10030460556

FE6AN026

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

2010 OCT 19 PM 12: 30 FEC MAIL CENTER

FORM 3X	For Other Than An A	uthorized Committe	e	(Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	ng, type	12̈́FË́4M̈́5 (**	
B, A, Y, C, A, R, E, P, H,	$Y_i S_i I_i C_i I_i A_i N_i S_i$	PAC			<u> </u>	لــــــــــــــــــــــــــــــــــــــ
			لللل		1 1 1 1 1 1 1	
ADDRESS (number and street)	1,6,4, N, B,R	$C_1O_1A_1D_1W_1A_1Y_1$		<u> </u>	11111	
Check if different than previously reported. (ACC)	[G, R, E, E, N, B, A	Y, , , , ,		W, I 5	, 4, 3, 0, 3] <u>2, 7</u>	2,8
2. FEC IDENTIFICATION N	UMBER ▼	CITY 🛦	s	TATE A	ZIP CODE A	
C 00407700	3.		IEW N) OR	AME (A)	NDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	Mar 20 (M3)	May 20 (M5) lun 20 (M6) lul 20 (M7)	Aug 20 Sep 20 Oct 20	(Non-Elect Year Only) Dec 20 (Non-Elect Year Only)	tion) (M12) tion)
April 15 Quarterly Report (0 July 15 Quarterly Report (0 October 15 Quarterly Report (0	Q1) (c) 12-Day PRE-Election Report for the	Primary (12P	idanii Tang	General (1	Carrier)	(12R)
January 31 Year-End Report (Fie	ction on	(° 76° / [in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the	5	a)	Runoff (30)	R) Special	(30S)
Termination Report		ction on	7 7 7	/-/~-	in the	
5. Covering Period 07 01 2010 through 09 30 2010						
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 Hugustian						
Signature of Treasurer	Lug		Da	ate 70	'ls'jò	ĬĎ
NOTE: Submission of false, error	neous, or incomplete informa	ation may subject the pers	son signing thi	s Report to the	penalties of 2 U.S.C. §4	137g.
Office Use Only					FEC FORM 3X Rev. 12/2004	

0030460557

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name BAYCARE PHYSICIANS PAC 2010 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 2010 January 1, (b) Cash on Hand at 12,039.621 Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

1

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

1003046055

DETAILED SUMMARY PAGE

of Receipts

epts Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name BAYCARE PHYSICIANS PAC 01 2010 09 Report Covering the Period: From: To: ritheograph and the re-**COLUMN A COLUMN B** I. Receipts Calendar Year-to-Date **Total This Period** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3691.75 (i) Itemized (use Schedule A)..... 3,046.66 (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other-Political Committees..... less besides Prochaeting Process 17. Other Federal Receipts (Dividends, Interest, etc.)..... The second secon 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) Large Control and Property Control of the Party of the Control of manipation at tayanta (wanter and pull of a (b) Levin Funds (from Schedule H5) and the second of the second The state of the s · (c) Total Transfers (add 18(a) and 18(b)).. Same Same and Breiten State Law Developer and Development 19. Total Receipts (add Lines 11(d), 6738.41 12, 13, 14, 15, 16, 17, and 18(c)).......▶ 20. Total Federal Receipts 6,738.41 (subtract Line 18(c) from Line 19).......▶

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		The state of the s
(i) Federal Share	5000	,160.00
(ii) Non-Federal Share(b) Other Federal Operating		
Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party		
Committees	7.000.00	9,500.00
24. Independent Expenditures		
(use Schedule E)		
26. Loan Repayments Made		
O7 Leave Mede		
Loans Made		
(b) Political Party Committees		
(such as PACs)		
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))		
29. Other Disbursements	an agree segment growing a series anggroung paragamang sa aggrae agrae a	managaranga in pasagaranga inganigan ungangan inganigan di pasagan ganan ganan ganan ganan ganan ganan ganan g
30. Federal Election Activity (2 U.S.C. §431(20 (a) Allocated Federal Election Activity	0))	
(from Schedule H6) (i) Federal Share	and the control of the section of the problem of the properties of the section of	The property of the second section of the section of the second section of the section of the second section of the section o
	on all and not Provided to the Standard of the show and passing an expense of the standard of the shows and passing an expense of the standard of the shows and the standard of the standard o	in the state of th
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely With Federal Funds	not a straight a the straight a through a straight a through a straight a through a straight a stra	Landon V. B. W. Sall and Brooks and the Land
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	Samuelle in Const Franch and the Residence South State South	And the state of t
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7,050.00	9.660.00
32. Total Federal Disbursements	A CONTRACTOR OF THE PROPERTY O	
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7.05000	7,16000
	•	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

111	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)	189814	G.73841
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	189814	673841
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	7,160.00	9,660.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	72 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	716000	9,64000

SCHEDULE	Α	(FEC	Form	3X)
ITEMIZED I	REC	EIPTS	, .	

