

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEB MAIL CENTER 2010 FEB -1 AM 11:29

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

BAYCARE PHYSICIANS PAC

ADDRESS (number and street)

164 N BROADWAY

Check if different than previously reported. (ACC)

GREEN BAY

WI

54303-2728

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 00407700

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)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
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 in the State of

(d) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period

07 01 2009

through

12 31 2009

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

[Handwritten Signature]

Date

01 26 2010

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

10030234032

**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:

07 / 01 / 2009

To:

12 / 31 / 2009

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2009		84,276.8
(b) Cash on Hand at Beginning of Reporting Period.....	74,249.4	
(c) Total Receipts (from Line 19).....	37,792.1	77,764.7
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11,304.15	16,204.15
7. Total Disbursements (from Line 31).....	13,948.0	6,394.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,809.35	9,809.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	00	

10030234033



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

Report Covering the Period: From: **07** / **01** / **2009** To: **12** / **31** / **2009**

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).....	2,605.44	4,380.82
(ii) Unitemized.....	1,173.77	339.56
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,779.21	7,776.47
(b) Political Party Committees.....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,779.21	7,776.47
12. Transfers From Affiliated/Other Party Committees.....	00	00
13. All Loans Received.....	00	00
14. Loan Repayments Received.....	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	00	00
17. Other Federal Receipts (Dividends, Interest, etc.).....	00	00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	00	00
(b) Levin Funds (from Schedule H5).....	00	00
(c) Total Transfers (add 18(a) and 18(b))..	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3,779.21	7,776.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,779.21	7,776.47

10030234034

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

10030234035

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	89480	89480
(ii) Non-Federal Share.....	00	00
(b) Other Federal Operating Expenditures	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	89480	89480
22. Transfers to Affiliated/Other Party Committees	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000	550000
24. Independent Expenditures (use Schedule E)	00	00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00	00
26. Loan Repayments Made.....	00	00
27. Loans Made.....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	00	00
29. Other Disbursements	00	00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00	00
(ii) "Levin" Share.....	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds	00	00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	139480	639480
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	139480	639480

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)	3779.21	7776.47
34. Total Contribution Refunds (from Line 28(d))00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3779.21	7776.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	894.80	894.80
37. Offsets to Operating Expenditures (from Line 15, page 3)00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	894.80	894.80

10030234036

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 5	
	<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			

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. Block Jeffrey		Date of Receipt 12/22/2009										
Mailing Address 2501 Ducharme Ln.		Amount of Each Receipt this Period 20.83										
City Green Bay	State WI											
Zip Code 54301		<table border="1"> <tr><td>11/20/09</td><td>20.83</td></tr> <tr><td>10/22/09</td><td>20.83</td></tr> <tr><td>9/22/09</td><td>20.83</td></tr> <tr><td>8/21/09</td><td>20.83</td></tr> <tr><td>7/22/09</td><td>20.83</td></tr> </table>	11/20/09	20.83	10/22/09	20.83	9/22/09	20.83	8/21/09	20.83	7/22/09	20.83
11/20/09	20.83											
10/22/09	20.83											
9/22/09	20.83											
8/21/09	20.83											
7/22/09	20.83											
FEC ID number of contributing federal political committee. C												
Name of Employer BayCare Clinic, LLP	Occupation Physician											
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96											

Full Name (Last, First, Middle Initial) B. Dervish, Ahmet		Date of Receipt 12/22/2009										
Mailing Address 778 Stonewood Ln		Amount of Each Receipt this Period 18.56										
City Oreida	State WI											
Zip Code 54155		<table border="1"> <tr><td>11/20/09</td><td>19.15</td></tr> <tr><td>10/22/09</td><td>15.96</td></tr> <tr><td>9/22/09</td><td>20.14</td></tr> <tr><td>8/21/09</td><td>16.92</td></tr> <tr><td>7/22/09</td><td>13.90</td></tr> </table>	11/20/09	19.15	10/22/09	15.96	9/22/09	20.14	8/21/09	16.92	7/22/09	13.90
11/20/09	19.15											
10/22/09	15.96											
9/22/09	20.14											
8/21/09	16.92											
7/22/09	13.90											
FEC ID number of contributing federal political committee. C												
Name of Employer BayCare Clinic, LLP	Occupation Physician											
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.34											

