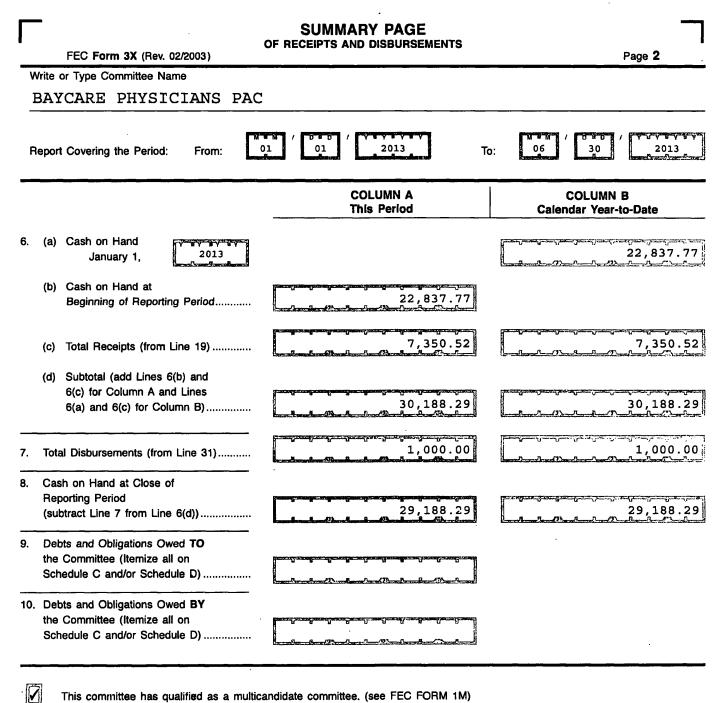
FEC FORM 3X REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee	2013 AUG -6 PN 12:00
1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
B ₁ A ₁ Y ₁ C ₁ A ₁ R ₁ E ₁ , P ₁ H ₁ Y ₁ S ₁ I ₁ C ₁ I ₁ A ₁ N ₁ S ₁ P ₁ A ₁ C ₁	· · · · · · · · · · · · · · · · · · ·
ADDRESS (number and street) $\begin{bmatrix} 1 & 6 & 4 \\ 1 & 6 & 4 \end{bmatrix}$ $\begin{bmatrix} N_1 & B_1 & R_1 & 0 \\ 1 & B_1 & R_2 & 0 \end{bmatrix}$ $\begin{bmatrix} N_1 & A_2 & A_3 & A_4 & A_4 & A_4 \\ 1 & 1 & 1 & 1 & 1 \\ 1 & 1 & 1 & 1 & 1$	
Check if different 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
	STATE ZIP CODE
C 0 0 4 0 7 7 0 0 3. IS THIS REPORT (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) (a) Quarterly Reparts: Due On: Mar 20 (M3) Jun 20 (M6) (a) Quarterly Reparts: Apr 20 (M4) Jul 20 (M7) (b) Monthly (a) Quarterly Reparts: Apr 20 (M4) Jul 20 (M7) (c) 12-Day Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Primary (12P) July 31 Mid-Year Report (Non-election Year Only) (MY) Election on Convention (12C) (d) 30-Day POST-Election Year Only (MY) General (30G) Prov / 5. Covering Period 01 01 01 01 05	Sep 20 (M9) Dec 2u (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R) Special (12S) Runoff (30R) Special (30S) in the State of 1 Munoff (30R) Special (30S) in the State of 1
Type or Print Name of Trasurer CHRIS AUGUSTIAN	
Signature of Treasurer	Date 67 29 2013
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	FEC FORM 3X Rev. 12/2004
FEGANO26 BUILD A BUILD	ten 1990 - Maria
in in a second	· · · · · · · · · · · · · · · · · · ·

ı



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 809-424-9530 Local 202-694-1100

Γ	D	ETAILED SUMMARY PAGE of Receipts	
	FEC Form 3X (Rev. 06/2004)		Page 3
W	rite or Type Committee Name		
E	AYCARE PHYSICIANS PAC		
R	eport Covering the Period: From: 01	и / <mark>БчЪ / Увучу</mark> ву 01 2013 Та	D: 06 30 2013
	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) Iternized (use Schedule A)	4,870.61 2,479.91 2,479.91 7,350.52	4,870.61 2,479.91 7,350.52
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7,350.52	7,350.52
14.	All Loans Received Loan Repayments Received Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other		
	Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds		
10.	(a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	 (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7,350.52	7,350.52
	(subtract Line 18(c) from Line 19)►	7,350.52	

FE6AN026

DETAILED SUMMARY PAGE

ements

UMN A his Period

j

.

