

**FEC  
FORM 3X**

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

RECEIVED  
2012 DEC 10 PM 12:12

Office Use Only  
FEDERAL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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:
- 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 M M M / D D D / Y Y Y Y Y Y in the State of  

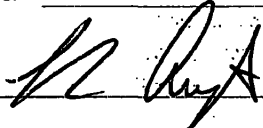
- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on 1 1 / 0 6 / 2 0 1 2 in the State of W I

5. Covering Period M M M / D D D / 2 0 1 2 through M M M / D D D / 2 0 1 2

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 M M M / D D D / Y Y Y Y 1 2 / 0 3 / 2 0 1 2

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							
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**FEC FORM 3X**  
Rev. 12/2004

12030973485

**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:  /  /  To:  /  /

12030973466

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="21,434.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20,896.98"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2,700.51"/>	<input type="text" value="14,673.08"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<input type="text" value="23,597.49"/>	<input type="text" value="36,107.49"/>
7. Total Disbursements (from Line 31) .....	<input type="text" value="0.00"/>	<input type="text" value="12,510.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<input type="text" value="23,597.49"/>	<input type="text" value="23,597.49"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**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  
10 / 18 / 2012

To:

MM / DD / YYYY  
11 / 26 / 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).....

2,086.15

11,619.18

(ii) Unitemized .....

614.36

3,053.90

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

2,700.51

14,673.08

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Line 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....

2,700.51

14,673.08

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)) .....

2,700.51

14,673.08

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

2,700.51

14,673.08

12030973467

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**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 .....	0.00	10.00
(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)) .....	0.00	10.00
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)) ..	0.00	12,510.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0.00	12,510.00

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**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) .....	2,700.51	14,673.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,700.51	14,673.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	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) .....	0.00	10.00

12030973469

**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 5

(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. BRADA, STEPHEN**

Mailing Address

700 TERRAVIEW DRIVE

City

GREEN BAY

State

WI

Zip Code

54301

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 ▼

5,413.83

Date of Receipt

MM / DD / YYYY  
11 / 23 / 2012

Amount of Each Receipt this Period

631.50

10/22 - 352.00

Full Name (Last, First, Middle Initial)

**B. HALLER, ROBERT**

Mailing Address

2680 HILLSIDE HEIGHTS

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 ▼

1,537.02

Date of Receipt

MM / DD / YYYY  
11 / 23 / 2012

Amount of Each Receipt this Period

179.67

10/22 - 104.00

Full Name (Last, First, Middle Initial)

**C. HENNIGAN, SHAWN**

Mailing Address

1994 PAINT HORSE TRAIL

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

PHYSICIAN

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

678.43

Date of Receipt

MM / DD / YYYY  
11 / 23 / 2012

Amount of Each Receipt this Period

67.87

10/22 - 40.00

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

1,375.04

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

12030973470

**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 5  
(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. LEV, RAISA**

Mailing Address  
302 BRAEBOURNE CT

City State Zip Code  
GREEN BAY WI 54301

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 ▼  
845.33

Date of Receipt

11 / 23 / 2012

Amount of Each Receipt this Period

121.52

10/22 - 52.00

Full Name (Last, First, Middle Initial)

**B. HARRISON, RICHARD**

Mailing Address  
894 HIGHLAND SPRINGS CT

City State Zip Code  
ONEIDA WI 54155

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

Name of Employer Occupation  
BAYCARE CLINIC, LLP NEUROSURGEON

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
464.44

Date of Receipt

11 / 23 / 2012

Amount of Each Receipt this Period

68.81

10/22 - 31.20

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** 00407700

Name of Employer Occupation  
BAYCARE CLINIC, LLP PHYSICIAN

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

Date of Receipt

11 / 23 / 2012

Amount of Each Receipt this Period

0.00

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

273.53

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

12030973471

**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 5

(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. WILKINS, THOMAS**

Mailing Address

2927 SHELTER CREEK CT

City

GREEN BAY

State

WI

Zip Code

54313

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 ▼

440.00

Date of Receipt

11 / 23 / 2012

Amount of Each Receipt this Period

40.00

10/22 - 40.00

Full Name (Last, First, Middle Initial)

**B. GUO, DANZHU**

Mailing Address

2521 MEADOW BREEZE CT

City

GREEN BAY

State

WI

Zip Code

54311-9006

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 ▼

310.09

Date of Receipt

11 / 23 / 2012

Amount of Each Receipt this Period

33.12

10/22 - 21.20

Full Name (Last, First, Middle Initial)

**C. OTS, MAX**

Mailing Address

2455 SHIRLEY RD

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

PHYSICIAN

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 23 / 2012

Amount of Each Receipt this Period

25.00

10/22 - 25.00

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

184.32

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

12030973472



**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 4 OF 5	
	<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) <b>A. GRIFFITT, WESLEY</b>		Date of Receipt
Mailing Address <b>1805 RAINBOW AVE</b>		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City <b>DE PERE</b>	State <b>WI</b>	Zip Code <b>54115</b>
FEC ID number of contributing federal political committee. <b>C 00407700</b>		Amount of Each Receipt this Period <b>26.23</b>
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>NEUROSURGEON</b>	10/22 - 13.60
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>213.87</b>	

Full Name (Last, First, Middle Initial) <b>B. LIMONI, ROBERT</b>		Date of Receipt
Mailing Address <b>3072 BAY SETTLEMENT CT</b>		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City <b>GREEN BAY</b>	State <b>WI</b>	Zip Code <b>54311</b>
FEC ID number of contributing federal political committee. <b>C 00407700</b>		Amount of Each Receipt this Period <b>18.50</b>
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>PHYSICIAN</b>	10/22 - 18.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>203.50</b>	

Full Name (Last, First, Middle Initial) <b>C. SCHNAUBELT, MICHAEL</b>		Date of Receipt
Mailing Address <b>4318 HILTON HEAD DR</b>		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City <b>ONEIDA</b>	State <b>WI</b>	Zip Code <b>54115</b>
FEC ID number of contributing federal political committee. <b>C 00407700</b>		Amount of Each Receipt this Period <b>32.30</b>
Name of Employer <b>BAYCARE CLINIC, LLP</b>	Occupation <b>PHYSICIAN</b>	10/22 - 15.20
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>227.52</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>124.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

12030973473

**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 5  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. SCHOCK, HAROLD**

Mailing Address  
4552 CHOCTAW TRL  
City GREEN BAY State WI Zip Code 54313

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 ▼  
**229.13**

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2012

Amount of Each Receipt this Period  
**20.83**

10/22 - 20.83

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

Mailing Address  
3317 STAR CREEK 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 MEDICAL DOCTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2012

Amount of Each Receipt this Period  
**20.00**

10/22 - 20.00

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

Mailing Address  
2863 CIRCLE SHORE DR  
City GREEN BAY State WI Zip Code 54302

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

Name of Employer BAYCARE CLINIC, LLP Occupation OPHTHALMOLOGIST

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**227.66**

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2012

Amount of Each Receipt this Period  
**33.27**

10/22 - 14.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **128.93**

**TOTAL** This Period (last page this line number only)..... ▶ **2,086.15**

12030973474

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
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 12/3/12
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<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

*Chen*  
 PREPARER  
 (3/2005)

12/10/12  
 DATE PREPARED

12030973475