  Receipt For:  Primary ✓ General  Other (specify) ▼	<del></del>	URGEON Year-to-Date ▼	11/20/2015 - \$31.20 10/22/2015 - \$31.20 9/22/2015 - \$31.20 8/21/2015 - \$31.20 7/22/2015 - \$31.20
Full Name (Last, First, Middle Initial)  C. SODHI, JAGDEEP			Date of Receipt
Mailing Address 3465 WEATHERWOOD LN City	State	Zip Code	12 22 2015
GREEN BAY	WI	54311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 0040	07700	16.00
Name of Employer  BAYCARE CLINIC, LLP  Receipt For:  Primary  Other (specify)   Other (specify)   ■	Occupation PHYSICIA Aggregate 483.01		11/20/2015 - \$60.09 10/22/2015 - \$16.00 9/22/2015 - \$16.00 8/21/2015 - \$74.14 7/22/2015 - \$16.00
SUBTOTAL of Receipts This Page (optional)			3,542.27
TOTAL This Period (last page this line number of	only)		

		·•	•		
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2 OF 3 (check only one)   √ 11a	_
	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BAYCARE PHYSICIANS PAC			erson for the purpose of soliciting contributions to solicit contributions from such committee.	_
A.	Full Name (Last, First, Middle Initial) LIMONI, ROBERT P  Mailing Address 3072 BAY SETTLEMENT CT  City GREEN BAY  FEC ID number of contributing federal political committee.  Name of Employer BAYCARE CLINIC, LLP  Receipt For:  Primary Other (specify)	Occupation PHYSICI	AN  Year-to-Date ▼	Date of Receipt    M	<del>-</del>
В.	Full Name (Last, First, Middle Initial) OTS, MAX, E  Mailing Address 2455 SHIRLEY RD  City  DEPERE  FEC ID number of contributing federal political committee.  Name of Employer	State WI C 004	Zip Code 54155 07700	Date of Receipt    12	

Other (specify) ▼	300.00	7/22/2015 - \$25.00
Full Name (Last, First, Middle Initial)  SCHNAUBELT, MICHAEL, A  Mailing Address 4318 HILTON HEAD DR  City	State Zip Code	Date of Receipt
ONEIDA  FEC ID number of contributing federal political committee.	WI 54155 C 00407700	Amount of Each Receipt this Period
Name of Employer  BAYCARE CLINIC, LLP  Receipt For:  Primary  General  Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼	11/20/2015 - \$33.89 10/22/2015 - \$15.20 9/22/2015 - \$15.20 8/21/2015 - \$44.59 7/22/2015 - \$15.20
SUBTOTAL of Receipts This Page (optional)		400.28

**NEUROSURGEON** 

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

Aggregate Year-to-Date ▼

BAYCARE CLINIC, LLP

✓ General

Receipt For:

C.

Primary

10/22/2015 - \$25.00

9/22/2015 - \$25.00

8/21/2015 - \$25.00

SCHEDULE A	(FEC	Form	3X)
ITEMIZED RE	CEIPTS	,	

SCHEDULE A (FEC Form 3X)	No consists as to district	FOR LINE NUMBER: PAGE OF	
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)	
	Detailed Summary Page		
Any information copied from such Reports and Statemer	nts may not be sold or used by any pe		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
BAYCARE PHYSICIANS PAC	·		
Full Name (Last, First, Middle Initial)  A. SCHOCK, HAROLD J		Date of Receipt	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Date of Receipt	
4552 CHOCTAW TRL		12 22 2014	
City Sta GREEN BAY WI	te Zip Code 54313		
ECC ID sumber of contribution		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	00407700	20.83	
Name of Employer Occu	pation	11/20/2015 - \$20.83	
	SICIAN	10/22/2015 - \$20.83 9/22/2015 - \$20.83	
	egate Year-to-Date ▼	8/21/2015 - \$20.83	
Primary ✓ General Other (specify) ▼ 245	9.96	7/22/2015 - \$20.83	
Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt	
Mailing Address			
		12 22 2014	
City Sta	te Zip Code	Amount of Each Possint this Paried	
FEC ID number of contributing		Amount of Each Receipt this Period	
federal political committee.	00407700	2.3.73.4.47.1.47.1.4.2	
Name of Employer Occu	pation	-	
	· 		
	egate Year-to-Date ▼	<u> </u>	
Primary General Other (specify) ▼			
		·	
Full Name (Last, First, Middle Initial) C.		Date of Receipt	
Mailing Address	<u> </u>	Date of Necespt	
-	7:- 0 !	12 22 2014	
City Sta	te Zip Code	Amount of Each Passint this Paried	
FEC ID number of contributing		Amount of Each Receipt this Period	
federal political committee.	00407700		
Name of Employer Occu	pation	-	
Receipt For: Aggr	egate Year-to-Date ▼		
Primary ✓ General Other (specify) ▼			
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		124 08	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	124.98	
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### SCHEDULE B (FEC Form 3X) IT

