

**FEC
FORM 3X**

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

RECEIVED
2013 JAN 30 AM 11:59
FEC MAIL CENTER

12FE4M5

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

B A Y C A R E P H Y S I C I A N S P A C

ADDRESS (number and street)

1 6 4 N B R O A D W A Y

Check if different than previously reported. (ACC)

G R E E N B A Y W I 5 4 3 0 3 - 2 7 2 8

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 0 0 4 0 7 7 0 0

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 / / 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) |
|--|---------------------------------------|--|

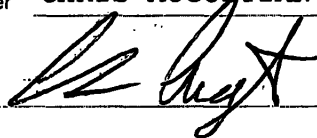
Election on / / in the State of

5. Covering Period / / through / /

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

/ /

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

13031023262

**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:

MM / DD / YYYY
11 / 27 / 2012

To:

MM / DD / YYYY
12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYYYY 2012		21,434.41
(b) Cash on Hand at Beginning of Reporting Period.....	23,597.49	
(c) Total Receipts (from Line 19)	983.23	15,656.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24,580.72	37,090.72
7. Total Disbursements (from Line 31).....	1,742.95	14,252.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22,837.77	22,837.77
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

13031023263

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
11 / 27 / 2012

To:

MM / DD / YYYY
12 / 31 / 2012

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).....

782.33

12,600.67

(ii) Unitemized.....

200.90

3,055.64

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

983.23

15,656.31

(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).....▶

983.23

15,656.31

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)).....▶

983.23

15,656.31

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

983.23

15,656.31

13031023264

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

13031023265

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	1,742.95	1,752.95	
(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))	1,742.95	1,752.95	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	12,500.00	
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))..	1,742.95	14,252.95	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,742.95	14,252.95	

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)	983.23	15,656.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	983.23	15,656.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,742.95	1,752.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,742.95	1,752.95

13031023266

**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 6	
	(check only one)	
<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15
<input type="checkbox"/> 12 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. BRADA, STEPHEN		Date of Receipt
Mailing Address 700 TERRAVIEW DRIVE		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City GREEN BAY	State WI	Zip Code 54301
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 352.00
Name of Employr BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5,765.83	

Full Name (Last, First, Middle Initial) B. HALLER, ROBERT		Date of Receipt
Mailing Address 2680 HILLSIDE HEIGHTS		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City GREEN BAY	State WI	Zip Code 54311
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 104.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,641.02	

Full Name (Last, First, Middle Initial) C. HENNIGAN, SHAWN		Date of Receipt
Mailing Address 1994 PAINT HORSE TRAIL		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City DE PERE	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 40.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 718.43	

SUBTOTAL of Receipts This Page (optional).....	496.00
TOTAL This Period (last page this line number only).....	

13031023267

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 6
(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

A. LEV, RAISA

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

Date of Receipt
12 / 21 / 2012

Mailing Address
302 BRAEBOURNE CT

City State Zip Code
GREEN BAY WI 54301

Amount of Each Receipt this Period
52.00

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 897.33

B. HARRISON, RICHARD

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

Date of Receipt
12 / 21 / 2012

Mailing Address
894 HIGHLAND SPRINGS CT

City State Zip Code
ONEIDA WI 54155

Amount of Each Receipt this Period
31.20

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP NEUROSURGEON

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 495.64

C. WEINSHEL, STEVEN

Full Name (Last, First, Middle Initial)
WEINSHEL, STEVEN

Date of Receipt
12 / 21 / 2012

Mailing Address
1746 MARTINWOOD CT

City State Zip Code
DE PERE WI 54115

Amount of Each Receipt this Period
0.00

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 333.36

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

83.20

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

13031023268

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 3 OF 6	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial) A. WILKINS, THOMAS		Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address 2927 SHELTER CREEK CT		Amount of Each Receipt this Period 40.00
City GREEN BAY	State Zip Code WI 54313	
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 40.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. GUO, DANZHU		Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address 2521 MEADOW BREEZE CT		Amount of Each Receipt this Period 21.20
City GREEN BAY	State Zip Code WI 54311-9006	
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 21.20
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.29	

