

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEB 11 2005 OPERATIONS CENTER DEC 22 P 2:00

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. BAYCARE PHYSICIANS P.A.C.

ADDRESS (number and street) 164 N. BROADWAY, WISCONSIN 54303-2728

2. FEC IDENTIFICATION NUMBER 000407700 CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 10-Day PRE-Election Report for the: Primary, General, Special, Convention. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 10/27/2004 through 11/22/2004

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 AUGUSTAN

Signature of Treasurer [Signature] Date 12/21/2004

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BAYCARE Physicians PC

Report Covering the Period:

From:

10 27 2004

To:

11 22 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2004</u>		<u>0.00</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>0.00</u>	
(c) Total Receipts (from Line 19)	<u>0.00</u>	<u>0.00</u>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and lines 6(a) and 6(c) for Column B)	<u>0.00</u>	<u>0.00</u>
7. Total Disbursements (from Line 31)	<u>0.00</u>	<u>0.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>0.00</u>	<u>0.00</u>
9. Debts and Obligations Owed TO the Committee (Itemize as on Schedule C and/or Schedule D)	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize as on Schedule C and/or Schedule D)	<u>0.00</u>	



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 800-424-9630  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 2X (Rev. 02/2003)

Page 3

Write or Type Committee Name

**BAYLARE Physicians PC**

Report Covering the Period:

From:

10/27/2004

To:

11/22/2004

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)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	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 Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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 Amount 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))	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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 0 0	0 0 0
(ii) Non-Federal Share	0 0 0	0 0 0
(b) Other Federal Operating Expenditures	0 0 0	0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0 0	0 0 0
22 Transfers to Affiliated/Other Party Committees	0 0 0	0 0 0
23 Contributions to Federal Candidates/Committees and Other Political Committees	0 0 0	0 0 0
24 Independent Expenditures (see Schedule E)	0 0 0	0 0 0
25 Coordinated Party Expenditures (2 U.S.C. §441a(d)) (see Schedule F)	0 0 0	0 0 0
26 Loan Repayments Made	0 0 0	0 0 0
27 Loans Made	0 0 0	0 0 0
28 Refunds of Contributions to: (a) Individuals/Persons Other Than Political Committees	0 0 0	0 0 0
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs)	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0 0 0	0 0 0
29 Other Disbursements	0 0 0	0 0 0
30 Federal Election Activity (2 U.S.C. §431420)		
(a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	0 0 0	0 0 0
(ii) "Levy" Share	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0 0 0	0 0 0
31 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0 0 0	0 0 0
32 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0 0 0	0 0 0

**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 21(c), page 3) .....
- 34. Total Contribution Refunds  
(from Line 26(a)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 27(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 8) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

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

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

FOR LINE NUMBER		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 18	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

All 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 PC**

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee		Amount of Each Receipt This Period
Name of Employer		
Occupation		
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee		Amount of Each Receipt This Period
Name of Employer		
Occupation		
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee		Amount of Each Receipt This Period
Name of Employer		
Occupation		
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

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

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)  
**BAVCAIA Physicians PAC**

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Candidate Name

Office Sought:  House  Senate  President  
State:  Senator

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Date of Disbursement: **00 00 00**

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Candidate Name

Office Sought:  House  Senate  President  
State:  District

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Date of Disbursement: **00 00 00**

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Candidate Name

Office Sought:  House  Senate  President  
State:  District

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Date of Disbursement: **00 00 00**

Amount of Each Disbursement this Period

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

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

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

PAGE OF FOR LINE 12 OF FORM 3X

NAME OF COMMITTEE (In Full)  
**BAYCARE Physicians PAC**

LOAN SOURCE (Full Name (Last, First, Middle Initial))		TYPE: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Mailing Address		
City	State	ZIP Code
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
			% (per)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Encorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this fee only)	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C-1 (FEC Form 3X)  
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
information found on  
Page \_\_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>BAYCARE PHYSICIANS PAC</b>	FEC IDENTIFICATION NUMBER <b>000407700</b>
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
	Date Incurred or Established	
Address	Date Due	
City State Zip Code		

A. Has loan been restricted?  No  Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw:  Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, postal papers, stocks, accounts receivable, notes on deposit, or other similar traditional collateral?  No  Yes If yes, specify: \_\_\_\_\_  
What is the value of this collateral?   
Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(4).  
Date account established:   
Location of account: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment

