# 39944242 $\odot$ $\infty$

# FEC FORM 3X

Only

FE6AN026

### REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED REC MAIL CENTER

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|                                    | <u> </u>        |                                      |                      |                                 |   |                                    | Office Use Only      |   |
|------------------------------------|-----------------|--------------------------------------|----------------------|---------------------------------|---|------------------------------------|----------------------|---|
| 1. NAME OF<br>COMMITTEE (in        |                 | PE OR PRINT \                        |                      | ample: If typi<br>or the lines. |   | 12FE4M5                            |                      |   |
| BAYCARE                            | PHYS            | ILCIAMS                              | PIAC                 | 111                             |   | <u> </u>                           | <u> </u>             | <u> </u>                                    |
|                                    |                 |                                      |                      | 1 1 1 1                         |   | <u> </u>                           | 1 1 1 1              |   |
| ADDRESS (number and                | street)         | 64 N B                               | ROADI                | VAY                             |   | <u> </u>                           |                      | 1:1!  |
| ▼ Check if diffe                   | rent L          | <u> </u>                             |                      | _:_1_1_1                        | <u> </u>  | <u> </u>                           |                      |   |
| than previous reported. (AC        | dv .            | REEN B                               | <b>A</b> Y           |                                 | : 1   | WI                                 | 54303                | -b17:58                                     |
| 2. <b>FEC IDENTIFIC</b>            | ATION NUMB      | BER ▼                                | CITY A               |                                 |   | STATE A                            | ZIP CC               | DDE 🛦                                       |
| C 004                              | 7700            | 2                                    | 3. IS THIS<br>REPORT | <b>v</b> .                      | NEW<br>(N) OR                                   | (A)                                | MENDED               |   |
| 4. TYPE OF REP<br>(Choose One)     | ORT             | (b) Monthly Report Due On:           | Feb 20 (M2)          | : :                             | May 20 (M5)                                     | Aug                                | 20 (M8)              | Nov 20 (M11)<br>(Non-Election<br>Year Only) |
| (a) Quarterly Rep                  | orts:           | Due Oil.                             | Mar 20 (M3)          | if                              | Jun 20 (M6)                                     | Sep                                | 20 (M9)              | Dec 20 (M12<br>(Non-Election<br>Year Only)  |
| April 15                           |                 |                                      | Apr 20 (M4)          |                                 | Jul 20 (M7)                                     | Oct                                | 20 (M10)             | Jan 31 (YE)                                 |
| Quarterly July 15                  | Report (Q1)     | (c) 12-Day                           |                      | Primary (12)                    | P)  | General                            | (12G)                | Runoff (12R)                                |
| . Quarterly                        | Report (Q2)     | PRE-Electio<br>Report for the        | isment.              | Convention                      | (12C)   | Special (                          | 12S)                 |   |
| Quarterly                          | Report (Q3)     |                                      |                      | M N /                           | <b>*</b> **** • • • • • • • • • • • • • • • • • | ·ℽ <sub>ℹ</sub> ∵ℽℼ <mark>ℴ</mark> | in the               | j contain                                   |
| g.A.,,                             | Report (YE)     | - E                                  | lection on           | ·                               | <u> </u>  | ingthempore and assessed           | State                | of  |
| July 31 I<br>Report (I<br>Year Onl | Non-election    | (d) 30-Day POST-Electi Report for ti | Λ.                   | General (30                     | G) /  | Runoff (3                          | 30R)                 | Special (30S)                               |
| Terminati<br>TER)                  | on Report       | E                                    | lection on           | 11                              |   | \$ 00 8                            |                      | of WI                                       |
| 5. Covering Period                 | 10              | 16 20                                | 008                  | through                         | M M   | <b>a</b> 4                         | 2008                 |   |
| I certify that I have ex           |                 | -                                    | -                    | _                               |   |                                    |                      |   |
| Type or Print Name of              | Treasurer       | Chris A                              | vgusti               | an_                             |   |                                    |                      |   |
| Signature of Treasure              | -6              | Q Alvze                              | £                    |                                 | D   | ate 1                              | S O S                | 2608  |
| NOTE: Submission of f              | alse, erroneous | , or incomplete infor                | mation may si        | ubject the per                  | rson signing th                                 | is Report to the                   | ne penalties of 2    | U.S.C. §437g.                               |
| Office<br>Use                      |                 |                                      |                      |                                 |   |                                    | FEC FOF<br>Rev. 12/2 |   |

