



**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: **11 25 2008** To: **12 31 2008**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2008</b>		15,988.78
(b) Cash on Hand at Beginning of Reporting Period.....	9,949.39	
(c) Total Receipts (from Line 19).....	690.81	8,001.42
(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. Total Disbursements (from Line 31).....	2,182.52	15,532.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8,457.68	8,457.68
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	

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

29030013050

**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:

11 / 25 / 2008

To:

12 / 31 / 2008

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

416.95  
273.86  
690.81

5,204.47  
2,796.95  
8,001.42

- (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).....▶

00  
00

00  
00

12. Transfers From Affiliated/Other Party Committees.....

690.81  
00

8,001.42  
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).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

00  
00  
00

00  
00  
00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

690.81

8,001.42

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

690.81

8,001.42

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**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	218,252	353,252
(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)) .....	218,252	353,252
22. Transfers to Affiliated/Other Party Committees .....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	00	12,000.00
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)) ..	218,252	155,325.2
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	218,252	155,325.2

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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) .....	690.81	8,001.42
34. Total Contribution Refunds (from Line 28(d)) .....	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	690.81	8,001.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2,182.52	3,532.52
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2,182.52	3,532.52

29030013053

**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 4  
(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**

A. Full Name (Last, First, Middle Initial)  
**Block, Jeffrey A.**

Mailing Address  
**2501 Ducharme Lane**

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

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 ▼  
**249.96**

Date of Receipt  
**12 / 22 / 2008**

Amount of Each Receipt this Period  
**20.83**

B. Full Name (Last, First, Middle Initial)  
**Gardon, Mark**

Mailing Address  
**4364 Hilton Head 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 ▼  
**300.00**

Date of Receipt  
**12 / 22 / 2008**

Amount of Each Receipt this Period  
**25.00**

C. Full Name (Last, First, Middle Initial)  
**Guo, Danzhu**

Mailing Address  
**2521 Meadow Breeze Ct.**

City **Green Bay** State **WI** Zip Code **54311-9006**

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 ▼  
**500.04**

Date of Receipt  
**12 / 22 / 2008**

Amount of Each Receipt this Period  
**41.67**

SUBTOTAL of Receipts This Page (optional).....▶ **87.50**

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

29030013054

**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 4	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**BayCare Physicians PAC**

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

Mailing Address  
**2680 Hillside Heights**  
City **Green Bay, WI** State 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 ▼ **999,96**

Date of Receipt  
**12 / 22 / 2008**

Amount of Each Receipt this Period  
**8,333**

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

Mailing Address  
**984 Highland Springs Ct.**  
City **Oneida, WI** State 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 ▼ **643,92**

Date of Receipt  
**12 / 22 / 2008**

Amount of Each Receipt this Period  
**44,89**

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

Mailing Address  
**1994 Paint Horse Trail**  
City **DePere, WI** State 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 ▼ **716,60**

Date of Receipt  
**12 / 22 / 2008**

Amount of Each Receipt this Period  
**4,214**

SUBTOTAL of Receipts This Page (optional).....▶ **170,36**

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

29030013055

**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 4		
	(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) <b>A. Hodadon, Scott</b>		Date of Receipt
Mailing Address <b>3010 Great Oak Ln.</b>		<b>12 / 22 / 2008</b>
City <b>Green Bay, WI</b>	State <b>WI</b>	Zip Code <b>54311</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.78</b>
Name of Employer <b>BayCare Clinic, LLP</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>317.81</b>	

Full Name (Last, First, Middle Initial) <b>B. Limoni, Robert</b>		Date of Receipt
Mailing Address <b>3072 Bay Settlement Ct.</b>		<b>12 / 22 / 2008</b>
City <b>Green Bay, WI</b>	State <b>WI</b>	Zip Code <b>54311</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>18.50</b>
Name of Employer <b>BayCare Clinic, LLP</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>222.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Ots, Max</b>		Date of Receipt
Mailing Address <b>2455 Shirley Rd.</b>		<b>12 / 22 / 2008</b>
City <b>De Pere, WI</b>	State <b>WI</b>	Zip Code <b>54115</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>25.00</b>
Name of Employer <b>BayCare Clinic, LLP</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>69.28</b>
TOTAL This Period (last page this line number only).....▶	

29030013058



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 4 OF 4		
	(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)

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

Mailing Address  
**4318 Hilton Head Dr**

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

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 ▼ **214.14**

Date of Receipt  
**12 / 22 / 2008**

Amount of Each Receipt this Period  
**28.14**

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

Mailing Address  
**3317 Star Creek Ct.**

City **Green Bay, WI** State 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 ▼ **240.00**

Date of Receipt  
**12 / 22 / 2008**

Amount of Each Receipt this Period  
**20.00**

C. Full Name (Last, First, Middle Initial)  
**Weinshel, Steven**

Mailing Address  
**1746 Martinwood Ct.**

City **De Pere, WI** State 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 ▼ **500.04**

Date of Receipt  
**12 / 22 / 2008**

Amount of Each Receipt this Period  
**416.7**

SUBTOTAL of Receipts This Page (optional).....▶ **898.1**

TOTAL This Period (last page this line number only).....▶ **416.95**

29030013057

**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 State Zip Code

Green Bay, WI 54303

Purpose of Disbursement:

Rental Agreement

Activity or Event Identifier:

001

Category/  
Type

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

2,182.52

Date 12 / 31 / 2008

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2,182.52

000

2,182.52

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

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:

Category/  
Type

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

2,182.52

00

2,182.52

**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

2,182.52

00

2,182.52

29030013058

**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

USPS Registered/Certified Postmarked (R/C)  
1/22/09

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

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

*QAPD*  
 PREPARER

*2/2/09*  
 DATE PREPARED

29030013059