FEC FORM 3X	REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee	ר
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5	—
BAY CARE P	HIVISICIANS PAC	
ADDRESS (number and stree		
Check if different		
than previously reported. (ACC)	GREEN BAY WI 54303-1272	8
2. FEC IDENTIFICATIO	N NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲	
C 0.0.4 0.7	3. IS THIS X NEW AMENDED REPORT X (N) OR (A)	
4. TYPE OF REPOR (Choose One)	(b) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M Report Jone On;	/11)
(a) Quarterly Reports:	Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M (Non-Election Year Only)	
April 15	Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (Y	Ë)
July 15	PBE-Election	R)
	ort (Q2) Report for the: Convention (12C) Special (12S)	
Quarterly Rep		···
X Year-End Rep July 31 Mid-Year-End Rep		
Report (Non-e Year Only) (M	Nection POST-Election General (30G) Runoff (30R)	0S)
Termination R	eport in the	· •
	Election on State of State of	1294 wj
5. Covering Period	11 25 2008 through 12 31 2008	
	ed this Report and to the best of my knowledge and belief it is true, correct and complete.	—
Type or Print Name of Trea	asurer Chris Augustian	
Signature of Treasurer	<u>Date</u> Date 01 20 200	8
NOTE: Submission of false,	erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437	'g.
Office Use	FEC FORM 3X	
FE6AN028	Rev. 12/2004	

Γ	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	. Page 2
B	or Type Committee Name		o: 12, 31, 2008
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 2008		, 15,988.78
(b)	Cash on Hand at Beginning of Reporting Period	1	
(c)	Total Receipts (from Line 19)	<u></u>	<u>8,00/142</u>
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, 10,640.20	23,990.20
7. Tota	al Disbursements (from Line 31)	.2.182.52	15,53,252
Rep	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	8,457.68	8,457.68
the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)		
the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)		
	This committee has qualified as a mult	icandidate committee. (see FEC FORM 1M)	
		For further information contact:	

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Federal Election Commission

999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

	DETAILED SUMMARY PAGE of Receipts	
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
BauCare Physicians	DAN	
		M M / D D / They
Report Covering the Period: From:	11 25 2008	n: 12 31 2008
I. Receipts	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Person's Other		
Than Political Committees		ana a 'a a Camandhanan'i a a samaharan'a a samahara Sanani.
(i) Itemized (use Schedule A)		5 204 47
() ····· (··· (··· · · · · · · · · · · ·	المراجع بالمراجع بالمراجع بالمراجع بالمراجع بالمراجع بالمراجع المراجع المراجع المراجع المراجع المراجع المراجع ا محمد المراجع ال	5,20,4.47
(ii) Unitemized		279.6.95
(iii) TOTAL (add		manite, franchistanistanista internationalization and the state of the
Lines 11(a)(i) and (ii)	• 690-81	8,001.421
		, in and an article and a second s
(b) Political Party Committees	····	
(c) Other Political Committees (such as PACs) ¹		
(d) Total Contributions (add Lines		Same Constant Const
11(a)(iii), (b), and (c)) (Carry	anna affina, afrender a fer a fer seriet seriet and a seriet seriet affin and a seriet seriet a fer a	Beau includings' con a clan forware from the second
Totals to Line 33, page 5)		8001.42
12. Transfers From Affiliated/Other		and the second sec
Party Committees		<u> </u>
1		Landstranding of the second
13. All Loans Received	······································	<u></u>
	and a second and a s	lana . Tu ulikaani uu uu karataanaan uu tu sa karaali
14. Loan Repayments Received	, <u>. 0,D</u>	
15. Offsets To Operating Expenditures	· · · · · · · · · · · · · · · · · · ·	
(Refunds, Rebates, etc.)	A A A A A A A A A A A A A A A A A A A	a an
(Carry Totals to Line 37, page 5)	····	Washing
to Federal Candidates and Other		րեւ է Հայա ստերը, ու է է է է Հայաստերու, է է է ֆրաստերել, է երկրու, է
Political Committees		00
17. Other Federal Receipts		
(Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin F	unds	
(a) Non-Federal Account	and a second	ร่าง รางที่ไม่สอบแล้ว.น. เราะงั่ง คงสารีให้สอบกลับและเอง จากง สร้างการมั่งและสร้าง ราง พลเวลี เ
(from Schedule H3)	···	<u> </u>
	a a constant and a co	Contraction of Same and the second
(b) Levin Funds (from Schedule H5)	··· <u>b</u>	
		ม วิทาร ปีสาราว่า - เป็นของในสมรัฐการราก เป็นสอดใหญ่สะบัตรรร้างการใ
(c) Total Transfers (add 18(a) and 18(b)		ena li e e callande e la Raadaans a e tin O.O.
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	• 690.8/	8.001.42
	and an and the second s	have the contraction of the cont
20. Total Federal Receipts	n en san santaagabel erejaan as east vere mining as dat serier of a serier of the serier of the serier serier H	j na 16 waadiinaan i namala na Matara jarta i waadii waadiinaa in wadi
(subtract Line 18(c) from Line 19)	• ,690.81	8.00142
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FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