SCHEDULE B (FEC Form 3X)	Han now week and the first	FOR LINE NUMBER: PAGE 1 OF 1			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
•	Detailed Summary Page	21b 27	22	24 25 26 28c 29 30b	
			<del></del>	<u> </u>	
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or used time and address of any political	d by any perso I committee to	solicit contributions from	om such committee.	
NAME OF COMMITTEE (In Full)					
BAYCARE PHYSICIANS PAC					
Full Name (Last, First, Middle Initial)			Data of Dialament		
A. RIBBLE FOR CONGRESS			Date of Disburseme	ent	
Mailing Address			12 / 28	2015	
PO BOX 7200	WI 54912				
City	State Zip Code				
APPLETON					
Purpose of Disbursement Contribution		011	Amount of Each Dis	sbursement this Period	
Candidate Name					
REID RIBBLE		Category/ Type		5,000.00	
	ement For:				
Senate	Primary				
President	Other (specify)	,			
State: WI District: 8					
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disburseme	ant	
RYAN FOR CONGRESS			Date of Disburseme		
Mailing Address			08 03	2015	
1915 S. WEBSTER AVE STE C	WI 54301				
City	State Zip Code				
GREEN BAY Purpose of Disbursement					
Contribution		011	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/		* * * * * * * * * * * * * * * * * * * *	
PAUL RYAN		Type		1,000.00	
•	ement For:				
Senate	Primary  General				
State: WI District: 1	Other (specify) ▼	İ			
Full Name (Last, First, Middle Initial)					
C.			Date of Disburseme	ent	
			M	, <del>                                     </del>	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
		Amount of Each Dis	sbursement this Period		
Candidate Name	-	Category/	V V V		
Office Sought:   House   Disburs	ement For:	Туре			
Senate Disburs	Primary General .				
President	Other (specify) ▼				
State: District:	<u> </u>				
				6,000.00	
SUBTOTAL of Disbursements This Page (optional)		<u> </u>			
TOTAL This Period (last page this line number onl	y)			6,000.00	

### SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	1	С	F	1	
FOR	LINE	21a	OF	FORM	зх

N	AME OF COMMITTEE (In Full)			•	
B.	AYCARE PHYSICIANS PAC	•			
<u>A.</u>	Full Name (Last, First, Middle Initial)		·	<del></del>	Allocated Activity or Event:
٦.	BAYCARE HEALTH SYSTEMS		•		Administrative Fundraising Exempt
	Mailing Address				
	164 N. BROADWAY				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	GREEN BAY	WI	54303		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		•		
	RENTAL AGREEMENT			001	1,537.74
	Activity or Event Identifier:			Cotosouri	
				Category/ Type	Date 12 30 2015
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	1,537.74		- V - X - Z - H	0.00	1,537.74
_			-4? <u>-4</u> -6?	4-7-0-1	
В.	Full Name (Last, First, Middle Initial)	÷			Allocated Activity or Event:
	·				Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		17
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		-		
				Category/	Mary Dec / Ceces
	•			Туре	Date
	FEDERAL SHARE	+ .	NONFEDERAL	SHARE	= TOTAL AMOUNT
		7		<u> </u>	
<u>c.</u>	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address				
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Post of District o		٠		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:	<del></del>		1	
	Activity of Lyon Idontino.			Category/	May / Dad / Lastanal
				Туре	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		· · ·	V V V		
		Communication			Barrens de marches de la company de la compa
SI	JBTOTAL of Allocated Federal and NonFederal				
	FEDERAL SHARE	+	NONFEDERAL		TOTAL AMOUNT
	1,537.74		and the second	0.00	1,537.74
_	h				
10	OTAL This Period (last page for each line only)(	receral sh			
	FEDERAL SHARE	-	NONFEDERAL	SHARE	TOTAL AMOUNT
	1,537.74		Same Victoria de la Companya del Companya de la Companya del Companya de la Compa	0.00	

34 N. Broadway reen Bay, WI 54303-2728

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