

**LAFOLLETTE  
GODFREY  
& KAHN**  
ATTORNEYS AT LAW

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FEDERAL  
OPERATIONS CENTER

2004 OCT 28 P 12:11

ONE EAST MAIN STREET  
POST OFFICE BOX 2719  
MADISON, WI 53701-2719  
TEL. 608-257-3911  
FAX 608-257-0629  
www.gfk.com

GODFREY & SAFFIN, S.C.  
MCMAHON  
APOLISTON  
GREEN BAY  
WISCONSIN

October 27, 2004

**VIA FEDERAL EXPRESS**

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

RE: FEC Form 1 - Baycare Physicians PAC

To Whom It May Concern:

Enclosed for filing is an original, executed FEC Form 1 Statement of Organization for Baycare Physicians PAC. Please return the file-stamped copy along with the FEC ID number in the enclosed Federal Express return envelope.

If you have any questions, please contact me at 608-284-2629.

Sincerely,

LA FOLLETTE GODFREY & KAHN

*Macy Shubert*

Macy Shubert  
Paralegal

Enclosure

cc: Jerry Vokraoka (w/encl.)  
MN220986\_1.DOC

FEDERAL  
ELECTION  
OPERATIONS CENTER

2004 OCT 28 P 12:11

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Examples: If typing, type  
over the lines.

12FE4145  
Instructions for Candidates

BAYCARE PHYSICIANS PAC

ADDRESS (number and street)

164 NORTH BROADWAY



(Check if address  
is changed)

GREEN BAY

WI

54303

CITY \*

STATE \*

ZIP CODE \*

COMMITTEE'S E-MAIL ADDRESS

baycarepac@baycare.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

NONE

COMMITTEE'S FAX NUMBER

920-405-5382

2. DATE

10/28/04

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement 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

10/28/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Tel. Free 800-424-9530  
Local 202-494-5100

FEC FORM 1  
(Revised 10/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought  House  Senate  President  State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

Baycare Physicians PAC

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name CHRIS AUGUSTIAN

Mailing Address 164 NORTH BROADWAY GREEN BAY WI 54303

Title or Position CITY STATE ZIP CODE

CUSTODIAN OF RECORDS Telephone number 920-405-5382

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer CHRIS AUGUSTIAN

Mailing Address 164 NORTH BROADWAY GREEN BAY WI 54303

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 920-405-5382

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

ASSOCIATED BANK

Mailing Address

201 NORTH ADAMS STREET

GREEN BAY,

WI

54301

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FEDTEX</i>	Shipping Date <i>10-27-04</i>
<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
<i>1/21</i> PREPARER	<i>10-28-04</i> DATE PREPARED