Full Name (Last, First, Middle Initial) C. Guo, Danzhu		Date of Receipt 12/22/2009										
Mailing Address 2521 Meadow Breeze Ct.		Amount of Each Receipt this Period 41.67										
City Green Bay	State WI											
Zip Code 54311-9006		<table border="1"> <tr><td>11/20/09</td><td>41.67</td></tr> <tr><td>10/22/09</td><td>41.67</td></tr> <tr><td>9/22/09</td><td>41.67</td></tr> <tr><td>8/21/09</td><td>41.67</td></tr> <tr><td>7/22/09</td><td>41.67</td></tr> </table>	11/20/09	41.67	10/22/09	41.67	9/22/09	41.67	8/21/09	41.67	7/22/09	41.67
11/20/09	41.67											
10/22/09	41.67											
9/22/09	41.67											
8/21/09	41.67											
7/22/09	41.67											
FEC ID number of contributing federal political committee. C												
Name of Employer BayCare Clinic, LLP	Occupation Physician											
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04											

SUBTOTAL of Receipts This Page (optional).....▶	479.63
TOTAL This Period (last page this line number only).....▶	

10030234037

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 5
	<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

A. Full Name (Last, First, Middle Initial)
Haller, Robert

Mailing Address
2680 Hillside Heights

City **Green Bay** State **WI** Zip Code **54311**

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

Name of Employer **BayCare Clinic, LLP** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
99996

Date of Receipt
12 / 22 / 2009

Amount of Each Receipt this Period
83.33

11/20/09	83.33
10/22/09	83.33
9/22/09	83.33
8/21/09	83.33
7/22/09	83.33

B. Full Name (Last, First, Middle Initial)
Harrison, Richard

Mailing Address
984 Highland Springs Ct.

City **Oneida** State **WI** Zip Code **54155**

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

Name of Employer **BayCare Clinic, LLP** Occupation **Neurosurgeon**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
62240

Date of Receipt
12 / 22 / 2009

Amount of Each Receipt this Period
58.70

11/20/09	41.19
10/22/09	51.44
9/22/09	49.78
8/21/09	36.63
7/22/09	58.38

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

Mailing Address
1994 Paint Horse Trail

City **De Pere** State **WI** Zip Code **54115**

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

Name of Employer **BayCare Clinic, LLP** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
718.00

Date of Receipt
12 / 22 / 2009

Amount of Each Receipt this Period
42.71

11/20/09	20.82
10/22/09	38.80
9/22/09	47.15
8/21/09	57.38
7/22/09	62.06

SUBTOTAL of Receipts This Page (optional)..... **1,065.02**

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

10030234038

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 3 OF 5
	<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

A. Hodgson, Scott
Full Name (Last, First, Middle Initial)
Mailing Address: **3010 Great Oak Ln.**
City: **Green Bay** State: **WI** Zip Code: **54311**
Date of Receipt: **12/22/2009**
FEC ID number of contributing federal political committee: **C**
Amount of Each Receipt this Period:

11/20/09	14.34
10/22/09	25.35
9/22/09	26.43
8/21/09	23.57
7/22/09	32.76

 Name of Employer: **BayCare Clinic, LLP** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **3087.4**

B. Hodgson, Joseph
Full Name (Last, First, Middle Initial)
Mailing Address: **1809 S. Sunkist Cir.**
City: **De Pere** State: **WI** Zip Code: **54115**
Date of Receipt: **12/22/2009**
FEC ID number of contributing federal political committee: **C**
Amount of Each Receipt this Period:

11/20/09	25.75
10/22/09	26.33
9/22/09	27.35
8/21/09	25.69
7/22/09	26.08

 Name of Employer: **BayCare Clinic, LLP** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **3049.4**