Page 4 COLUMN B

Calendar Year-to-Date

2

		FEC Form 3X (Rev. 02/2003)	of Disbursements
		II. Disbursements	COLUMN A
21.	Ope	erating Expenditures: Allocated Federal/Non-Federal	Total This Period
	(a)	Activity (from Schedule H4)	<u>รี่สะหมดีตารเรื่องการสิทธรรรมในการสิทธรรรมในการสิทธรรมในการส</u> ีบตรรมในการสืบ
		(i) Federal Share	
			<u>สมรรรมของสาวสาวสาวสาวสาวสาวสาวสาวสาวสาวสาวสาวสาวส</u>
	<i>(</i> L)	(ii) Non-Federal Share	and the second
	(D)	Other Federal Operating	and the second
	(-)	Expenditures	
	(C)	Total Operating Expenditures	<u> </u>
~	T	(add 21(a)(i), (a)(ii), and (b))►	
2.		nsfers to Affiliated/Other Party	
3.		nmittees htributions to	Sandand Sandan Sharkan Sanda
	Fed	leral Candidates/Committees	
		Other Political Committees	1,000.00
24.		ependent Expenditures	,
25.	Coc	e Schedule E)	hand and the family and have been the second s
	(2 \	J.S.C. §441a(d))	
	(use	e Schedule F)	Later March - Contraction - Contraction
	1	n Danaumanta Mada	
20.	Loa	n Repayments Made	Lange no not the not the the the the the the the the the th
7	1.00	na Mada	
	Ref	ns Made unds of Contributions To:	<u><u> </u></u>
	(a)	Individuals/Persons Other Than Political Committees	
		man Political Committees	Land of the second s
	(b)	Political Party Committees	<u> </u>
	• •	Other Political Committees	Land March March March
	(0)	(such as PACs)	ៜ៳៳៰៝៶៸៸៵៶៝៸៸៵៶៝៸៵៸៶៝៵៸៸៶ ៸
		(Such as FACS)	
	(d)	Total Contribution Refunds	
	17	(add Lines 28(a), (b), and (c))	
			And the second s
29.	Oth	er Disbursements	
			<u>[77777777</u>
0.		leral Election Activity (2 U.S.C. §431(20))	
	(a)	Allocated Federal Election Activity	
		(from Schedule H6)	······
		(i) Federal Share	
		(ii) "Levin" Silare	Langer man and
	(b)	Federal Election Activity Paid Entialy	
		With Federal Funds	
	(C)	Total Federal Election Activity (add	
		Lines 30(a)(i), 30(a)(ii) and 30(b))►	La roman and
11.		al Disbursements (add Lines 21(c), 22,	ن حو <i>ل محمد المحمد المحمد المحمد المحمد المحمد ا</i> لمحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد ا
	23,	24, 25, 26, 27, 28(d), 29 and 30(c))	1,000.00
			Filmer and the second s

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 1,000.00 1,000.00

			V.		م ېر د		- 		ag-sa-i
1	L7	- Me	<u>_ņ_,</u>	<u></u>	<u></u>		<u></u>	<u></u>	اريني. محمد ا
ļ –	- <u> </u>	and the	کر ب د	····				~~~~~	-1
المسيم	<u></u>	-0	<u></u>		<u> </u>	-2	-7		-7
[]	,	т»		· · · · · ·				- Cirv	-::-:1
<u>L</u>							7.77	<u> </u>	: ان جالب
1							• • •		
									il
- ۲ ۱	-	-	-	-	-	<u></u> 1	, 0	00.	. 00
	-		-	_		_	_		
	<u></u>								
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ا ــــــــــــــــــــــــــــــــــــ							ا العت وي
<u> </u> _		<u>_n_</u>	<u></u>	<u>_</u>	<u>_7</u>	<u></u>		<u></u>	- <u></u>
1	······								رت حصر ، ا: :'
<u>'</u> r		-11-	<u></u>		-15	<u></u>		-(*)	زييم.
					-			-	
	<u></u>								
	<u>-</u>	يعدو كسب					2 -11		
'n									ч <u>.</u> ,, тең []
									لتججيك
1	ir			- <b>-</b>		- <u>1</u>		*****	-v-mij
<u>.</u>	,n		<u>.</u>	<u>n</u>	<u></u>	<u></u>			إيبيديا