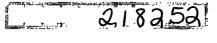
II. Disbursements 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (i) (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees..... 23. 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (2 U.S.C. §441a(d)) | (use Schedule F)..... 25. 26. Loan Repayments Made 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))

FEC Form 3X (Rev. 02/2003)

- (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)).... ▶
- 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)......

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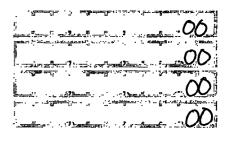
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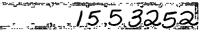


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Page 4

COLUMN B

Calendar Year-to-Date

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	VOVSI 	
4. Total Contribution Refunds		
(from Line 28(d))	0.0	in to a dime
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	.690.81	8.00.1.4
3. Total Federal Operating Expenditures		Construction of the second secon
(add Line 21(a)(i) and Line 21(b))► 7. Offsets to Operating Expenditures	<u>2.18 d.5d</u>	<u> </u>
(from Line 15, page 3)	0.0	e ang
3. Net Operating Expenditures		
(subtract Line 37 from Line 36)	1, , <u>, , , , , , , , , , , , , , , , , </u>	<u>, 2,53,4</u>

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FE6AN026

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

OF 4

(check only one) X 11a 11b 11c 12 **Detailed Summary Page** 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) Physicians PAC BauCare Full Name (Last, First, Middle Initial) A. Block, Jeffrey Date of Receipt Mailing Address M~M / 56000 / Ducharme Lane a50 12 22 2008 Ĩ State Zip Code Sity 5430 WП breen Amount of Each Receipt this Period a na sang sang sa sa sa sa ganana pasa sa sa sa s a ar FEC ID number of contributing С 2.0.83 federal political committee. دور المستقل المستقل Name of Employer Occupation BayCare Clinic, LLP Receipt For: Physician Aggregate Year-to-Date V Primary X General Other (specify) ,249.96 Full Name (Last, First, Middle Initial) B. Gardon, Mark Date of Receipt Mailing Address NAME A LOUDE A LOUP A LOUP Henrl 4364 12 22 200.8 Iton Zip Code City State WI 54155 neida Amount of Each Receipt this Period ۰. പ്രതാരും. പരുത്തക്കും FEC ID number of contributing С 25.0C federal political committee. Name of Employer Occupation BayCare Clinic, 1 Neurosurgeon Receipt For: Aggregate Year-to-Date V Primary X General Other (specify) 300.00 Full Name (Last, First, Middle Initial) c. Guo, Danzhu Date of Receipt Mailing Address Mark MT / 12 Breeze leadow 252 22 200.8 State Zip Code E 9006 breen μT 5431 Amount of Each Receipt this Period an in a state of the FEC ID number of contributing C "**4**"/ federal political committee. Name of Employer Occupation Bay Care Receipt For: Physician ŭΩ. Aggregate Year-to-Date V Primary X General Other (specify) SUBTOTAL of Receipts This Page (optional)..... alaran ara <mark>Dani</mark>lar Arangan ara **Man**ilar 15. TOTAL This Period (last page this line number only)..... FE6AN028 FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X)	<u></u>	FOR LINE NUMBER: PAGE 2 OF 4
	Use separate schedule(s) for each category of the	(check only one)
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Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full)	<u>л</u>	
BayCare Physicians PA		
Full Name (Last, First, Middle Initial) A. <u>Haller</u> , <u>Robert</u>		Date of Receipt
