

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2018 DEC 10 PM 12:22
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)**

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 M / D D D / Y Y Y Y Y Y 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 M / D D D / 2 0 1 8 in the State of W I

5. Covering Period M M M / D D D / 2 0 1 8 through M M M / D D D / 2 0 1 8

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  Date M M M / D D D / Y Y Y Y Y Y Y Y Y Y
12 / 05 / 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

20181210 PM 12:22

**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:

M	M	M
10	01	2018

 To:

M	M	M
11	26	2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date	
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2018</td></tr></table>	2018		64,092.17
2018			
(b) Cash on Hand at Beginning of Reporting Period.....	74,989.11		
(c) Total Receipts (from Line 19).....	2,700.49	13,597.43	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	77,689.60	77,689.60	
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)).....	77,689.60	77,689.60	
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
10 / 01 / 2018

To:

MM / DD / YYYY
11 / 26 / 2018

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).....

2,192.34

11,083.61

(ii) Unitemized.....

508.15

2,513.82

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

2,700.49

13,597.43

(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).....▶

2,700.49

13,597.43

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)).....▶

2,700.49

13,597.43

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

2,700.49

13,597.43

NON-FEDERAL RECEIPTS

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
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)) ..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

NON-FEDERAL DISBURSEMENTS

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)	2,700.49	13,597.43
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,700.49	13,597.43
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)		

UNIVERSITY MICROFILMS

**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 4	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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
Mailing Address 700 TERRAVIEW DR		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City	State	Zip Code
GREEN BAY	WI	54301
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C00407700"/>		<input type="text" value="1,199.37"/>
Name of Employer	Occupation	11/7/18 \$176.00
BAYCARE CLINIC, LLP	PHYSICIAN	10/22/18 \$176.00
Receipt For:	Aggregate Year-to-Date ▼	10/5/18 \$176.00
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="8,782.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GUO, DANQING		Date of Receipt
Mailing Address 3322 NEW PLANK RD S		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City	State	Zip Code
DEPERE	WI	54115
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C00407700"/>		<input type="text" value="46.58"/>
Name of Employer	Occupation	10/22/18 \$5.40
BAYCARE CLINIC, LLP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="265.85"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. HARRISON, RICHARD		Date of Receipt
Mailing Address 984 HIGHLAND SPRINGS		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City	State	Zip Code
ONEIDA	WI	54155
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
<input type="text" value="C00407700"/>		<input type="text" value="8.00"/>
Name of Employer	Occupation	10/22/18 \$22.00
BAYCARE CLINIC, LLP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="242.28"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1,809.35"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

11/11/2018 10:11:00 AM

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2 OF 4	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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. OTS, MAX, E		Date of Receipt
Mailing Address 2455 SHIRLEY RD		MM / DD / YYYY 11 / 23 / 2018
City	State	Zip Code
DEPERE	WI	54155
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 25.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	10/22/18 \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. SCHNAUBELT, MICHAEL, A		Date of Receipt
Mailing Address 4318 HILTON HEAD DR		MM / DD / YYYY 11 / 23 / 2018
City	State	Zip Code
ONEIDA	WI	54155
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 24.30
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	10/22/18 \$15.20
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.20	

Full Name (Last, First, Middle Initial) C. DERVISH, AHMET		Date of Receipt
Mailing Address 3966 WEQUIOCK RD		MM / DD / YYYY 11 / 23 / 2018
City	State	Zip Code
GREEN BAY	WI	54311
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 43.73
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	10/22/18 \$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.28	

SUBTOTAL of Receipts This Page (optional).....▶	143.23
TOTAL This Period (last page this line number only).....▶	

UNSUBMITTED TO ELECTION

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 4	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. VALLEY, JOSEPH		Date of Receipt
Mailing Address 2645 TERESA DR		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City	State	Zip Code
GREEN BAY	WI	54311
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 35.52
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	10/22/18 \$8.80
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.66	

Full Name (Last, First, Middle Initial) B. LIMONI, ROBERT, P		Date of Receipt
Mailing Address 3072 BAY SETTLEMENT RD		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City	State	Zip Code
GREEN BAY	WI	54311
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 18.50
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	10/22/18 \$18.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.50	

Full Name (Last, First, Middle Initial) C. PETERS, ERIC, J		Date of Receipt
Mailing Address 2210 RED LODGE CT		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City	State	Zip Code
GREEN BAY	WI	54311
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 36.30
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	10/22/18 \$8.80
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.17	

SUBTOTAL of Receipts This Page (optional).....▶	126.42
TOTAL This Period (last page this line number only).....▶	

UNRECORDED - INFORMATION

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: 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

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. SCHOCK, HAROLD, J

Mailing Address
4552 CHOCTAW TR

City State Zip Code
GREEN BAY WI 54313

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.13

Date of Receipt
11 / 23 / 2018

Amount of Each Receipt this Period
20.83

10/22/18 \$20.83

Full Name (Last, First, Middle Initial)
B. WIENKERS, KEVEN, P

Mailing Address
2863 CIRCLE SHORE DR

City State Zip Code
GREEN BAY WI 54302

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.13

Date of Receipt
11 / 23 / 2018

Amount of Each Receipt this Period
61.53

10/22/18 \$10.15

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
11 / 23 / 2018

Amount of Each Receipt this Period

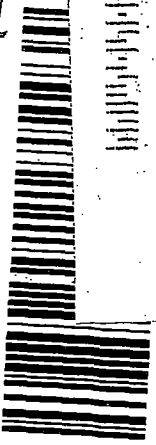
SUBTOTAL of Receipts This Page (optional).....▶	113.34
TOTAL This Period (last page this line number only).....▶	2,192.34

2018 NOV 23 11:01 AM

CERTIFIED MAIL

NIC®

3-2728



CONFIDENTIAL & CONFIDENTIAL

FEDERAL ELECTRIC CORPORATION
999 E STREET N.W.
WASHINGTON, DC 20003



neopost
12/06/2018
US POSTAGE

\$007.62

ZIP 5430
041112500

NEOPOST.COM

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	Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 12-6-18
<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

af
 PREPARER
 (3/2015)

12-10-18
 DATE PREPARED

20181206 10:00:00 AM EST