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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

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)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(c)

- 12-Day PRE-Election Report for the: Primary (12P)
General (12G)
Convention (12C)
Special (12S)
Runoff (12R)

Election on

11 / 02 / 2010

in the State of

WI

(d)

- 30-Day POST-Election Report for the: General (30G)
Runoff (30R)
Special (30S)

Election on

MM / DD / YYYY

in the State of

5. Covering Period

10 / 01 / 2010

through

10 / 13 / 2010

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

[Handwritten Signature]

Date

10 / 21 / 2010

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

**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:

10 / 01 / 2010

To:

10 / 13 / 2010

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, 2010	9,809.35	
(b) Cash on Hand at Beginning of Reporting Period.....	6,887.76	
(c) Total Receipts (from Line 19)	0.00	6,738.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6,887.76	16,547.76
7. Total Disbursements (from Line 31)	0.00	9,660.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,887.76	6,887.76
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

10030474128

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

10 / 01 / 2010

To:

10 / 13 / 2010

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).....

0.00

3691.75

(ii) Unitemized.....

0.00

3046.66

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

0.00

6738.41

(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).....▶

0.00

6738.41

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)).....▶

0.00

6738.41

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

0.00

6738.41

10030474129

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	160.00
(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		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9500.00
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))..	0.00	9,660.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	9,500.00

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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)	000	6,738.41
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	6,738.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	000	16,000
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	000	16,000

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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

A. ANDERAS, PER
Full Name (Last, First, Middle Initial)

Mailing Address
2824 MT. CAROL DR.

City State Zip Code
GREEN BAY WI 54311

FEC ID number of contributing federal political committee. **C00407760**

Name of Employer Occupation
BAYCARE CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1,000.00**

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
0.00

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

Mailing Address
2521 MEADOW BREEZE CT.

City State Zip Code
GREEN BAY WI 54311

FEC ID number of contributing federal political committee. **C00407700**

Name of Employer Occupation
BAYCARE CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
0.00

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

Mailing Address
984 HIGHLAND SPRINGS CT.

City State Zip Code
ONEIDA WI 54155

FEC ID number of contributing federal political committee. **C00407700**

Name of Employer Occupation
BAYCARE CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **463.21**

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
0.00

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

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 **2** OF **3**

<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

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

Mailing Address
1994 PAINT HORSE TRAIL

City **DE PERE** State **WI** Zip Code **54115**

FEC ID number of contributing federal political committee. **C00407700**

Name of Employer **BAYCARE CLINIC** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **501.34**

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
0.00

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

Mailing Address
3010 GREAT OAK LN.

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

FEC ID number of contributing federal political committee. **C00467700**

Name of Employer **BAYCARE CLINIC** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.72**

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
0.00

C. Full Name (Last, First, Middle Initial)
HODGSON, JOSEPH

Mailing Address
1809 SUNKIST CIR.

City **DE PERE** State **WI** Zip Code **54115**

FEC ID number of contributing federal political committee. **C00407700**

Name of Employer **BAYCARE CLINIC** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **279.23**

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period
0.00

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

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

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10030474133

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"/> 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)

A. MENDOZA, RAUL

Mailing Address

1122 PLEASANT VALLEY DR.

City

ONEIDA

State

WI

Zip Code

54155

FEC ID number of contributing federal political committee.

C00407706

Name of Employer

BAYCARE CLINIC

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

253.19

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

B. OTS, MAX E.

Mailing Address

2455 SHIRLEY DR.

City

DE PERE

State

WI

Zip Code

54115

FEC ID number of contributing federal political committee.

C00407700

Name of Employer

BAYCARE CLINIC

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

C. WEINSHEL, STEVEN S.

Mailing Address

1746 MARTINWOOD CT.

City

DE PERE

State

WI

Zip Code

54115

FEC ID number of contributing federal political committee.

C00407700

Name of Employer

BAYCARE CLINIC

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0.00

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

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

3,691.75

10030474134

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.

10030474135

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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<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"/>	
<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

EL

PREPARER
(3/2005)

10/25/10

DATE PREPARED