# 8039944243

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Bay Care Physicians PAC

Report Covering the Period:

From:

10 16 2008

то: 11 24 2008

|               |   | COLUMN A This Period   | COLUMN B<br>Calendar Year-to-Date |
|---------------|---|--|-----------------------------------|
| 6.            | (a) Cash on Hand  January 1,  208   |  | 15988.78                          |
|               | (b) Cash on Hand at Beginning of Reporting Period   | 1354754  |                                   |
|               | (c) Total Receipts (from Line 19)   | , 1,401.85   | 731061                            |
|               | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)  | , 14,949.39  | 3,299.39                          |
| <b></b><br>7. | Total Disbursements (from Line 31)  | 5,00000  | 13,350.00                         |
| 8.            | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                | 994939   | 9,949.39                          |
| 9.            | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | THE SAME AS THE SA |                                   |
| 10.           | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) |  | ·                                 |

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

#### **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

| Bar | plane | Phi | sicio | ans | PAC |
|-----|-------|-----|-------|-----|-----|
|     |       |     |       |     |     |

Report Covering the Period:

ঘ ঘ

399442

0 00

To:

| i. Receipts |  | i. Receipts COLUMN A Total This Period   |  |
|-------------|--|--|--|
| 11.         | Contributions (other than loans) From:     |  |  |
|             | (a) Individuals/Persons Other              |  |  |
|             | Than Political Committees                  | The second secon | pour que autorganique esqui en la major que sur  |
|             | (i) Itemized (use Schedule A)              | **************************************   | 4,601.52   |
|             | (ii) Uniternized                           | 515.66   | 2,769 09   |
|             | (iii) TOTAL (add                           |  | Complete and a month of the first of the fir |
|             | Lines 11(a)(i) and (ii)▶                   | 1,46185  | 7.310.6  |
|             | (b) Political Party Committees             |  |  |
|             | (c) Other Political Committees             |  |  |
|             | (such as PACs)                             | , .00  | .60  |
|             | (d) Total Contributions (add Lines         | Later Communication Communicat | to dimension of the control of the state of the control of the con |
|             | 11(a)(iii), (b), and (c)) (Carry           | The state of the s | Commence of the control of   |
|             | Totals to Line 33, page 5)                 | 1,4.01.85  | 7.310.61   |
| 12.         | Transfers From Affiliated/Other            | A Comment of the Comm |  |
|             | Party Committees                           |  |  |
|             |  | American Transport Transpo | Committee of American Committee of the C |
| 13.         | All Loans Received                         | .00  |  |
| 14          | Loan Repayments Received                   | The state of the s | A A  |
|             | Offsets To Operating Expenditures          |  | 70   |
| 13.         | (Refunds, Rebates, etc.)                   | SHELL LEGISLAND TERMINATION OF THE SHELL S | son a region of the market of the state of t |
|             | (Carry Totals to Line 37, page 5)          | 20   | 60   |
| 16          | Refunds of Contributions Made              | Same to the Change confidence themselves the confidence and  | Language St. Alliance Andrews Western Land Street  |
| 10.         | to Federal Candidates and Other            | . was the response of the result of the resu | minutes your first configuration of the configurati |
|             | Political Committees                       | OO   |  |
| 17.         | Other Federal Receipts                     | legation (*)   |  |
|             | (Dividends, Interest, etc.)                | 00   | .00  |
| 18.         | Transfers from Non-Federal and Levin Funds | Tomos Communication (1997) and the state of  | Township of Copy & Community of the Copy o |
|             | (a) Non-Federal Account                    | No mallant Contract fractal contact interact militarization rate   | Sentan Process, commission of promotions distributed from the control of the cont |
|             | (from Schedule H3)                         | 00   | 00   |
|             |  | A control of the cont | La de la companya del companya de la companya del companya de la c |
|             | (b) Levin Funds (from Schedule H5)         | 00   | 00   |
|             | (2) 20 / 220 ( 00000)                      |  | The second of th |
|             | (c) Total Transfers (add 18(a) and 18(b))  | 0.00   | 0.0  |
|             | (4)  | Summer of the state of the stat | America Bernaria (Company)   |
| 19.         | Total Receipts (add Lines 11(d),           |  | Bare of management of all the demanders of the complete of the |
|             | 12, 13, 14, 15, 16, 17, and 18(c))▶        | 140185   | 7,3,0,6,1  |
| 20          | Total Federal Receipts                     |  |  |
| ۷٠.         | (subtract Line 18(c) from Line 19)▶        | 1,401.85   | 721061   |
|             | Capital Pilo (of) non Pilo (of min)        | 1,70,123   | 7,310.61   |

