

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED 2012 OCT 23 AM 11:44

Office Use Only  
FEC MAIL CENTER  
12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

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) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election Report for the:

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

XX

(d) 30-Day

POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY  
07 / 01 / 2012

MM / DD / YYYY  
01 / 30 / 2012

MM / DD / YYYY  
2012

through

MM / DD / YYYY  
09 / 30 / 2012

MM / DD / YYYY  
09 / 30 / 2012

MM / DD / YYYY  
09 / 30 / 2012

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

*Chris Augustian*

Date

MM / DD / YYYY  
10 / 04 / 2012

MM / DD / YYYY  
10 / 04 / 2012

MM / DD / YYYY  
10 / 04 / 2012

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

12030930067

**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 / 2012

To:

09 / 30 / 2012

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, 2012	21,434.41
(b) Cash on Hand at Beginning of Reporting Period.....	27,225.49
(c) Total Receipts (from Line 19).....	3,663.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	30,888.93
7. Total Disbursements (from Line 31).....	5,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	25,888.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00



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

12030930068

**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: 07 / 01 / 2012 To: 09 / 30 / 2012

**I. Receipts**

**COLUMN A**  
Total This Period

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

	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).....	2,592.81	7,761.10
(ii) Unitemized .....	1,070.63	4,203.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,663.44	11,964.52
(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).....▶	3,663.44	11,964.52
12. Transfers From Affiliated/Other Party Committees.....		
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.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
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))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3,663.44	11,964.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,663.44	11,964.52

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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 .....	0.00	10.00
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	10.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,000.00	7,500.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other 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))		
(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))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5,000.00	7,510.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5,000.00	7,510.00

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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) .....	3,663.44	11,964.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3,663.44	11,964.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	10.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	10.00

12030930071

**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 3	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. BRADA, STEPHEN**

Mailing Address  
**700 TERRAVIEW DRIVE**

City State Zip Code  
**GREEN BAY WI 54301**

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 ▼  
**4,430.33**

Date of Receipt  
**09 / 21 / 2012**

Amount of Each Receipt this Period  
**352.00**

8/22 - 619.72  
7/20 - 352.00

Full Name (Last, First, Middle Initial)  
**B. HALLER, ROBERT**

Mailing Address  
**2680 HILLSIDE HEIGHTS**

City State Zip Code  
**GREEN BAY WI 54311**

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 ▼  
**1,253.55**

Date of Receipt  
**09 / 21 / 2012**

Amount of Each Receipt this Period  
**104.00**

8/22 - 180.57  
7/20 - 104.00

Full Name (Last, First, Middle Initial)  
**C. HENNIGAN, SHAWN**

Mailing Address  
**1994 PAINT HORSE TRAIL**

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 ▼  
**570.56**

Date of Receipt  
**09 / 21 / 2012**

Amount of Each Receipt this Period  
**40.00**

8/22 - 95.71  
7/20 - 40.00

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

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

**1,888.00**

12030930072

**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 3	
	<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. LEV, RAISA**

Mailing Address  
**302 BRAEBOURNE CT**

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 ▼  
**671.81**

Date of Receipt  
**09 / 21 / 2012**

Amount of Each Receipt this Period  
**52.00**

**8/22 - 115.94**  
**7/20 - 52.00**

Full Name (Last, First, Middle Initial)  
**B. HARRISON, RICHARD**

Mailing Address  
**894 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 ▼  
**364.43**

Date of Receipt  
**09 / 21 / 2012**

Amount of Each Receipt this Period  
**31.20**

**8/22 - 41.31**  
**7/20 - 31.20**

Full Name (Last, First, Middle Initial)  
**C. WEINSHEL, STEVEN**

Mailing Address  
**1746 MARTINWOOD CT**

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 ▼  
**333.36**

Date of Receipt  
**09 / 21 / 2012**

Amount of Each Receipt this Period  
**0.00**

**8/22 - 41.67**  
**7/20 - 41.67**

**SUBTOTAL** of Receipts This Page (optional).....▶ **406.99**

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

12030930073

**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 3	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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. WILKINS, THOMAS</b>		Date of Receipt 09 / 21 / 2012
Mailing Address <b>2927 SHELTER CREEK CT</b>		Amount of Each Receipt this Period 40.00
City <b>GREEN BAY</b>	State Zip Code <b>WI 54313</b>	
FEC ID number of contributing federal political committee. <b>C</b>		8/22 - 40.00
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>PHYSICIAN</b>	7/20 - 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>360.00</b>	

Full Name (Last, First, Middle Initial) <b>B. GUO, DANZHU</b>		Date of Receipt 09 / 21 / 2012
Mailing Address <b>2521 MEADOW BREEZE CT</b>		Amount of Each Receipt this Period 21.20
City <b>GREEN BAY</b>	State Zip Code <b>WI 54311-9006</b>	
FEC ID number of contributing federal political committee. <b>C</b>		8/22 - 60.42
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>PHYSICIAN</b>	7/20 - 21.20
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>255.77</b>	

Full Name (Last, First, Middle Initial) <b>C. OTS, MAX</b>		Date of Receipt 09 / 21 / 2012
Mailing Address <b>2455 SHIRLEY RD</b>		Amount of Each Receipt this Period 25.00
City <b>DE PERE</b>	State Zip Code <b>WI 54115</b>	
FEC ID number of contributing federal political committee. <b>C</b>		8/22 - 25.00
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>PHYSICIAN</b>	7/20 - 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>225.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>297.82</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2,592.81</b>

12030930074



FIRST-CLASS MAIL

neopost

30075

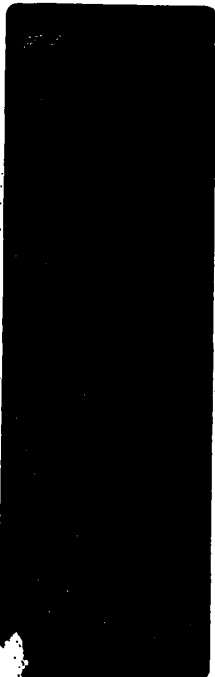
\$05.95

10/05/2012  
US POSTAGE

ZIP 54301  
04111212026



*Second submission ~  
Original mailing date 10/5/12*



7006 2760 0005 2706 8158

**RETURN RECEIPT  
REQUESTED**

**BAYCARE  
CLINIC**

164 N. Broadway  
Green Bay, WI 54303-2728

10/05/2012 10:05 AM  
10/05/2012 10:05 AM  
10/05/2012 10:05 AM  
10/05/2012 10:05 AM

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
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<input type="checkbox"/> USPS Priority Mail  Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):  Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<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

*[Signature]*  
 PREPARER

*10/23/12*  
 DATE PREPARED

(3/2005)

12030930076