<u></u>	
	<u></u> i
ݛ	ار اربعی به مع

ŝ						1	,		 •
1									
ļ	<u>ا _ ا</u>					<u>n -</u>	2		 4.
ĩ			<del></del>						 ۳.
ł									į,
U	<u></u>		<u></u>		_11	<u></u>	اليربيل		 ÷,
í				<u>مىر ت</u>			7	dr.	 ÷1
Ĩ									ŀ
	. <u>_</u>	<u></u>	<u></u>		-0	<u>a</u>	<u></u> !		 j;
	. <u>_</u>	<u></u>	<u></u>		-0	<u>a</u>	<u></u> !		j;
	. <u>_</u>	<u></u>	<u></u>		-0	<u>a</u>	<u></u> !		 j;

1,000.00

.....

1,000.00

FE6AN026

13031104968

# DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC Form 3X (Rev. 02/2003)

## III. Net Contributions/Operating Expenditures

- 33. Total Contributions (other than loans) (from Line 11(d), page 3) .....

	<u>.</u>	-v-	-6-	<u> </u>		<u> </u>				
li li		я	(Th		п					. 52
		~~~~~			ر		~~~~~			 
1	л.,	<u>_r_</u>			_7_			_]	<u>_/^</u>	
1					····					
)I							1	ι,Ο	00	.00
Le-	<u></u>	~~~~=	<u>_/î _</u>	<u></u>		<u>-/?</u>	<u></u>			
5	<u></u>	v							<u> </u>	- 1 -1-1
1		<u></u>		<u></u>	يريب			!"	<u></u>	
7						****	cc.2.co			لتنقيصه
l)										
8	<u></u>	_C_	<u></u>	<u> </u>		10.	<u></u>		<u></u>	<u></u>
1	N.			~~~		***	- V -	2		
ł										1

COLUMN B

Calendar Year-to-Date

Page 5

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 1 OF 3									
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)									
			Detailed Summary Page		11a 13	Н	11b 14	11c		12 16	17		
An	y information copied from such Reports and Sta	atements ma	ay not be sold or used by any pe	rson fo	or the	purp	pose o	f soliciti	ng coi	ntribut	ions		
or	for commercial purposes, other than using the r	name and a	ddress of any political committee	to, sol	icit .co	ntrih	utions	from su	ich ca	mmitte	e		
\square	NAME OF COMMITTEE (In Full)												
V	BAYCARE PHYSICIANS PAC				-								
Α.	Full Name (Last, First, Middle Initial) BRADA, STEPHEN A		Date of Receipt										
	Mailing Address 700 TERRAVIEW DRIVE			I N									
	City	State	Zip Code										
	GREEN BAY	WI	54301	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	07700		385.	33	erranye 60-este]			
	Name of Employer	Occupation					21.55						
	BAYCARE CLINIC, LLP	PHYSICI	AN				85.33 09.05						
	Receipt For:		Year-to-Date ▼				09.05 85.33						
	Primary ✓ General Other (specify) ▼		2 8)				79.63						
		L			_	_							
в.	Full Name (Last, First, Middle Initial) HALLER, ROBERT				Date o	f Re	ceipt						
	Mailing Address 2680 HILLSIDE HEIGHTS												
	City	State	Zip Code	- [
	GREEN BAY		54311		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C 0040)7700		104.00								
	Name of Employer	Occupation			5/22/13 - 104.00								
	BAYCARE CLINIC, LLP	PHYSIC	AN				04.00 04.00						
	Receipt For: Primary General		Year-to-Date V				04.00						
	Other (specify) ▼	747.49	A	1/2	1/22/13 - 227.49								
— C.	Full Name (Last, First, Middle Initial) HARRISON, RICHARD L				Date o	f Re	ceipt						
	Mailing Address				M - M		100		፞፞ጞጚኯ፟ጞ		إدر		
	984 HIGHLAND SPRINGS CT	State	Zip Code	-	06	_	21		2013		ال		
		WI	54155		moun	nt of	Each	Receipt	this P	eriod			
	FEC ID number of contributing federal political committee.		07700		31.2			/r /r					
	Name of Employer	Occupation	and a star the second and a star star star	- 5/2									
		URGEON	4/2	5/22/13 - 35.82 4/22/13 - 31.20									
	Receipt For:	Year-to-Date ▼		2/13									
	Primary ✓ General Other (specify) ▼	<u></u>		2/22/13 - 31.20 1/22/13 - 50.60									
Г							უ-იკი უ-იკი უ-იკი	~~~~~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~		V			
s	UBTOTAL of Receipts This Page (optional)		-		3,73		/ ()?		 	<u></u>			