FE6AN026

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

|              | II. Disbursements   | COLUMN A<br>Total This Period  | COLUMN B Calendar Year-to-Date   |
|--------------|---|--|--|
| 21.          | Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | grammy of the part of the control of | g  |
|              | (i) Federal Share   |  | 1,350.60   |
|              | (ii) Non-Federal Share  | .00  | manufacture of Bassagulary of the Physical Active Languages  |
|              | (b) Other Federal Operating  Expenditures   | A comment comment comments are the control to the c | harman and a standard same distance of the standard standard and standard same standard stand |
|              | (c) Total Operating Expenditures  | in the control of the | Similar 1993 and Standard 1994 About more and Standard 1994 About more and the standard standard 1994 About more and the standard 19 |
|              | (add 21(a)(i), (a)(ii), and (b))  |  | 1350.00  |
| 22.          | Transfers to Affiliated/Other Party   |  | 1,350.00   |
| 00           | Committees  | .0.6   |  |
| 23.          | Contributions to Federal Candidates/Committees and Other Political Committees         | 50000  | 1200000  |
| 24.          | Independent Expenditures  |  |  |
| 25.          | (use Schedule E) Coordinated Party Expenditures                                       |  |  |
|              | (2 U.S.C. §441a(d))<br>(use Schedule F)   | 00   | 00   |
| 26.          | Loan Repayments Made  | .00  |  |
|              |   | Se somiBarres Illustra - and a suffer million Sum and a suffer million of the suffer mil | and the second of the second o |
| 27.<br>28.   | Loans Made<br>Refunds of Contributions To:<br>(a) Individuals/Persons Other           |  |  |
|              | Than Political Committees   | .00  |  |
|              | (1) D   |  |  |
|              | (b) Political Party Committees  |  | The second of th |
|              | (such as PACs)  | 00   | .00  |
|              | (d) Total Contribution Refunds  | in and a militare first of rand of the contractions of   | For a chinesis and the second  |
|              | (add Lines 28(a), (b), and (c))▶  | 00   | .00  |
|              |   |  | St. Chromiter of American Charles and American Chromiter and American Charles and American Chromiter and American  |
| 29.          | Other Disbursements   | the state of the s | And the Property of the Control of t |
| 30.          | Federal Election Activity (2 U.S.C. §431(20))   |  |  |
|              | (a) Allocated Federal Election Activity   |  |  |
|              | (from Schedule H6)  | il V V   |  |
|              | (i) Federal Share   | The standard of the standard o |  |
|              | (ii) "Levin" Share  | 00   | 00   |
|              | (b) Federal Election Activity Paid Entirely   | Prompt of the Control | Formula - The Climan - the confidence of the con |
|              | With Federal Funds  | 10 m   |  |
|              | (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶        |  |  |
|              | Tatal Dishumanian (-dd 15 04/-) 00  |  |  |
| 31.          | Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))    | 5,0000   | 13350.00   |
| 32           | Total Federal Disbursements   |  |  |
| ~ <b>-</b> . | (subtract Line 21(a)(ii) and Line 30(a)(ii)   | The state of the s | Same Survivalent Constitution of the same service of the same serv |
|              | from Line 31)   | 5,00000  | 1335,000   |
|              |   |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date  |
|---|-------------------------------|--|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3)        | 140185                        | 731061   |
| 34. Total Contribution Refunds (from Line 28(d))                            | 50                            |  |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)    |                               | 7,310,61   |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) |                               | 1.3 <b>5.0</b> 100   |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)                | 50                            | control of the contro |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)              |                               | 1,35000  |