C. Limani, Robert
Full Name (Last, First, Middle Initial)
Mailing Address: **3072 Bay Settlement Ct.**
City: **Green Bay** State: **WI** Zip Code: **54311**
Date of Receipt: **12/22/2009**
FEC ID number of contributing federal political committee: **C**
Amount of Each Receipt this Period:

11/20/09	18.50
10/22/09	18.50
9/22/09	18.50
8/21/09	18.50
7/22/09	18.50

 Name of Employer: **BayCare Clinic, LLP** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **222.00**

SUBTOTAL of Receipts This Page (optional)..... **4267.8**
 TOTAL This Period (last page this line number only).....

10030234039

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>4</u> OF <u>5</u>
	<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	

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 Physician PAC

A. Full Name (Last, First, Middle Initial)
OTS, Max

Mailing Address
2455 Shirley Rd.

City De Pere State WI Zip Code 54115

FEC ID number of contributing federal political committee. C

Name of Employer BayCare Clinic, LLP Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 3,000.00

Date of Receipt
12 / 22 / 2009

Amount of Each Receipt this Period

11/20/09	25.00
10/22/09	25.00
9/22/09	25.00
8/21/09	25.00
7/22/09	25.00

B. Full Name (Last, First, Middle Initial)
Schnaubelt, Michael

Mailing Address
4318 Hilton Head Dr

City Oneida State WI Zip Code 54115

FEC ID number of contributing federal political committee. C

Name of Employer BayCare Clinic, LLP Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 23,189

Date of Receipt
12 / 22 / 2009

Amount of Each Receipt this Period

11/20/09	15.13
10/22/09	14.76
9/22/09	22.48
8/21/09	13.90
7/22/09	27.71

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

Mailing Address
3317 Star Creek Ct.

City Green Bay State WI Zip Code 54311

FEC ID number of contributing federal political committee. C

Name of Employer BayCare Clinic, LLP Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 2,400.00

Date of Receipt
12 / 22 / 2009

Amount of Each Receipt this Period

11/20/09	20.00
10/22/09	20.00
9/22/09	20.00
8/21/09	20.00
7/22/09	20.00

SUBTOTAL of Receipts This Page (optional)..... 3,839.90

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

10030234040

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

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

FOR LINE NUMBER: PAGE **5** OF **5**
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
Weinshel, Steven
 Mailing Address
1746 Martinwood Ct.
 City State Zip Code
De Pere WI 54115
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
BayCare Clinic, LLP Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500.04

Date of Receipt
12 / 22 / 2009
 Amount of Each Receipt this Period

11/20/09	41.67
10/22/09	41.67
9/22/09	41.67
8/21/09	41.67
7/22/09	41.67

4167

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

 Mailing Address

 City State Zip Code

 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation

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

Date of Receipt

 Amount of Each Receipt this Period

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

 Mailing Address

 City State Zip Code

 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation

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

Date of Receipt

 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **250.02**
 TOTAL This Period (last page this line number only).....▶ **2605.44**

10030234041

**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 / OF /

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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. *Trager for Congress*

Mailing Address
PO Box 10033

City *Green Bay* State *WI* Zip Code *54307*

Purpose of Disbursement
Contribution

Candidate Name
Marc Trager

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *WI* District: *8*

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

500.00

011

Category/
Type

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

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

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

10030234042

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

BayCare Physicians PAC

A. Full Name (Last, First, Middle Initial)
BayCare Health Systems

Mailing Address
164 N. Broadway

City *Green Bay* State *WI* Zip Code *54301*

Purpose of Disbursement:
Rental Agreement

Activity or Event Identifier:
001

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
89480

Date 12 / 31 / 2009

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89480		00		89480

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89480		00		89480

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
89480		00		89480

10030234043

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.

10030234044

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/27/10
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	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

Jm10
 PREPARER
 (3/2005)

2/1/10
 DATE PREPARED