

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED 2012 JUL 18 PM 12:10

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 OR AMENDED

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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

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

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 04/01/2012 through 06/31/2012

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 [Handwritten Signature]

Date 07/13/2012

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

Table with 8 columns for Office Use Only

FEC FORM 3X Rev. 12/2004

12030852461

**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:

04 / 01 / 2012

To:

06 / 31 / 2012

**COLUMN A
This Period**

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

| | | |
|---|-----------|-----------|
| 6. (a) Cash on Hand January 1, 2012 | | 21,434.41 |
| (b) Cash on Hand at Beginning of Reporting Period | 23,762.70 | |
| (c) Total Receipts (from Line 19) | 3,472.79 | 8,301.08 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 27,235.49 | 29,735.49 |
| 7. Total Disbursements (from Line 31) | 10.00 | 2,510.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 27,225.49 | 27,225.49 |
| 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

12030852462

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: **04** / **01** / **2012** To: **06** / **31** / **2012**

12030852463

| 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)..... | 2,299.68 | 5,168.29 |
| (ii) Unitemized..... | 1,173.11 | 3,132.79 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 3,472.79 | 8,301.08 |
| (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).....▶ | 3,472.79 | 8,301.08 |
| 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)).....▶ | 3,472.79 | 8,301.08 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 3,472.79 | 8,301.08 |

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) | 3,472.79 | 8,301.08 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3,472.79 | 8,301.08 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 10.00 | 10.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 10.00 | 10.00 |

12030852464

**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 | |
| <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. BRADA, STEPHEN | | Date of Receipt 06 / 22 / 2012 |
| Mailing Address 700 TERRAVIEW DRIVE | | Amount of Each Receipt this Period 352.00 |
| City GREEN BAY | State Zip Code WI 54301 | |
| FEC ID number of contributing federal political committee. C | | 5/22 - 499.82 4/20 - 352.00 |
| Name of Employer BAYCARE CLINIC, LLP | Occupation PHYSICIAN | Aggregate Year-to-Date ▼ 3,106.61 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|----------------------------|---|
| Full Name (Last, First, Middle Initial) B. HALLER, ROBERT | | Date of Receipt 06 / 22 / 2012 |
| Mailing Address 2680 HILLSIDE HEIGHTS | | Amount of Each Receipt this Period 104.00 |
| City GREEN BAY | State Zip Code WI 54311 | |
| FEC ID number of contributing federal political committee. C | | 5/22 - 169.81 4/20 - 104.00 |
| Name of Employer BAYCARE CLINIC, LLP | Occupation PHYSICIAN | Aggregate Year-to-Date ▼ 864.78 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|----------------------------|--|
| Full Name (Last, First, Middle Initial) C. HENNIGAN, SHAWN | | Date of Receipt 06 / 22 / 2012 |
| Mailing Address 1994 PAINT HORSE TRAIL | | Amount of Each Receipt this Period 40.00 |
| City DE PERE | State Zip Code WI 54115 | |
| FEC ID number of contributing federal political committee. C | | 05/22 - 99.90 04/20 - 40.00 |
| Name of Employer BAYCARE CLINIC, LLP | Occupation PHYSICIAN | Aggregate Year-to-Date ▼ 394.85 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1,761.53 |
| TOTAL This Period (last page this line number only).....▶ | |

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**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"/> 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. LEV, RAISA

Mailing Address

302 BRAEBOURNE CT

City

GREEN BAY

State

WI

Zip Code

54301

FEC ID number of contributing federal political committee.

C

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

451.87

Date of Receipt

06 / 22 / 2012

Amount of Each Receipt this Period

52.00

5/22 - 83.97

4/20 - 52.00

Full Name (Last, First, Middle Initial)

B. HARRISON, RICHARD

Mailing Address

894 HIGHLAND SPRINGS CT

City

ONEIDA

State

WI

Zip Code

54155

FEC ID number of contributing federal political committee.

C

Name of Employer

BAYCARE CLINIC, LLP

Occupation

NEUROSURGEON

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.72

Date of Receipt

06 / 22 / 2012

Amount of Each Receipt this Period

31.20

5/22 - 42.77

4/20 - 31.20

Full Name (Last, First, Middle Initial)

C. WEINSHEL, STEVEN

Mailing Address

1746 MARTINWOOD CT

City

DE PERE

State

WI

Zip Code

54115

FEC ID number of contributing federal political committee.

C

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 22 / 2012

Amount of Each Receipt this Period

41.67

05/22 - 41.67

04/20 - 41.67

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

418.15

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

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**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 |
| <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. WILKINS, THOMAS | | Date of Receipt M M / D D / Y Y Y Y 06 22 2012 |
| Mailing Address 2927 SHELTER CREEK CT | | Amount of Each Receipt this Period |
| City GREEN BAY | State Zip Code WI 54313 | |
| FEC ID number of contributing federal political committee. C | | 40.00 |
| Name of Employer BAYCARE CLINIC, LLP | Occupation PHYSICIAN | 5/22 - 40.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | 4/20 - 40.00 |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Receipt M M / D D / Y Y Y Y 06 22 2012 |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | | |
|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt M M / D D / Y Y Y Y 06 22 2012 |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 120.00 |
| TOTAL This Period (last page this line number only).....▶ | 2,299.68 |

12030852467

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) ASSOCIATED BANK | | | 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 200 N ADAMS ST | | | Allocated Activity or Event Year-To-Date | | | |
| City Green Bay | State WI | Zip Code 54301 | Date 06 30 2012 | | | |
| Purpose of Disbursement: BANK FEES | | | Category/Type 001 | | | |
| Activity or Event Identifier: | | | | | | |
| FEDERAL SHARE | | + | NONFEDERAL SHARE | | = | TOTAL AMOUNT |
| 10.00 | | | 000 | | | 10.00 |

| | | | | | | |
|--|-------|----------|---|--|---|--------------|
| 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 | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 10.00 | | | | 10.00 |

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 |
| 10.00 | | 10.00 |

12030852468

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)
7/13/12

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
(3/2005)

7/18/12
DATE PREPARED

12030852469