

2011 JUL 28 PM 12:44

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)

(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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of

5. Covering Period 01 / 01 / 2011 through 06 / 30 / 2011

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 

Date 07 / 21 / 2011

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

11030641196

**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:

01 / 01 / 2011

To:

06 / 30 / 2011

**COLUMN A
This Period**

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

| | | |
|--|-----------|-----------|
| 6. (a) Cash on Hand January 1, 2011 | | 10,456.44 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 10,456.44 | |
| (c) Total Receipts (from Line 19)..... | 7,531.71 | 7,531.71 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 17,988.15 | 17,988.15 |
| 7. Total Disbursements (from Line 31)..... | 0.00 | 0.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 17,988.15 | 17,988.15 |
| 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

11030641197

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 01 / 01 / 2011 To: MM / DD / YYYY 06 / 30 / 2011

11030641198

| 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)..... | 4,897.01 | 4,897.01 |
| (ii) Unitemized | 2,634.70 | 2,634.70 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 7,531.71 | 7,531.71 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | 7,531.71 | 7,531.71 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received..... | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5)..... | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 7,531.71 | 7,531.71 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 7,531.71 | 7,531.71 |

DETAILED SUMMARY PAGE
of Disbursements

11030641199

| 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 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 0.00 | 0.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 0.00 |

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) | 7,531.71 | 7,531.71 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 7,531.71 | 7,531.71 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 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 | 0.00 |

11030641200

**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"/> 12 |
| | | <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

| | | |
|--|---------------------------------------|---|
| A. STEPHEN A BRADA | | Date of Receipt |
| Mailing Address 700 TERRAVIEW DRIVE | | <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/> |
| City | State Zip Code | Amount of Each Receipt this Period |
| GREEN BAY | WI 54301 | |
| FEC ID number of contributing federal political committee. C 00407700 | | <input type="text" value="481.67"/> |
| Name of Employer | Occupation | 5/20 - 237.88 4/22 - 427.34 3/22 - 375.79 2/22 - 437.66 1/21 - 776.30 |
| BAYCARE CLINIC, LLP | PHYSICIAN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2,736.64"/> | |

| | | |
|--|-------------------------------------|---|
| B. ROBERT HALLER | | Date of Receipt |
| Mailing Address 2680 HILLSIDE HEIGHTS | | <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/> |
| City | State Zip Code | Amount of Each Receipt this Period |
| GREEN BAY | WI 54311 | |
| FEC ID number of contributing federal political committee. C 00407700 | | <input type="text" value="144.11"/> |
| Name of Employer | Occupation | 5/20 - 107.69 4/22 - 132.28 3/22 - 104.25 2/22 - 103.53 1/21 - 188.83 |
| BAYCARE CLINIC, LLP | PHYSICIAN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="780.69"/> | |

| | | |
|--|-------------------------------------|---|
| C. RICHARD L HARRISON | | Date of Receipt |
| Mailing Address 984 HIGHLAND SPRINGS CT | | <input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/> |
| City | State Zip Code | Amount of Each Receipt this Period |
| ONEIDA | WI 54155 | |
| FEC ID number of contributing federal political committee. C 00407700 | | <input type="text" value="41.64"/> |
| Name of Employer | Occupation | 5/20 - 36.39 4/22 - 48.13 3/22 - 32.87 2/22 - 42.41 1/21 - 33.87 |
| BAYCARE CLINIC, LLP | NEUROSURGEON | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="235.31"/> | |

| | |
|--|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="3,752.64"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

11030641201

**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)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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. SHAWN HENNIGAN

Mailing Address
1994 PAINT HORSE TRAIL

City State Zip Code
DE PERE WI 54115

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
253.56

Date of Receipt
06 / 22 / 2011

Amount of Each Receipt this Period
39.87

| |
|--------------|
| 5/20 - 21.32 |
| 4/22 - 26.59 |
| 3/22 - 93.59 |
| 2/22 - 30.10 |
| 1/21 - 42.09 |

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

Mailing Address
302 BRAEBOURNE CT

City State Zip Code
GREEN BAY WI 54301

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.79

Date of Receipt
06 / 06 / 2011

Amount of Each Receipt this Period
70.99

| |
|--------------|
| 5/20 - 52.02 |
| 4/22 - 64.50 |
| 3/22 - 59.86 |
| 2/22 - 58.64 |
| 1/21 - 94.78 |

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

Mailing Address
1746 MARTINWOOD CT

City State Zip Code
DE PERE WI 54115

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
06 / 06 / 2011

Amount of Each Receipt this Period
41.67

| |
|--------------|
| 5/20 - 41.67 |
| 4/22 - 41.67 |
| 3/22 - 41.67 |
| 2/22 - 41.67 |
| 1/21 - 41.67 |

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

904.37

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

11030641202

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"/> 17 |
| 13 | 14 | 15 | 16 | |

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NAME OF COMMITTEE (In Full)

BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial)

A. THOMAS WILKINS

Mailing Address

2927 SHELTER CREEK CT

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
06 / 22 / 2011

Amount of Each Receipt this Period

40.00

5/20 - 40.00
4/22 - 40.00
3/22 - 40.00
2/22 - 40.00
1/21 - 40.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY
06 / 06 / 2011

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY
06 / 06 / 2011

Amount of Each Receipt this Period

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

240.00

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

4,897.01

11030641203

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)
7/22/11

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


 PREPARER

7/28/11
 DATE PREPARED

11030641204