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

FOR LINE NUMBER: PAGE OF 4 Use separate schedule(s) (check only one) for each category of the X 11a 11c 12 **Detailed Summary Page** 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) Physicians Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 2501 State Zip Code Amount of Each Receipt this Period FEC ID number of contributing 2083 federal political committee. Name of Employer Occupation 10/22/08 Physician Receipt For: General **Primary** Other (specify) Full Name (Last, First, Middle Initial) B. Gardon Date of Receipt Mailing Address Zip Code City State Oneido Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation BayCare Clinic LLP Phusician Receipt For: Aggregate Year-to-Date ▼ **X** General Primary 275.00 Other (specify) Full Name (Last, First, Middle Initial) C. GUD Date of Receipt Mailing Address <u> 2521</u> Breeze State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Physician BayCare C Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) 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

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the X 11a 11c 12 **Detailed Summary Page** 13 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) are Physicians Full Name (Last, First, Middle Initial) Haller Date of Receipt Mailing Address 2686 City Zip Code Green Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation 10/22/08 Physician Baylare Clinic. Receipt For: Aggregate Year-to-Date ▼ Primary General 916.63 Other (specify) Full Name (Last, First, Middle Initial) B. Harrison **Date of Receipt** Mailing Address State City Zip Code Amount of Each Receipt this Period FEC ID number of contributing 56.96 federal political committee. Name of Employer Occupation 10/22/08 Physician Baylare Clinic. Receipt For: Aggregate Year-to-Date ▼ **⊠** General Primary 599.03 Other (specify) Full Name (Last, First, Middle Initial) c. Henrigan Date of Receipt Mailing Address 1994 City Zip Code State WT Detere Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation 10/22/08 Clinic, LLP Physician Baycare Receipt For: Aggregate Year-to-Date ▼ Primary General General 7446 Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)......

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

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

| FOR LINE         | NUMBER | : PAGE | : <b>3</b> _0 | F <b>4</b> |  |
|------------------|--------|--------|---------------|------------|--|
| (check only one) |        |        |               |            |  |
| X 11a            | 11b    | 11c    | 12            |            |  |
| 13               | 14     | 15     | 16            | 17         |  |

|   | Detailed Summary Page                             | 118   116   116   12<br>13   14   15   16   17   |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Any Information copied from such Reports and Staterr or for commercial purposes, other than using the name  |   | rson for the purpose of soliciting contributions   |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  BayCare Physicians PAC   |   |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer  BayCare Clinic, LLP  Receipt For:  Primary General  Other (specify) | cupation  Physician  gregate Year-to-Date   39203 | Date of Receipt    1   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  B. Limoni, Robert  Mailing Address  3072 Bay Settlement  City s  | Ct. State Zip Code                                | Date of Receipt  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer  BayCare Clinic LLP  Receipt For:  Primary General  Other (specify)  | <u> </u>  | Amount of Each Receipt this Period  1850  10/22/08 \$18.50   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer  Baylare Clinic, LLP   | state Zip Code  II SHIIS  Cupation  Physician     | Date of Receipt  1.1 2.1 2.008  Amount of Each Receipt this Period  10/22/08 \$25.00   |  |  |  |  |  |
| Primary General Other (specify)   | gregate Year-to-Date V                            | Intermedial constitutions in the property of the constitution of t |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   | <b>•</b>  | 14317  |  |  |  |  |  |
| TOTAL This Period (last page this line number only).  |   |  |  |  |  |  |  |

