

**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 / 2013

To:

MM / DD / YYYY
06 / 30 / 2013

13031104966

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		22,837.77
(b) Cash on Hand at Beginning of Reporting Period.....	22,837.77	
(c) Total Receipts (from Line 19)	7,350.52	7,350.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30,188.29	30,188.29
7. Total Disbursements (from Line 31)	1,000.00	1,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29,188.29	29,188.29
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 / 2013

To:

MM / DD / YYYY
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) Itemized (use Schedule A).....

4,870.61

4,870.61

(ii) Unitemized.....

2,479.91

2,479.91

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

7,350.52

7,350.52

(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).....▶

7,350.52

7,350.52

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)).....▶

7,350.52

7,350.52

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

7,350.52

7,350.52

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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)
- 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)

7,350.52
1,000.00

7,350.52
1,000.00

13031104969

**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 3

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

Mailing Address

700 TERRAVIEW DRIVE

City

GREEN BAY

State

WI

Zip Code

54301

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,766.22

Date of Receipt

06 / 21 / 2013

Amount of Each Receipt this Period

385.33

5/22/13 - 421.55
4/22/13 - 385.33
3/22/13 - 509.05
2/22/13 - 385.33
1/22/13 - 679.63

Full Name (Last, First, Middle Initial)

B. HALLER, ROBERT

Mailing Address

2680 HILLSIDE HEIGHTS

City

GREEN BAY

State

WI

Zip Code

54311

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

747.49

Date of Receipt

06 / 21 / 2013

Amount of Each Receipt this Period

104.00

5/22/13 - 104.00
4/22/13 - 104.00
3/22/13 - 104.00
2/22/13 - 104.00
1/22/13 - 227.49

Full Name (Last, First, Middle Initial)

C. HARRISON, RICHARD L

Mailing Address

984 HIGHLAND SPRINGS CT

City

ONEIDA

State

WI

Zip Code

54155

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

NEUROSURGEON

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

220.06

Date of Receipt

06 / 21 / 2013

Amount of Each Receipt this Period

31.20

5/22/13 - 35.82
4/22/13 - 31.20
3/22/13 - 40.04
2/22/13 - 31.20
1/22/13 - 50.60

SUBTOTAL of Receipts This Page (optional).....▶

3,733.77

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

13031104970

**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 3

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial)

A. HENNIGAN, SHAWN

Mailing Address

1994 PAINT HORSE TRAIL

City

DEPERE

State

WI

Zip Code

54115

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

222.63

Date of Receipt

06 / 21 / 2013

Amount of Each Receipt this Period

10.00

5/22/13 - 26.31

4/22/13 - 10.00

3/22/13 - 24.29

2/22/13 - 40.00

1/22/13 - 112.03

Full Name (Last, First, Middle Initial)

B. LEV, RAISA

Mailing Address

302 BRAEBOURNE CT

City

GREEN BAY

State

WI

Zip Code

54301

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

415.17

Date of Receipt

06 / 21 / 2013

Amount of Each Receipt this Period

52.00

5/22/13 - 62.17

4/22/13 - 52.00

3/22/13 - 96.48

2/22/13 - 52.00

1/22/13 - 100.52

Full Name (Last, First, Middle Initial)

C. SODHI, JAGDEEP

Mailing Address

3465 WEATHERWOOD LN

City

GREEN BAY

State

WI

Zip Code

54311

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

259.04

Date of Receipt

06 / 21 / 2013

Amount of Each Receipt this Period

16.00

5/22/13 - 78.44

4/22/13 - 16.00

3/22/13 - 69.77

2/22/13 - 16.00

1/22/13 - 62.83

SUBTOTAL of Receipts This Page (optional).....▶

896.84

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

13031104971

**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 3
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial)

A. WILKINS, THOMAS J

Mailing Address
2927 SHELTER CREEK CT

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 ▼
240.00

Date of Receipt

06 / 21 / 2013

Amount of Each Receipt this Period

40.00

5/22/13 - 40.00
4/22/13 - 40.00
3/22/13 - 40.00
2/22/13 - 40.00
1/22/13 - 40.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C 00407700**

Name of Employer Occupation
BAYCARE CLINIC, LLP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt

06 / 21 / 2013

Amount of Each Receipt this Period

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
BAYCARE CLINIC, LLP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt

06 / 21 / 2013

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

240.00

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

4,870.61

1303110A972

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial)

A. RIBBLE FOR CONGRESS

Date of Disbursement

MM	DD	YYYY
03	14	2013

Mailing Address

PO BOX 7200

WI 54912

City

State Zip Code

APPLETON

Purpose of Disbursement

Contribution

011

Candidate Name

REID RIBBLE

Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: WI

District: 8

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM	DD	YYYY

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM	DD	YYYY

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

1,000.00

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

1,000.00

13031104973

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

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7/30/13

USPS Priority Mail Postmarked

USPS Express Mail 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

 8/6/13
PREPARER DATE PREPARED

(7/2013)

13031104974