

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED 2012 FEB -6 PM 12:41

FEC PAN 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 00407700

3. IS THIS REPORT NEW OR AMENDED (N) OR (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)

Table with columns for report due dates: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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 07/01/2011 through 12/31/2011

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 01/30/2012

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 10 columns for Office Use Only

FEC FORM 3X Rev. 12/2004

1203073448A

**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:

07 / 01 / 2011

To:

12 / 31 / 2011

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, 2011		10,456.44
(b) Cash on Hand at Beginning of Reporting Period	17,988.15	
(c) Total Receipts (from Line 19)	7,626.08	15,157.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25,614.23	25,614.23
7. Total Disbursements (from Line 31)	4,179.82	4,179.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21,434.41	21,434.41
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

1203073485

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: ^M07 / ^D01 / ^Y2011 To: ^M12 / ^D31 / ^Y2011

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).....	6,106.26	12,024.99
(ii) Unitemized.....	1,519.82	3,132.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7,626.08	15,157.79
(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).....▶	7,626.08	15,157.79
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)).....▶	7,626.08	15,157.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7,626.08	15,157.79

12030734486

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	2,679.82	2,679.82
(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	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,500.00	1,500.00
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))..	4,179.82	4,179.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,179.82	4,179.82

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7,626.08	15,157.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7,626.08	15,157.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2,679.82	2,679.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,679.82	2,679.82

12930754488

**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 6

(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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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. STEPHEN A BRADA

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 ▼

5,474.64

Date of Receipt

12 / 22 / 2011

Amount of Each Receipt this Period

352.00

11/22 - 501.05
10/21 - 348.36
9/22 - 559.24
8/22 - 458.35
7/22 - 519.00

Full Name (Last, First, Middle Initial)

B. AHMET DERVISH

Mailing Address

778 STONEWOOD LN

City

ONEIDA

State

WI

Zip Code

54155

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 ▼

217.01

Date of Receipt

12 / 22 / 2011

Amount of Each Receipt this Period

14.80

11/22 - 25.90
10/21 - 15.57
9/22 - 17.26
8/22 - 18.33
7/22 - 19.41

Full Name (Last, First, Middle Initial)

C. WESLEY E GRIFFITT

Mailing Address

1805 RAINBOW AVE

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

NEUROSURGEON

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

211.15

Date of Receipt

12 / 22 / 2011

Amount of Each Receipt this Period

13.60

11/22 - 35.64
10/21 - 11.54
9/22 - 18.69
8/22 - 12.25
7/22 - 25.39

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

2,966.38

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

1293073469

**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 6
(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. DANZHU GUO

Mailing Address

2521 MEADOW BREEZE 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

PHYSICIAN

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

296.46

Date of Receipt

12 / 22 / 2011

Amount of Each Receipt this Period

21.20

11/22 - 45.31
10/21 - 13.58
9/22 - 35.43
8/22 - 23.38
7/22 - 23.54

Full Name (Last, First, Middle Initial)

B. ROBERT HALLER

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 ▼

1,585.52

Date of Receipt

12 / 22 / 2011

Amount of Each Receipt this Period

104.00

11/22 - 147.01
10/21 - 146.44
9/22 - 150.51
8/22 - 114.01
7/22 - 142.86

Full Name (Last, First, Middle Initial)

C. RICHARD L HARRISON

Mailing Address

984 HIGHLAND SPRINGS CT

City

ONEIDA

State

WI

Zip Code

54155

FEC ID number of contributing federal political committee.

C 00407700

Name of Employer

BAYCARE CLINIC, LLP

Occupation

NEUROSURGEON

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

465.69

Date of Receipt

12 / 22 / 2011

Amount of Each Receipt this Period

31.20

11/22 - 67.24
10/21 - 33.81
9/22 - 35.22
8/22 - 32.00
7/22 - 30.91

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

1,197.65

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

12039734430

**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 6

(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. SHAWN HENNIGAN

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 ▼

545.51

Date of Receipt

12 / 22 / 2011

Amount of Each Receipt this Period

40.00

11/22 - 68.85
10/21 - 17.54
9/22 - 56.33
8/22 - 43.06
7/22 - 66.17

Full Name (Last, First, Middle Initial)

B. RAISA LEV

Mailing Address

302 BRAEBOURNE CT

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 ▼

797.72

Date of Receipt

12 / 22 / 2011

Amount of Each Receipt this Period

52.00

11/22 - 76.89
10/21 - 73.53
9/22 - 71.54
8/22 - 55.54
7/22 - 67.43

Full Name (Last, First, Middle Initial)

C. ROBERT P LIMONI

Mailing Address

3072 BAY SETTLEMENT 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

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

12 / 22 / 2011

Amount of Each Receipt this Period

18.50

11/22 - 18.50
10/21 - 18.50
9/22 - 18.50
8/22 - 18.50
7/22 - 18.50

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

799.88

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

**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 6

(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. MAX E OTS

Mailing Address

2455 SHIRLEY RD

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 ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
12 22 2011

Amount of Each Receipt this Period

25.00
11/22 - 25.00
10/21 - 25.00
9/22 - 25.00
8/22 - 25.00
7/22 - 25.00

Full Name (Last, First, Middle Initial)