G. COMMITTEE TREASURER Typed Name Signature	DATE <input type="text"/>
---	------------------------------

H. Attach a signed copy of the loan agreement

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE <input type="text"/>
--	-------	------------------------------

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
 Excluding Loans

(Use separate schedule(s) for each numbered line)  
 PAGE 6 OF 12  
 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (or Fund)  
BAYLOR Physicians PAC

A Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Nature of Debt (Purpose):  
 Mailing Address  
 City State Zip Code

Outstanding Balance Beginning This Period  
 Amount Incurred This Period  
 Payment This Period  
 Outstanding Balance at Close of This Period

B Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Nature of Debt (Purpose):  
 Mailing Address  
 City State Zip Code

Outstanding Balance Beginning This Period  
 Amount Incurred This Period  
 Payment This Period  
 Outstanding Balance at Close of This Period

C Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Nature of Debt (Purpose):  
 Mailing Address  
 City State Zip Code

Outstanding Balance Beginning This Period  
 Amount Incurred This Period  
 Payment This Period  
 Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL, OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE        OF         
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in full)  
Bay Area Physicians PAC

FED IDENTIFICATION NUMBER  
000407700

Check if  24-hour hotline  48-hour hotline

Full Name (Last, First, Middle Initial) of Payee  
  
Mailing Address  
  
City State Zip Code

Date  
  
Amount

Purpose of Expenditure  
Category Type

Office Sought:  House  State  
 Senate  District  
 President

Name of Federal Candidate Supported or Opposed by Expenditure

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee  
  
Mailing Address  
  
City State Zip Code

Date  
  
Amount

Purpose of Expenditure  
Category Type

Office Sought:  House  State  
 Senate  District  
 President

Name of Federal Candidate Supported or Opposed by Expenditure

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:  Primary  General  
 Other (specify)

- (a) SUBTOTAL of Itemized Independent Expenditures
- (b) SUBTOTAL of Unitemized Independent Expenditures
- (c) TOTAL Independent Expenditures

Amount

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Bay Area Physicians PAC</i>	<input type="checkbox"/> Check if 24-hour notice
---	--

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
Mailing Address	
City	State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Amount		
Aggregate General Election Expenditure for this Candidate	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Amount		
Aggregate General Election Expenditure for this Candidate	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code		
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:
Amount		
Aggregate General Election Expenditure for this Candidate	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(A)-1)	

SUBTOTAL of Expenditure This Page (initials)	<i>0.00</i>
TOTAL This Period (last page lists line number only)	<i>0.00</i>

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**

NAME OF COMMITTEE (in full):

*BAYCARE Physicians PAC*

**USE ONLY ONE SECTION**

**State and Local Party Committees**

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**Separate Segregated Funds and Non-Connected Committees**

Funds Expended

Estimated Direct Candidate Support -- Federal:

Estimated Direct Candidate Support -- Non-Federal:

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal:

Actual Direct Candidate Support -- Non-Federal:

**SCHEDULE H2 (FEC Form 3X)  
ALLOCATION RATIOS**

PAGE 1 OF 1

NAME OF COMMITTEE (In Full)  
**BAYCARE Physicians PAC**

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- i. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- ii. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % 100%	NON-FEDERAL % 0%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL % 100%	NON-FEDERAL % 0%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL % 100%	NON-FEDERAL % 0%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL % 100%	NON-FEDERAL % 0%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL % 100%	NON-FEDERAL % 0%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL % 100%	NON-FEDERAL % 0%

SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NON-FEDERAL ACTIVITY

PAGE 01  
OF  
FOR LINE 522 OF FORM 3X

NAME OF COMMITTEE (In Full)  
**BAYCARE Physicians PAC**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event conducted)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event conducted)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative)	
TOTAL This Period (Generic Voter Drive)	
TOTAL This Period (Exempt Activities)	
TOTAL This Period (Direct Fundraising)	
TOTAL This Period (Direct Candidate Support)	
TOTAL This Period (Total Amount Transferred)	

SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENTS OF ALLOCATED  
FEDERAL/NON-FEDERAL ACTIVITY

PAGE OF  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)  
**BAYCARE Physicians PAC**

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement		Category/Type	Date
Activity or Event Identifier			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement		Category/Type	Date
Activity or Event Identifier			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City	State	Zip Code	Allocated Activity or Event Year-To-Date
Purpose of Disbursement		Category/Type	Date
Activity or Event Identifier			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and Non-Federal Activity This Page			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only) (Federal share to 21(a)(6) and Non-Federal share to 21(a)(8))			
FEDERAL SHARE	NON-FEDERAL SHARE		TOTAL AMOUNT
TOTAL This Period for the Non-Federal Share			



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE 01 OF 01  
FOR LINE 12B OF FORM 3X

NAME OF COMMITTEE (in Full)  
**BATCARE Physicians PAC**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER:**

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for voter Registration .....				
ii) Voter ID Total Amount Transferred for Voter ID .....				
iii) GOTV Total Amount Transferred for GOTV .....				
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity .....				

