

# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED  
FEC MAIL CENTER  
2007 DEC 27 AM 8:25

1. (a) NAME OF COMMITTEE IN FULL  
BayCare Physicians PAC

(b) Number and Street Address  
164 N. Broadway

(c) City, State and ZIP Code  
Green Bay, WI 54303-2728

2. FEC IDENTIFICATION NUMBER  
C00407700

3. TYPE OF COMMITTEE (check one)  
 STATE PARTY  
 OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on \_\_\_\_\_ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: \_\_\_\_\_

FEC Identification Number: \_\_\_\_\_

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):


|       | Name          | Office Sought | State/District | Date     |
|-------|---------------|---------------|----------------|----------|
| (i)   | John Gard     | Congress      | WI / 8th       | 3/23/06  |
| (ii)  | Steve Kagen   | Congress      | WI / 8th       | 10/11/06 |
| (iii) | Joe Lieberman | Senate        | CT             | 10/11/06 |
| (iv)  | Max Baucus    | Senate        | MT             | 10/25/07 |
| (v)   | Dave Obey     | Congress      | WI / 7th       | 12/12/07 |

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 2/22/07

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 10/12/2004

(d) **Qualification:** The committee met the above requirements on: 12/12/2007

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

|   |  |                         |
|---|--|-------------------------|
| TYPE OR PRINT NAME OF TREASURER<br><u>Chris Augustian</u> | SIGNATURE OF TREASURER<br> | DATE<br><u>12-18-07</u> |
|---|--|-------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission, Washington, DC 20463  
Toll-free 800-424-9530  
Local 202-694-1100

**FEC FORM 1M**  
(Revised 1/2001)

27039580053

**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.

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*Jm A*  
 PREPARER

*12/27/07*  
 DATE PREPARED

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