

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2008 FEB -4 PM 1:38

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)

1164 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

07 / 01 / 2007

through

12 / 31 / 2007

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

*Chris Augustian*

Date

01 / 24 / 2008

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

28039621482

**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:

|   | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|---|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2007"/>                                       |  | <input type="text" value="10,313.57"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <input type="text" value="13,541.98"/> |  |
| (c) Total Receipts (from Line 19) .....   | <input type="text" value="3,446.80"/>  | <input type="text" value="6,675.21"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | <input type="text" value="16,988.78"/> | <input type="text" value="16,988.78"/> |
| 7. Total Disbursements (from Line 31) .....   | <input type="text" value="1,000.00"/>  | <input type="text" value="1,000.00"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | <input type="text" value="15,988.78"/> | <input type="text" value="15,988.78"/> |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="00"/>        |  |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="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

28039621483

**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  
07 ' 01 ' 2007

To:

MM ' DD ' YYYY  
12 ' 31 ' 2007

**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).....

1,911.01

3,109.46

(ii) Unitemized.....

1,535.79

3,565.75

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

3,446.80

6,675.21

(b) Political Party Committees.....

00

00

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

00

00

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

3,446.80

6,675.21

12. Transfers From Affiliated/Other Party Committees.....

00

00

13. All Loans Received.....

00

00

14. Loan Repayments Received.....

00

00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00

00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00

00

17. Other Federal Receipts (Dividends, Interest, etc.).....

00

00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

00

00

(b) Levin Funds (from Schedule H5).....

00

00

(c) Total Transfers (add 18(a) and 18(b))..

00

00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

3,446.80

6,675.21

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

3,446.80

6,675.21

28039621484

**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 .....  | 00       | 00       |
| (ii) Non-Federal Share.....  | 00       | 00       |
| (b) Other Federal Operating Expenditures .....   | 00       | 00       |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 00       | 00       |
| 22. Transfers to Affiliated/Other Party Committees.....  | 00       | 00       |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 1,000.00 | 1,000.00 |
| 24. Independent Expenditures (use Schedule E) .....  | 00       | 00       |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 00       | 00       |
| 26. Loan Repayments Made.....  | 00       | 00       |
| 27. Loans Made.....  | 00       | 00       |
| 28. Refunds of Contributions To:   |          |          |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 00       | 00       |
| (b) Political Party Committees .....   | 00       | 00       |
| (c) Other Political Committees (such as PACs).....   | 00       | 00       |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 00       | 00       |
| 29. Other Disbursements .....  | 00       | 00       |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |          |          |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |          |          |
| (i) Federal Share .....  | 00       | 00       |
| (ii) "Levin" Share.....  | 00       | 00       |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 00       | 00       |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 00       | 00       |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 1,000.00 | 1,000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1,000.00 | 1,000.00 |

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 3,446.80                      | 6,675.21                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 00                            | 00                                |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 3,446.80                      | 6,675.21                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 00                            | 00                                |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 00                            | 00                                |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 00                            | 00                                |

28039621486

**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 4                  |                             |
| <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  |                             |

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**

A. Full Name (Last, First, Middle Initial)  
**Block, Jeffrey A.**

Mailing Address  
**2501 Ducharme Lane**

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 ▼ **233.13**

Date of Receipt *Payroll deduction*

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
| 12 | 21 | 2007 |

Amount of Each Receipt this Period

|          |       |
|----------|-------|
| 11/23/07 | 20.83 |
| 10/22/07 | 20.83 |
| 9/21/07  | 20.83 |
| 8/22/07  | 20.83 |
| 7/20/07  | 20.83 |

B. Full Name (Last, First, Middle Initial)  
**Gardon, Mark A.**

Mailing Address  
**4364 Hilton Head Ct.**

City **Oneida, WI** 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 ▼ **312.08**

Date of Receipt *Payroll deduction*

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
| 12 | 21 | 2007 |

Amount of Each Receipt this Period

|          |       |
|----------|-------|
| 11/23/07 | 25.00 |
| 10/22/07 | 25.00 |
| 9/21/07  | 25.00 |
| 8/22/07  | 25.00 |
| 7/20/07  | 25.00 |

C. Full Name (Last, First, Middle Initial)  
**Guo, Danzhu**

Mailing Address  
**2521 Meadow Breeze Ct.**

City **Green Bay, WI** State **WI** Zip Code **54311-9006**

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 ▼ **469.70**

Date of Receipt *Payroll deduction*

|    |    |      |
|----|----|------|
| MM | DD | YYYY |
| 12 | 21 | 2007 |

Amount of Each Receipt this Period

|          |       |
|----------|-------|
| 11/23/07 | 41.67 |
| 10/22/07 | 41.67 |
| 9/21/07  | 41.67 |
| 8/22/07  | 41.67 |
| 7/20/07  | 41.67 |

SUBTOTAL of Receipts This Page (optional)..... **525.00**

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

28039621487

**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 4

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BayCare Physicians PAC

A. Full Name (Last, First, Middle Initial)  
Harrison, Richard L.

Mailing Address  
984 Highland Springs Ct.

