

2010 JUL 14 AM 11:29

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. 12FE4MS

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 ▲

C 00407700

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:
- 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)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY
04 / 01 / 2010 through 06 / 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 [Signature] Date 07 / 10 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only grid with columns for tracking and FEC FORM 3X Rev. 12/2004

10030370418

**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
04 / 01 / 2010

To:

MM / DD / YYYY
06 / 30 / 2010

	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.....	9,316.59	
(c) Total Receipts (from Line 19).....	2,833.03	4,840.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12,149.62	14,649.62
7. Total Disbursements (from Line 31).....	110.00	2,610.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12,039.62	12,039.62
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

10030370419

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 04 / 01 / 2010 To: MM / DD / YYYY 06 / 30 / 2010

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).....

1,583.05

1,800.78

(ii) Unitemized.....

1,249.98

3,039.49

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

2,833.03

4,840.27

(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).....▶

2,833.03

4,840.27

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)).....▶

2,833.03

4,840.27

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

2,833.03

4,840.27

10030370420

DETAILED SUMMARY PAGE
of Disbursements

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	110.00	110.00
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	110.00	110.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		2,500.00
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)) ..	110.00	2,610.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	110.00	2,610.00

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DETAILED SUMMARY PAGE
of Disbursements

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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)	2,833.03	4,840.27
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,833.03	4,840.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	110.00	110.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	110.00	110.00

10030370422

**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 2
(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

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. ANDERAS, PER

Mailing Address
2824 MT. CAROL DR

City State Zip Code
GREEN BAY WI 54311

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

Name of Employer Occupation
BAYCARE CLINIC, LLP SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
04 / 07 / 2010

Amount of Each Receipt this Period
1,000.00

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

Mailing Address
2521 MEADOW BREEZE CT

City State Zip Code
GREEN BAY WI 54311-9006

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

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
04 / 22 / 2010

Amount of Each Receipt this Period
41.67

05/21/2010 41.67
06/22/2010 41.67

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

Mailing Address
984 HIGHLAND SPRINGS CT

City State Zip Code
ONEIDA WI 54155

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

Name of Employer Occupation
BAYCARE CLINIC, LLP NEUROSURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.56

Date of Receipt
04 / 22 / 2010

Amount of Each Receipt this Period
66.28

05/21/2010 38.48
06/22/2010 45.60

SUBTOTAL of Receipts This Page (optional).....▶ **1,275.37**

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

10030370423

**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 2
(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	

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. HENNIGAN, SHAWN

Mailing Address
1994 PAINT HORSE TRAIL

City State Zip Code
DE PERE WI 54115

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

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.89

Date of Receipt
04 / 22 / 2010

Amount of Each Receipt this Period
59.64

05/21/2010 60.98
06/22/2010 44.32

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

Mailing Address
1122 PLEASANT VALLEY DR

City State Zip Code
ONEIDA WI 54155

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

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.46

Date of Receipt
04 / 22 / 2010

Amount of Each Receipt this Period
5.91

05/21/2010 5.91
06/22/2010 5.91

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

Mailing Address
1746 MARTINWOOD CT

City State Zip Code
DE PERE WI 54115

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

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
04 / 22 / 2010

Amount of Each Receipt this Period
41.67

05/21/2010 41.67
06/22/2010 41.67

SUBTOTAL of Receipts This Page (optional)..... **307.68**

TOTAL This Period (last page this line number only)..... **1,583.05**

10030370424

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) 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 110.00		
City GREEN BAY	State WI	Zip Code 54301	Date 06 / 30 / 2010		
Purpose of Disbursement: BANK ACCOUNT FEES			Category/Type 001		
Activity or Event Identifier:					
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT					
110.00 + = 110.00					

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		
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		
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 110.00	+ NONFEDERAL SHARE	= TOTAL AMOUNT 110.00			
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TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE 110.00	+ NONFEDERAL SHARE	= TOTAL AMOUNT 110.00			
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10030370425

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.

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

AMS
 PREPARER

7/14/10
 DATE PREPARED

10030370426