

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
 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

|  | $\begin{array}{\|l} \text { Office } \\ \text { Use } \\ \text { Only } \end{array}$ |  |  |  |  | . |  |  | $\underset{\text { Rev. }}{\underset{12 / 2004}{\text { FEC FORM }} 3 X}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

FEC Form 3X (Rev. 02/2003)
Write or Type Committee Name
BAYCARE PHYSICIANS PAC

$\checkmark$ 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

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

| Report Covering the Period: | From: |  | To: |  |
| :---: | :---: | :---: | :---: | :---: |

## I. Receipts

11. Contributions (other than loans) From:
(a) Individuals/Persons Other

Than Political Committees
(i) Itemized (use Schedule A).
(ii) Unitemized
(iii) TOTAL (add Lines 11 (a)(i) and (ii)

COLUMN A
Total This Period
COLUMN B Calendar Year-to-Date
(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)
12. Transfers From Affiliated/Other Party Committees. $\qquad$
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. $\qquad$
17. Other Federal Receipts
(Dividends, Interest, etc.)
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H 3 )
(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 $18(\mathrm{c})$ ) ...... 4, $4,627.73$

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




FEC Form 3X (Rev. 02/2003)
Page 4


| 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). | $4,627.73$ | $627.73$ |
| 34. Total Contribution Refunds <br> (from Line 28(d)) |  | - |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) $\qquad$ | N, 4,627.73 | - ${ }^{4}$ |
| 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 ) $\qquad$ |  |  |

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)


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 DR |  |  |
| City | State | Zip Code |
| GREEN BAY | WI | 54301 |

FEC ID number of contributing
tederal political committee.

| Name of Employer <br> BAYCARE CLINIC, LLP | Occupation <br> PHYSICIAN |
| :--- | :--- |
| Receipt For: |  |
| $\square$Primary $\quad \square$ General <br> Other (specity) $\nabla$ | Aggregate Year-to-Date $\nabla$ |

Date of Receipt


Amount of Each Receipt this Period


3/7/18 \$176.00
2/22/18 \$176.00
2/7/18 \$176.00
1/22/18 \$1088.93
1/8/18 \$176.00
B.

Mailing Address

| City | State Zip Code |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | Cl00407700 |
| Name or Employer | Occupation |
|  | Aggregate Year-to-Date $\overline{7}$ |

Date of Receipt


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

## Mailing Address

| City | State Zip Code |
| :---: | :---: |
| FEC ID number of contributing federal political committee. | $C 00407700, \quad-\quad$ |
| Name of Employer | Occupation |
|  | Aggregate Year-to-Date |

Date of Receipt


Amount of Each Receipt this Period
$!=0 \rightarrow 0$ -


| SUBTOTAL of Receipts This Page (optional).. | $3,008.26$ |
| :---: | :---: |
| TOTAL This Period (last page this line number only)........................................................... | $3,008.26$ |


$z^{3}$


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