City Oneida, WI 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 592.03

Date of Receipt Payroll deduction  
12 ' 21 ' 2007

Amount of Each Receipt this Period

|          |       |
|----------|-------|
| 11/23/07 | 69.08 |
| 10/22/07 | 50.81 |
| 9/21/07  | 46.74 |
| 8/22/07  | 34.36 |
| 7/20/07  | 68.14 |

B. Full Name (Last, First, Middle Initial)  
Hennigan, Shawn

Mailing Address  
1994 Paint Horse Trail

City De Pere, WI 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 766.66

Date of Receipt Payroll deduction  
12 ' 21 ' 2007

Amount of Each Receipt this Period

|          |       |
|----------|-------|
| 11/23/07 | 57.69 |
| 10/22/07 | 19.51 |
| 9/21/07  | 63.32 |
| 8/22/07  | 78.61 |
| 7/20/07  | 78.49 |

C. Full Name (Last, First, Middle Initial)  
Limoni, Robert P.

Mailing Address  
3072 Bay Settlement Ct.

City Green Bay, WI State WI Zip Code 54311

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 761.77

Date of Receipt Payroll deduction  
12 ' 21 ' 2007

Amount of Each Receipt this Period

|            |       |
|------------|-------|
| 11/23/2007 | 18.50 |
| 10/22/2007 | 18.50 |
| 9/21/2007  | 18.50 |
| 8/22/2007  | 18.50 |
| 7/20/2007  | 18.50 |

SUBTOTAL of Receipts This Page (optional)..... 761.77

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

28039621488

**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 4

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BayCare Physicians PAC

Full Name (Last, First, Middle Initial)  
**A. Ots, Max E.**

Mailing Address  
2455 Shirley Rd.

City DePere, WI 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 275.00

Date of Receipt Payroll deduction  
12 / 21 / 2007

Amount of Each Receipt this Period

|                 |              |
|-----------------|--------------|
| <u>11/23/07</u> | <u>25.00</u> |
| <u>10/22/07</u> | <u>25.00</u> |
| <u>9/21/07</u>  | <u>25.00</u> |
| <u>8/22/07</u>  | <u>25.00</u> |
| <u>7/20/07</u>  | <u>25.00</u> |

Full Name (Last, First, Middle Initial)  
**B. Sorrells, Christopher**

Mailing Address  
3317 Star Creek Ct.

City Green Bay, WI State WI Zip Code 54311

FEC ID number of contributing federal political committee. C

Name of Employer BayCare Clinic, LLP Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date 220.00

Date of Receipt Payroll deduction  
12 / 21 / 2007

Amount of Each Receipt this Period

|                 |              |
|-----------------|--------------|
| <u>11/23/07</u> | <u>20.00</u> |
| <u>10/22/07</u> | <u>20.00</u> |
| <u>9/21/07</u>  | <u>20.00</u> |
| <u>8/22/07</u>  | <u>20.00</u> |
| <u>7/20/07</u>  | <u>20.00</u> |

Full Name (Last, First, Middle Initial)  
**c. Weinschel, Steven S.**

Mailing Address  
1746 Martinwood Ct.

City DePere, WI State WI Zip Code 54115

FEC ID number of contributing federal political committee. C

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date 520.87

Date of Receipt Payroll deduction  
12 / 21 / 2007

Amount of Each Receipt this Period

|                   |              |
|-------------------|--------------|
| <u>11/23/2007</u> | <u>41.67</u> |
| <u>10/22/2007</u> | <u>41.67</u> |
| <u>9/21/2007</u>  | <u>41.67</u> |
| <u>8/22/2007</u>  | <u>41.67</u> |
| <u>7/20/2007</u>  | <u>41.67</u> |

SUBTOTAL of Receipts This Page (optional)..... 520.02

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

28039621489



**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 4  
 (check only one)  
 11a  11b  11c  12  
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
BayCare Physicians PAC

A. Full Name (Last, First, Middle, Initial)  
Wienkers, Kevin P.  
 Mailing Address  
2863 Circle Shore Dr.  
 City State Zip Code  
Green Bay, WI 54302  
 FEC ID number of contributing federal political committee.  
C  
 Name of Employer Occupation  
BayCare Clinic, LLP Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify)   
 Aggregate Year-to-Date   
208.91

Date of Receipt Payroll deduction  
 M  D  Y  
12 21 2007  
 Amount of Each Receipt this Period  
  
16.26  

|            |       |
|------------|-------|
| 11/23/2007 | 25.45 |
| 10/22/2007 | 5.84  |
| 9/21/2007  | 14.84 |
| 8/22/2007  | 27.74 |
| 7/20/2007  | 14.09 |

B. Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee.  
C  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify)   
 Aggregate Year-to-Date

Date of Receipt  
 M  D  Y  
 Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee.  
C  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify)   
 Aggregate Year-to-Date

Date of Receipt  
 M  D  Y  
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....   
104.22  
 TOTAL This Period (last page this line number only) .....   
1911.01

28039621490

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

BayCare Physicians PAC

Full Name (Last, First, Middle Initial)

A. Friends of Max Baucus

Mailing Address

236 Massachusetts Ave. NE Ste 603

City State Zip Code

Washington, DC 20002

Purpose of Disbursement

Contribution

Candidate Name

Max Baucus

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. A Lot of People for Dave Obey

Mailing Address

PO BOX 75214

City State Zip Code

Washington, DC 20013-5214

Purpose of Disbursement

Contribution

Candidate Name

Dave Obey

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: WI District: 7th

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1,000.00

28039621491

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)<br>1/30/08   |
| <input type="checkbox"/> USPS Priority Mail<br>Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | Postmarked                    |
| <input type="checkbox"/> USPS Express Mail  | Postmarked                    |
| <input type="checkbox"/> Postmark Illegible   |                               |
| <input type="checkbox"/> No Postmark  |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):<br>Next Business Day Delivery <input type="checkbox"/>           | Shipping Date                 |
| <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 |

*Jm W*  
 PREPARER  
 (3/2005)

*2/2/08*  
 DATE PREPARED

28039621492