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FEC MAIL CENTER

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

C00407700

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

(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)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07 01 2010

through

09 30 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

10030474137

**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 / 2010** To: **09 / 30 / 2010**

10030474138

	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.....	12,039.62	
(c) Total Receipts (from Line 19).....	1,898.14	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).....	13,937.76	16,547.76
7. Total Disbursements (from Line 31).....	7,050.00	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).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		

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

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 / 2010** To: **09 / 30 / 2010**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	881.92	3,691.75
(ii) Unitemized.....	1,016.22	3,046.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,898.14	6,738.41
(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).....▶	1,898.14	6,738.41
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)).....▶	1,898.14	6,738.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,898.14	6,738.41

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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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	50.00	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.....	7,000.00	9,500.00
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))..	7,050.00	9,660.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7,000.00	9,500.00

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)	1,898.14	6,738.41
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,898.14	6,738.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	50.00	160.00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50.00	160.00

10030474141

**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"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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. <u>Anderas, Per</u>		Date of Receipt
Mailing Address <u>2824 Mt. Carol Dr.</u>		<input type="text"/>
City <u>Green Bay, WI</u>	State <u>WI</u>	Zip Code <u>54311</u>
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>0.00</u>
Name of Employer <u>BayCare Clinic</u>	Occupation <u>Physician</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u> </u>	Aggregate Year-to-Date <u>1,000.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Guo, Danzhu</u>		Date of Receipt
Mailing Address <u>2521 Meadow Breeze Ct.</u>		<input type="text"/>
City <u>Green Bay, WI</u>	State <u>WI</u>	Zip Code <u>54311</u>
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>41.67</u>
Name of Employer <u>BayCare Clinic</u>	Occupation <u>Physician</u>	<u>08/20/2010 41.67</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u> </u>	Aggregate Year-to-Date <u>375.03</u>	<u>07/22/2010 41.67</u>

Full Name (Last, First, Middle Initial) C. <u>Harrison, Richard</u>		Date of Receipt
Mailing Address <u>984 Highland Springs Ct.</u>		<input type="text"/>
City <u>Oneida, WI</u>	State <u>WI</u>	Zip Code <u>54155</u>
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>52.09</u>
Name of Employer <u>BayCare Clinic</u>	Occupation <u>Physician</u>	<u>08/20/2010 63.63</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u> </u>	Aggregate Year-to-Date <u>463.21</u>	<u>07/22/2010 46.93</u>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

10030474142

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

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

FOR LINE NUMBER:		PAGE <u>2</u> OF <u>3</u>	
<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. Hennigan, Shawn		Date of Receipt
Mailing Address 1994 Paint Horse Trail		09 / 22 / 2010
City Green Bay, WI	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer BayCare Clinic		08/20/10 38.71
Occupation Physician		07/22/10 88.76
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 501.34

Full Name (Last, First, Middle Initial) B. Hodgson, Scott		Date of Receipt
Mailing Address 3018 Great Oak Ln.		09 / 22 / 2010
City Green Bay, WI	State WI	Zip Code 54311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer BayCare Clinic		08/20/10 24.03
Occupation Physician		07/22/10 28.15
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 219.72

Full Name (Last, First, Middle Initial) C. Hodgson, Joseph		Date of Receipt
Mailing Address 1809 Sunkist Cir.		09 / 22 / 2010
City DePere, WI	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer BayCare Clinic		08/20/10 44.01
Occupation Physician		07/22/10 27.02
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 279.23

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

10030474143

**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

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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.

Oneida, WI 54155

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Clinic

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

253.19

Date of Receipt

09 / 22 / 2010

Amount of Each Receipt this Period

5.91
08/20/2010 5.91
07/22/2010 5.91

Full Name (Last, First, Middle Initial)

B. Ots, Max E.

Mailing Address

2455 Shirley Rd.

DePere, WI 54115

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Clinic

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

22500

Date of Receipt

09 / 22 / 2010

Amount of Each Receipt this Period

25.00
08/20/2010 25.00
07/22/2010 25.00

Full Name (Last, First, Middle Initial)

C. Weinschel, Steven S.

Mailing Address

1746 Martinwood Ct.

DePere, WI 54115

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Clinic

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 22 / 2010

Amount of Each Receipt this Period

41.67
08/20/2010 41.67
07/22/2010 41.67

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

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

3691.75

10030474144

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE / OF /

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Ribble for Congress		Date of Disbursement
Mailing Address PO Box 7200		08 ' 25 ' 2010
City Appleton, WI	State WI	Zip Code 54912
Purpose of Disbursement Contribution	Candidate Name Reid Ribble	Amount of Each Disbursement this Period 2,000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: WI	District: 8	Category/Type 011

B. Ribble for Congress		Date of Disbursement
Mailing Address PO Box 7200		09 ' 22 ' 2010
City Appleton, WI	State WI	Zip Code 54912
Purpose of Disbursement Contribution	Candidate Name Reid Ribble	Amount of Each Disbursement this Period 5,000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: WI	District: 8	Category/Type 011

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	Category/Type

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

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

7,000.00

10050474145

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)
Associated Bank

Mailing Address
200 N. Adams Street

City State Zip Code
Green Bay WI 54301

Purpose of Disbursement:
Bank Fees

Activity or Event Identifier:
001

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
16000

Date **09 30 2010**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5000		00		5000

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

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:

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
50.00		00		50.00

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
50.00		00		50.00

10030474146

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)
10/21/10

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

EL

PREPARER

(3/2005)

10/25/10

DATE PREPARED

10030474147