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER:**

	VOTER REGISTRATION	VOTER ID	GOTV	GENERIC CAMPAIGN ACTIVITY
i) Voter Registration Total Amount Transferred for Voter Registration .....				
ii) Voter ID Total Amount Transferred for Voter ID .....				
iii) GOTV Total Amount Transferred for GOTV .....				
iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity .....				

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration) .....	
TOTAL This Period (Voter ID) .....	
TOTAL This Period (GOTV) .....	
TOTAL This Period (Generic Campaign Activity) .....	
TOTAL This Period (Total Amount of Transfers Received) .....	

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
**BAYCARE Physicians PAC**

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City	State	Zip Code	<input type="checkbox"/> Voter ID
Purpose of Disbursement		<input type="checkbox"/> Generic Campaign	
Category/Type		Allocated Activity or Event Year-To-Date	
Date		Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City	State	Zip Code	<input type="checkbox"/> Voter ID
Purpose of Disbursement		<input type="checkbox"/> Generic Campaign	
Category/Type		Allocated Activity or Event Year-To-Date	
Date		Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
City	State	Zip Code	<input type="checkbox"/> Voter ID
Purpose of Disbursement		<input type="checkbox"/> Generic Campaign	
Category/Type		Allocated Activity or Event Year-To-Date	
Date		Date	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page		
FEDERAL SHARE	+	LEVIN SHARE
TOTAL This Period (last page for own use only) (Federal share to 30(a)(1) and Levin share to 30(a)(2))		TOTAL AMOUNT
FEDERAL SHARE		TOTAL AMOUNT
TOTAL This Period for the Levin Share		

**SCHEDULE L (FEC Form 3X)  
AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) <b>HEALTHCARE Physicians PAC</b>		
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1 RECEIPTS FROM PERSONS</b>		
(s) Itemized <small>(Use Schedule L-A)</small>		
(c) Unitemized		
(d) Total		
<b>2 OTHER RECEIPTS</b>		
<b>3 TOTAL RECEIPTS</b> <small>(Add Lines 1a and 2)</small>		
<b>4 TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> <small>(Use Schedule L-B)</small>		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaigns		
(e) Total		
<b>5 OTHER DISBURSEMENTS</b>		
<b>6 TOTAL DISBURSEMENTS</b> <small>(Add Lines 4 and 5)</small>		
<b>7 BEGINNING CASH ON HAND</b> <small>(For Column B, use cash as of January 1st)</small>		
<b>8 RECEIPTS</b> <small>(From Line 3)</small>		
<b>9 SUBTOTAL</b> <small>(Add Lines 7 and 8)</small>		
<b>10 DISBURSEMENTS</b> <small>(From Line 6)</small>		
<b>11 ENDING CASH ON HAND</b> <small>(Subtract Line 10 From Line 9)</small>		

**SCHEDULE L-A (FEC Form 3X)  
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE OF

FOR LINE NUMBER (check only one)  1  2

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NAME OF COMMITTEE (in full)

**BAYCARE Physicians PAC**

Full Name (Last, First, Middle Initial) / Full Organization Name

**A.** Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**B.** Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**C.** Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

Full Name (Last, First, Middle Initial) / Full Organization Name

**D.** Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Amount of Each Receipt this Period

Aggregate Year-to-Date

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedulers  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE OF  
(check only one)  4a  4c  5  
 4b  4d

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NAME OF COMMITTEE (in Full)

**Bay Area Physicians PAC**

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

12/31/2007

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement This Period

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

12/31/2007

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement This Period

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

12/31/2007

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement This Period

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

12/31/2007

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement This Period

1000.00

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Disbursement

12/31/2007

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement This Period

1000.00

SUBTOTAL of Disbursements This Page (applies)

TOTAL This Period (last page this line number only)

1000.00

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 type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>12/21/04</i>
<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
<i>Jed</i> PREPARER	<i>12/23/04</i> DATE PREPARED