Т	OTAL This Period (last page this line number or	nly)			-								

· •

.

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 2 OF 3								
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)								
			Detailed Summary Page	$\begin{array}{ c c c c c c } \hline & 11a & & 11b & & 11c & & 12 \\ \hline & 13 & & 14 & & 15 & & 16 & & 17 \\ \hline \end{array}$								
A.	y information copied from such Reports and State	monte ma	L	ومتقاصية والمستخط والمستعم والم								
	for commercial purposes, other than using the na											
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)											
$\langle \rangle$	BAYCARE PHYSICIANS PAC											
Α.	Full Name (Last, First, Middle Inleal) HENNIGAN, SHAWN			Date of Receipt								
	Mailing Address 1994 PAINT HORSE TRAIL											
	City	State	Zip Code									
	DEPERE		54115	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.		07700									
	Name of Employer C	occupation		5/22/13 - 26.31								
	BAYCARE CLINIC, LLP	HYSICI	AN	4/22/13 - 10.00								
		ggregate	Year-to-Date V	- 3/22/13 - 24.29 2/22/13 - 40.00								
		222.63		1/22/13 - 112.03								
	Other (specify)	222.03	and the second and th									
в.	Full Name (Last, First, Middle Initial) LEV, RAISA		· · · · · · · · · · · · · · · · · · ·	Date of Receipt								
	302 BRAEBOURNE CT	State	Zip Code									
	•		54301	Amount of Each Receipt this Period								
	FEC ID oumber of contributing federal political committee.		07700	52.00								
	Name of Employer C	Occupation		5/22/13 - 62.17								
	BAYCARE CLINIC, LLP	PHYSICI	AN .	4/22/13 - 52.00								
		ggregate	Year-to-Date V									
	Primary General		<u> </u>	1/22/13 - 100.52								
	Other (specify)	415.17	Argan									
<u> </u>	Full Name (Last, First, Middle Initial) SODHI, JAGDEEP		<u></u>	Date of Receipt								
÷.	Mailing Address		<u></u> . .									
	3465 WEATHERWOOD LN	Dista	Zin Ood-	06 21 2013								
	City GREEN BAY	State WI	Zip Code 54311	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.		07700									
	· "	Occupation		5/22/13 - 78.44								
		HYSICI		4/22/13 - 16.00								
	Dessist For		Year-to-Date ▼	3/22/13 - 69.77								
			Tear-to-Date ▼	2/22/13 - 16.00								
	Other (specify)	259.04	<u></u>	1/22/13 - 62.83								
s	UBTOTAL of Receipts This Page (optional)			896.84 								
Т	OTAL This Period (last page this line number only	/)										

••

.

.

.

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 3 OF 3									
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)									
••			Detailed Summary Page	✓ 11a 11b 11c 12									
F				13 14 15 16 17									
	y information copied from such Reports and Stati for commercial purposes, other than using the na												
∇	NAME OF COMMITTEE (In Full)												
V	BAYCARE PHYSICIANS PAC												
Α.	Full Name (Last, First, Middle Inleal) WILKINS, THOMAS J			Date of Receipt									
	Mailing Address 2927 SHELTER CREEK CT			06 21 2013									
	City GREEN BAY	State WI	Zip Code 54313	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C 0040	07700	40.00									
	Name of Employor (C	Occupation		5/22/13 - 40.00									
		PHYSICI		4/22/13 - 40.00									
			Year-to-Date ▼	- 3/22/13 - 40.00									
		Aggregate	tear-o-dale ▼	2/22/13 - 40.00									
	Other (specify)	240.00	4) <u>Bound Strand (Promities and Strand</u> Strand	1/22/13 - 40.00									
В.	Full Name (Last, First, Middle Initial)			Date of Receipt									
	Mailing Address			06 21 2013									
	City	State	Zip Code	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C 0040	07700										