Address 2680 Hillside Heights	· ·	12 22 3008
Green Bay, WI 54,311 state	Zip Code	Amount of Each Receipt this Period
	an the second	
Rame of Employer ; Occupation		
BayCare Clinic, LLP Phys	lician	
Receipt For: Aggregate Primary X General	Year-to-Date V	
Other (specify)	999996	
Full Name (Last, First, Middle Initial) B. Harrison, Richard		Date of Receipt
Mailing Address 984 Highland Springs Ct.		
City State	Zip Code	
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Name of Employer Bay Care Clinic, LLP Neur	sumeon	
Receipt For: Aggregate		- -
	<u>6 , 64.3 , 92</u>	
Full Name (Last, First, Middle Initial)		
c. <u>Hennigan, Shawn</u>	<u> </u>	
1994 Paint Horse Trail	Zip Code	12 23 2008
De Pere, WT 54115		Amount of Each Receipt this Period
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Other (specify) ▼	<u></u>	
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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedul for each category of the Detailed Summary Par	
Any information copied from such Reports and Statements may not be sold or used by or for commercial purposes, other than using the name and address of any political co	any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BayCare Physicians PAC	
Full Name (Last, First, Middle Initial) A. Hogodon, Scott	Date of Receipt
Malling Address 3010 Great Oak Ln. City State Zip Code	12 3.2 3.00.8
Green Bay, WI 54311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	
Name of Employer Occupation BauCarc Clinic, LLP Drusician Receipt/For: Primary Primary X General General Other (specify) ▼ 3.1.7.4	8.7
Full Name (Last, First, Middle Initial) B. Limoni, Robert	Date of Receipt
Mailing Address 3072 Bay Settlement Ct. City State Zip Code	[2a' [a008]
Green Bay, WI 54311	Amount of Each Receipt this Period
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Name of Employer BauCare, Clinic, LLP Physician	
Receipt For: Aggregate Year-to-Date ▼ Primary X Other (specify) ▼	
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City State Zip Code	
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FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 4 OF 4
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
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BayCare Clinic, LLP Ph	te Zip Code	Date of Receipt
Full Name (Last, First, Middle Initial)	21414 14	
B. <u>Sorrells</u> , <u>Christopher</u> Mailing Address <u>3317 Star</u> <u>Creek</u> <u>Ct</u> . <u>Green Bay</u> , <u>WI</u> 54311 FEC ID number of contributing federal political committee. Name of Employer <u>Bay Care</u> <u>Clinic</u> , <u>LP</u> <u>P</u> <u>Receipt For</u> : Primary <u>X</u> General Other (specify) <u></u>		Date of Receipt
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FEC Schedule A (Form 3X) Rev. 02/2003

FE6AN026

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SCHEDULE H4 (F	-
DISBURSEMENTS	FOR ALLOCATED
FEDERAL/NONFE	DERAL ACTIVITY

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NA	ME OF COMMITTEE (In Full)	<u>^</u>	0.0		
F	SauCare Phu-	sicians Pl	<u>+C</u>		
A.	Full Mame (Last, First, Midgle	Initial)			Allocated Activity or Event:
•	Baulare He	alth Jus	tems		Administrative Fundraising Exempt
	Mailing Address	duan			Voter Drive Direct Candidate Support
	pity	State	Zip Code		Public Comm (ref to party only) by PAC
	Green Bay,	DL~5430.	3		Allocated Activity or Event Year-To-Date
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				Category/ Type	
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