Full Name (Last, First, Middle Initial) C. OTS, MAX		Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address 2455 SHIRLEY RD		Amount of Each Receipt this Period 25.00
City DE PERE	State Zip Code WI 54115	
FEC ID number of contributing federal political committee. C 00407700		Amount of Each Receipt this Period 25.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	86.20
TOTAL This Period (last page this line number only).....▶	

13031023269

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 4 OF 6	
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

BAYCARE RHYSIANS PAC

Full Name (Last, First, Middle Initial)

A. GRIFFITT, WESLEY

Mailing Address

1805 RAINBOW AVE

City

DE PERE

State

WI

Zip Code

54115

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

NEUROSURGEON

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

227.47

Date of Receipt

MM / DD / YYYY
12 / 21 / 2012

Amount of Each Receipt this Period

13.60

Full Name (Last, First, Middle Initial)

B. LIMONI, ROBERT

Mailing Address

3072 BAY SETTLEMENT CT

City

GREEN BAY

State

WI

Zip Code

54311

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 ▼

222.00

Date of Receipt

MM / DD / YYYY
12 / 21 / 2012

Amount of Each Receipt this Period

18.50

Full Name (Last, First, Middle Initial)

C. SCHNAUBELT, MICHAEL

Mailing Address

4318 HILTON HEAD DR

City

ONEIDA

State

WI

Zip Code

54115

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 ▼

242.72

Date of Receipt

MM / DD / YYYY
12 / 21 / 2012

Amount of Each Receipt this Period

15.20

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

47.30

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

13031023270

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

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

FOR LINE NUMBER: PAGE 5 OF 6
(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	

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NAME OF COMMITTEE (In Full)
BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial)
A. SCHOCK, HAROLD

Mailing Address
4552 CHOCTAW TRL

City State Zip Code
GREEN BAY WI 54313

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 ▼
249.96

Date of Receipt
12 / 21 / 2012

Amount of Each Receipt this Period
20.83

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

Mailing Address
3317 STAR CREEK CT

City State Zip Code
GREEN BAY WI 54311

FEC ID number of contributing federal political committee. **C 00407700**

Name of Employer Occupation
BAYCARE CLINIC, LLP MEDICAL DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 21 / 2012

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. WIENKERS, KEVIN

Mailing Address
2863 CIRCLE SHORE DR

City State Zip Code
GREEN BAY WI 54302

FEC ID number of contributing federal political committee. **C 00407700**

Name of Employer Occupation
BAYCARE CLINIC, LLP OPHTHALMOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
241.66

Date of Receipt
12 / 21 / 2012

Amount of Each Receipt this Period
14.00

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

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

54.83

13031023271

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

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

FOR LINE NUMBER: PAGE 6 OF 6

(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. DERVISH, AHMET

Date of Receipt

Mailing Address

778 STONEWOOD LN

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2012			

City

ONEIDA

State

WI

Zip Code

54155

Amount of Each Receipt this Period

14.80

FEC ID number of contributing federal political committee.

C 00407700

Name of Employr

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

213.96

Full Name (Last, First, Middle Initial)

B.

Date of Receipt

Mailing Address

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2012			

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

C.

Date of Receipt

Mailing Address

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2012			

City

State

Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

14.80

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

782.33

13031023272

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
BAYCARE RHYSIICIANS PAC

A. Full Name (Last, First, Middle Initial) BAYCARE HEALTH SYSTEMS		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 164 N. BROADWAY		Allocated Activity or Event Year-To-Date 1,742.95	
City GREEN BAY	State WI	Zip Code 54303	Date MM / DD / YYYY 12 / 27 / 2012
Purpose of Disbursement: RENTAL AGREEMENT		Category/Type 001	
Activity or Event Identifier:			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 1,742.95 + 0.00 = 1,742.95			

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date MM / DD / YYYY
Purpose of Disbursement:		Category/Type	
Activity or Event Identifier:			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date MM / DD / YYYY
Purpose of Disbursement:		Category/Type	
Activity or Event Identifier:			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
1,742.95	0.00	1,742.95
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
1,742.95	0.00	1,742.95

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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John K
PREPARER
(3/2005)

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