B. MICHAEL SCHNAUBELT

Mailing Address

4318 HILTON HEAD DR

City State Zip Code
ONEIDA 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 ▼
226.39

Date of Receipt

M M / D D / Y Y Y Y
12 22 2011

Amount of Each Receipt this Period

15.20
11/22 - 30.38
10/21 - 20.69
9/22 - 21.32
8/22 - 18.10
7/22 - 26.98

Full Name (Last, First, Middle Initial)

C. HAROLD SCHOCK

Mailing Address

4552 CHOCTAW TRL.

City State Zip Code
GREEN BAY WI 54313

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 ▼
249.96

Date of Receipt

M M / D D / Y Y Y Y
12 22 2011

Amount of Each Receipt this Period

20.83
11/22 - 20.83
10/21 - 20.83
9/22 - 20.83
8/22 - 20.83
7/22 - 20.83

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

407.65

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

1203073492

**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 6
(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 (trt Full)
BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial) A. CHRISTOPHER C SORRELLS		Date of Receipt M M / D D / Y Y Y Y 12 22 / 2011
Mailing Address 3317 STAR CREEK CT		Amount of Each Receipt this Period 20.00 , , .
City GREEN BAY	State Zip Code WI 54311	
FEC ID number of contributing federal political committee. C 00407700		11/22 - 20.00
Name of Employer BAYCARE CLINIC, LLP	Occupation MEDICAL DOCTOR	10/21 - 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00 , , .	9/22 - 20.00
		8/22 - 20.00
		7/22 - 20.00

Full Name (Last, First, Middle Initial) B. STEVEN S WEINSHEL		Date of Receipt M M / D D / Y Y Y Y 12 22 / 2011
Mailing Address 1746 MARTINWOOD CT		Amount of Each Receipt this Period 41.67 , , .
City DE PERE	State Zip Code WI 54115	
FEC ID number of contributing federal political committee. C 00407700		11/22 - 41.67
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	10/21 - 41.67
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04 , , .	9/22 - 41.67
		8/22 - 41.67
		7/22 - 41.67

Full Name (Last, First, Middle Initial) C. KEVIN P WIENKERS		Date of Receipt M M / D D / Y Y Y Y 12 22 / 2011
Mailing Address 2863 CIRCLE SHORE DR		Amount of Each Receipt this Period 14.00 , , .
City GREEN BAY	State Zip Code WI 54302	
FEC ID number of contributing federal political committee. C 00407700		11/22 - 32.60
Name of Employer BAYCARE CLINIC, LLP	Occupation OPHTHALMOLOGIST	10/21 - 15.44
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.90 , , .	9/22 - 20.04
		8/22 - 18.46
		7/22 - 24.14

SUBTOTAL of Receipts This Page (optional).....▶	494.70 , , .
TOTAL This Period (last page this line number only).....▶	, , .

1203075493

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 6

(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. THOMAS WILKINS

Mailing Address

2927 SHELTER CREEK CT

City State Zip Code

GREEN BAY WI 54313

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 ▼
480.00

Date of Receipt

M M / D D / Y Y Y Y
12 22 2011

Amount of Each Receipt this Period

40.00
11/22 - 40.00
10/21 - 40.00
9/22 - 40.00
8/22 - 40.00
7/22 - 40.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Date of Receipt

M M / D D / Y Y Y Y
12 22 2011

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

Date of Receipt

M M / D D / Y Y Y Y
12 22 2011

Amount of Each Receipt this Period

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

240.00

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

6,106.26

1283073494

**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 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Ribble For Congress		Date of Disbursement
Mailing Address PO Box 7200		08 / 15 / 2011
City WI 54912 State Zip Code		
Appleton		
Purpose of Disbursement		
Contribution		011
Candidate Name		Amount of Each Disbursement this Period
Reid Ribble		, , 1,000.00
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 8		

B. Ron Johnson for US Senate		Date of Disbursement
Mailing Address PO Box 1159		08 / 09 / 2011
City WI 54903-1159 State Zip Code		
Oshkosh		
Purpose of Disbursement		
Contribution		011
Candidate Name		Amount of Each Disbursement this Period
Ron Johnson		, , 500.00
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District:		

C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
Office Sought:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶ , , 1,500.00

TOTAL This Period (last page this line number only)..... ▶ , , 1,500.00

1 2 3 4 5 6 7 8 9 0

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

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 2,679.82		
City GREEN BAY	State WI	Zip Code 54301	Date: M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 1 1		
Purpose of Disbursement: RENTAL AGREEMENT		Category/ Type 001	FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 2,679.82 + = 2,679.82		
Activity or Event Identifier:					

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: M M / D D / Y Y Y Y		
Purpose of Disbursement:		Category/ Type	FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		
Activity or Event Identifier:					

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: M M / D D / Y Y Y Y		
Purpose of Disbursement:		Category/ Type	FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT		
Activity or Event Identifier:					

SUBTOTAL of Allocated Federal and NonFederal Activity This Page			
FEDERAL SHARE	+	NONFEDERAL SHARE	= TOTAL AMOUNT
2,679.82			2,679.82
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
2,679.82			2,679.82

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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) 1/30/12
<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

MSP
 PREPARER
 (3/2005)

2/6/12
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