

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC HEADQUARTERS CENTER

2008 OCT 14 (Office Use Only) 27

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

BAYCARE PHYSICIANS PAC

12FE4M5

ADDRESS (number and street)

1164 N BROADWAY

Check if different than previously reported. (ACC)

GREEN BAY

WI

54303-2728

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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 PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

(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

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

[Signature]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

28039853108

**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 ' 2008

To:

09 ' 30 ' 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008	2008	1598878
(b) Cash on Hand at Beginning of Reporting Period.....	1652626	
(c) Total Receipts (from Line 19)	201565	590313
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1854191	2189191
7. Total Disbursements (from Line 31).....	00	335000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1854191	1854191
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

28059853109

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:

MM ' DD ' YYYY
07 ' 01 ' 2008

To:

MM ' DD ' YYYY
09 ' 30 ' 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).....

1,096.50

2,364.20

(ii) Unitemized.....

919.15

3,538.93

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

2,015.65

5,903.13

(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).....▶

2,015.65

5,903.13

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)).....▶

2,015.65

5,903.13

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

2,015.65

5,903.13

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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	00	1,350.00
(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))	00	1,350.00
22. Transfers to Affiliated/Other Party Committees.....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	00	2,000.00
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))..	00	3,350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	00	3,350.00

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DETAILED SUMMARY PAGE
of Disbursements

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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)	201565	590313
34. Total Contribution Refunds (from Line 28(d))	00	00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	201565	201565
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	00	135000
37. Offsets to Operating Expenditures (from Line 15, page 3)	00	00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	00	135000

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

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

FOR LINE NUMBER: PAGE / OF **3**
(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

Full Name (Last, First, Middle Initial)

A. **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

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt **Payroll Deduction**

09 / 22 / 2008

Amount of Each Receipt this Period

25.00

8/22/08 \$25.00

7/22/08 \$25.00

Full Name (Last, First, Middle Initial)

B. **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 ▼

375.03

Date of Receipt **Payroll Deduction**

09 / 22 / 2008

Amount of Each Receipt this Period

41.67

8/22/08 \$41.67

7/22/08 \$41.67

Full Name (Last, First, Middle Initial)

C. **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 ▼

749.97

Date of Receipt **Payroll Deduction**

09 / 22 / 2008

Amount of Each Receipt this Period

83.33

8/22/08 \$83.33

7/22/08 \$83.33

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

450.00

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

450.00

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

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

FOR LINE NUMBER: PAGE **2** OF **3**

(check only one)

11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BayCare Physicians PAC

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

Date of Receipt **Payroll Deduction**
MM ' DD ' YYYY
09 ' 22 ' 2008

Mailing Address
984 Highland Springs Ct.

City State Zip Code
Oneida WI 54155

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
624.1

Name of Employer Occupation
BayCare Clinic, LLP Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4,677.2

8/22/08 \$89.76
7/22/08 \$33.90

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

Date of Receipt
MM ' DD ' YYYY
09 ' 22 ' 2008

Mailing Address
1994 Paint Horse Trail

City State Zip Code
De Pere WI 54115

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
400.2

Name of Employer Occupation
BayCare Clinic, LLP Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5,277.5

8/22/08 \$55.41
7/22/08 \$65.39

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

Date of Receipt
MM ' DD ' YYYY
09 ' 22 ' 2008

Mailing Address
3010 Great Oak Ln.

City State Zip Code
Green Bay WI 54311

FEC ID number of contributing federal political committee.
C

Amount of Each Receipt this Period
341.4

Name of Employer Occupation
BayCare Clinic, LLP Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2,358.6

8/22/08 \$33.54
7/22/08 \$31.92

SUBTOTAL of Receipts This Page (optional).....▶ **4,464.9**

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

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**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)
 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)
Ots, Max

Mailing Address
2455 Shirley Rd

City State Zip Code
DePere 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 ▼
225.00

Date of Receipt **Payroll Deduction**

MM	DD	YYYY
09	22	2008

Amount of Each Receipt this Period

Amount	Date
25.00	8/22/08
25.00	7/22/08

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

Mailing Address
1746 Martinwood Ct.

City State Zip Code
DePere 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 ▼
375.03

Date of Receipt **Payroll Deduction**

MM	DD	YYYY
09	22	2008

Amount of Each Receipt this Period

Amount	Date
41.67	8/22/08
41.67	7/22/08

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

MM	DD	YYYY

Amount of Each Receipt this Period

Amount	Date

SUBTOTAL of Receipts This Page (optional).....▶ **200.01**

TOTAL This Period (last page this line number only).....▶ **1,096.50**

28039853115

Federal Election Commission
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<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"/>	
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EA

10/14/08

PREPARER

DATE PREPARED

(3/2005)

28039853116