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

Use separate schedule(s) for each category of the

| FOR LINE         | : PAGE | <b>4</b> 0 | F 4 |    |  |
|------------------|--------|------------|-----|----|--|
| (check only one) |        |            |     |    |  |
| X 11a            | 11b    | 11c        | 12  |    |  |
| 13               | 14     | 15         | 16  | 17 |  |

| HEWIZED RECEIPTS  |  | Detailed Summary Page  | 11a 11b 11c 12<br>13 14 15 16 17   |
|---|--|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the   | Statements ma                              | ay not be sold or used by any pe<br>ddress of any political committee  | rson for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)  Bay Care Physic  | ians                                       | PAC  |  |
| Full Name (Last, First, Middle Initial)  A. Sorrells, Christophe Mailing Address  3317 Star Creek  City  Green Bay  FEC ID number of contributing federal political committee.  Name of Employer  Bay Care Clinic, LLP  Receipt For:  Primary  General  Other (specify) | State WI Cocupation Physical               | Zip Code<br>S4311<br>ag:   | Date of Receipt  L1 2608  Amount of Each Receipt this Period  10122108 \$20.00   |
| Full Name (Last, First, Middle Initial)  B. Weinshel Steven  Mailing Address  1746 Wartinwood  City  DePere  FEC ID number of contributing federal political committee.  Name of Employer  Barcare Clinic, UP  Receipt For:  Primary  Other (specify)                   | State WT  C  Occupation Physical Aggregate | สารีวิธารณ์ที่ใหญ่ เพื่อในการเหลือน เพลาะก็สาราช ก็สาราช ก็สาราช ก็สาราช ก็สาราช ก็สาราช ก็สาราช ก็สาราช ก็สาร   | Amount of Each Receipt this Period  (0122(08 \$ 441.67)  |
| Full Name (Last, First, Middle Initial) C. Mailing Address  City  | State                                      | Zip Code   | Date of Receipt  |
| FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  | Occupation                                 | Year-to-Date ▼   | Amount of Each Receipt this Period   |
| Primary General Other (specify) ▼   | mas;;::::wyw.                              | Anna The San Marie Control of the Co | And residents increasing the following fraction of residents when the second residents and the s |
| SUBTOTAL of Receipts This Page (optional)   | •••••••                                    | <b>&gt;</b>  | 1,2334   |
| TOTAL This Period (last page this line number   | only)                                      |  | 88619  |

## SCHEDULE B (FEC Form 3X)

| ITEMIZED DISBURSEMENTS   |  | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE (check only 21b |   |
|--|--|---|--------------------------|---|
| or for commercial pu   | irposes, other than using the nam                                  | ne and address of any politica  |                          | on for the purpose of soliciting contributions solicit contributions from such committee. |
| F 10 b ( /) 1  | First, Middle Initial)  4 Congress  St College Ave                 |   |                          | Date of Disbursement  |
| Purpose of Disbu  Contrib  Candidate Name  Steve  Office Sought: | 13cment  |   | Category/<br>Type        | Amount of Each Disbursement this Period   |
| Full Name (Last, B. Mailing Address                              | First, Middle Initial)   |   |                          | Date of Disbursement  |
| City  Purpose of Disbut  Candidate Name  Office Sought:          |  |   | Category/                | Amount of Each Disbursement this Period   |
|  | First, Middle Initial)   |   |                          | Date of Disbursement  |
| City Purpose of Disbu Candidate Name Office Sought:              | rsement  House Disburser Senate President                          |   | Category/<br>Type        | Amount of Each Disbursement this Period   |
|  | oursements This Page (optional)  (last page this line number only) |   |                          |   |
| 10175 1113 1 61100   | (100) page and into humber only)                                   |   |                          |   |

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate |                      |
|--|----------------------|
| Hand Delivered   | Date of Receipt      |
| USPS First Class Mail  | Postmarked           |
| USPS Registered/Certified  | Postmarked (R/C)     |
| USPS Priority Mail   | Postmarked           |
| Delivery Confirmation™ or Signature Confir   | mation™ Label        |
| USPS Express Mail  | Postmarked           |
| Postmark Illegible   |                      |
| No Postmark  |                      |
| Overnight Delivery Service (Specify):  | Shipping Date        |
| Next Busines   | s 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):   | eceipt or Postmarked |
| Inia   | 12/8/08              |
| PREPARER (3/2005)  | DATE PREPARED        |