	Name of Employer	Occupation	<u></u>										
	BAYCARE CLINIC, LLP			_									
		Aggregate	Year-to-Date V										
	Primary ✓ General Other (specify) ▼												
— с.	Full Name (Last, First, Middle Initial)		<u></u>	Date of Receipt									
v.	Mailing Address			06 21 2013									
	City	State	Zip Code	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C 0040)7700 										
	Name of Employer BAYCARE CLINIC, LLP	Occupation	· ······										
	Receipt For:	Aggregate	Year-to-Date ▼	7									
	Primary ✔ General Other (specify) ▼												
s	UBTOTAL of Receipts This Page (optional)			240.00									
T	OTAL This Period (last page this line number on	ly)		4,870.61									

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				NUMBER: PAGE 1 OF 1							
ITEMIZED DISBURSEMENTS	for each category of the		21	lly one) >							26	
·····	Detailed Summary Page		27		28a	Ė	28b	280	L	29	30b	
Any information copied from such Reports and Stater or for commercial purcoses, other than using the name	nents may not be sold or used ne.and_address_of any political	d by ar I comm	ny pe nittee	rson to s	for the olicit .co	pur ntrib	pose utions	of soliciti s from su	nig a Ich c	ontribu ommit	tions tee.	
BAYCARE PHYSICIANS PAC												
Full Name (Last, First, Middle Initial)					D -1							
A. RIBBLE FOR CONGRESS					Date o	t Dis Til	sourse		.	- Minteral		
Mailing Address					03	Ĺ	14		201	3		
PO BOX 7200 City	WI 54912 State Zip Code			+								
APPLETON												
Purpose of Disbursement				1								
Contribution		011					-	Disburse				
Candidate Name REID RIBBLE		Catego		1						1,00	00.00	
Office Sought: House Disburser	nent For:	Тур	e	-	famalenna	-	(There is a second		ar fin		Deservice and	
Senate	Primary 🗸 General											
President	Cther (specify)											
State: WI District: 8						-						
Full Name (Last, First, Middle Initial)					Date -	(D):-		mort				
B.					Date of						्रहास	
Mailing Address							1			r" • v • ≂-⊡•	÷	
City	State Zip Code		<u></u>	T		·· <u>·</u> ····		<u>-</u>				
Purpose of Disbursement				-								
			_		Amoun	t of	Each	Disburse	emen	t this	Period	
Candidate Name		Categ										
Office Sought: House Disburser	nent For	Тур	e	4	ännet en	.	<i></i>	(%)		n land		
Senate	Primary General											
President	Other (specify)											
State: District:			_	-				<u> </u>				
Full Name (Last, First, Middle Initial)					Date o	f DP	hure	mort				
C.				Í				ment Triang	.	7 V		
Mailing Address					ur e ta	, r , j		- 1 P				
City	State Zip Code			╀								
Purpose of Disbursement			-	-								
•	Purpose of Disbursement								emer	nt this	Period	
Candidate Name	ory/											
Office Sought: House Disburser	nent For:	Тур		-	ihner-	2:	/) /	b	ner fha	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	السميح	
Senate	Primary General											
President	Other (specify)											
State: District:									_			
SUBTOTAL of Disbursements This Page (optional)						ar jare i		i de la construcción de la constru La construcción de la construcción d			00.00	
					hunden T		67. 	handhaad (7) Haang taraya		a	Congress.	
TOTAL This Period (last page this line number only)			🕨		L		<u></u>			1,0	00.00	

.

.

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. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked_/(R/C) **USPS Registered/Certified** Postmarked **USPS Priority Mail** Postmarked **USPS Express Mail Postmark Illegible** No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify): PREPARER DATE PREPARED (7/2013)

st.