SCHEDULE A (FEC Form 3X)	Lice concrete cohedule/s\	FOR LINE NUMBER:	PAGE OF 3
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)],,
	Detailed Summary Page	11a 11b 14	11c 12 15 16 17
Any information copied from such Reports and Statements ma		rson for the purpose of so	oliciting contributions
or for commercial purposes, other than using the name and a			
NAME OF COMMITTEE (In Full)			
BAYCARE PHYSICIANS PAC			
Full Name (Last, First, Middle Irlitial)			
A. Per Anderas		Date of Receipt	10001_00000. 10000 = 11100
Mailing Address 2824 Mt. Carol DC		M - M / D - D	/ Y - Y - Y - Y -
City State	Zip, Code	لمراه المستعمل	Samuel Toronto Samuel Samuel Samuel
Green Bay WI	54311	Amount of Each Rec	
FEC ID number of contributing	040-700	A CONTROL OF THE PARTY OF THE P	0.00
federal political committee.			7
Name of Employer Buttare Clinic Phy			
Descint for	Year-to-Date ▼	-	
Aggregate	rear-to-bate v		
Other (specify) ▼	1,000.00		
Full Name (Last, First, Middle Initial)		 	
B. Dewolw Gvo		Date of Receipt	
Mailing Address	- 14	M-M-/D-D	/
Oity Breez	Zip Code	04 23	SO (0)
City Bay WI	,543[1	Amount of Each Rec	ceint this Period
FEC ID number of contributing	and the same of th	Amount of Lacif Hac	
federal political committee.	140.1700	American Survey Theory of Name of Survey (_, 41.67
Name of Employer Occupation	<u> </u>	a halia	41.67
BayCare Clinic Ph	ysician	8/20/10	-(F 6/
Receipt For: Aggregate	Year-to-Date ▼	7/22/10	41.67
Primary General Other (specify)	375 N3	1100110	11241
La			
Full Name (Last, First Middle Initial)			
C. Killed Harnson Mailing Address		Date of Receipt	e je taja najera na
984 Highland Song	sct	09 22	ĎŎĬŎ
City	Zip Code		
oneida WI	<u> </u>	Amount of Each Red	ceipt this Period
FEC ID number of contributing federal political committee.	5407700		, 5207
			termination is a second to the second to refer to the second to the seco
Name of Employer Occupation	110.11	18/20/10	63.63
Receipt For: Aggregate	YSICON Year-to-Date ▼	┤ ॅ , `,	-
Primary General	errikonerrikari kristininska – alkari dela er litera alkari sal	7/22/10	46.93
Other (specify)	, ,4632(
SUBTOTAL of Receipts This Page (optional)		1	
			amalika karanta da kapata 📈 🐧
TOTAL This Period (last page this line number only)	_	· •	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 1 13 14 1	PAGE > OF 3
or for commercial purposes, other than using the name and a	ddress of any political committee	to solicit contributions from	such committee.
NAME OF COMMITTEE (In Full) BAYCARE PHYSICIANS PAC			ļ
Full Name (Last, First, Middle Irlitial) A. Shawn Hennigan Mailing Address		Date of Receipt	
City Do Do Control State	Zip Code	09 33	3010
FEC ID number of contributing federal political committee.	34113	Amount of Each Recei	
Name of Employer BayCare Clinic Ph	ysician	8/20/10	38:71
Receign For: Primary General Other (specify)	Yéar-to-Date ▼ Sol34	7/22/10	88.76
Full Name (Last, First, Middle Initial) B. Address Mailing Address		Date of Receipt	
Mailing Address Bold Freat Dak Ly City State	Zip Code	_ ලිදි විධ '	20.LO
Green Bay WI	54311	Amount of Each Recei	
FEC ID number of contributing federal political committee.	407700		. 2433
Name of Employer BayCove Clic Receipt For: Accremate	sician	8/20/10	24.03
Primary General Other (specify)	Vear-to-Date ▼	7/22/10	28.15
Full_Name // act First Middle Initial) C _) = Seph Hadgson		Date of Receipt	
Mailino Address 1869 Sun Kist Cir City State	Zip Code	07 22	2010
De Pere WI	_ 54115	Amount of Each Recei	!
FEC ID number of contributing federal political committee.	40.7700		51.53
Name of Employer Occupation	10.11	8/20/10	44.01
Dulman	Year-to-Date ▼	7122/10	27.02

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE > OF >					
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)					
HEMIZED RECEIPTS	Detailed Summary Page	11a 11b 11c 12					
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or used by any perments may not be sold or used by any permeters of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)							
BAYCARE PHYSICIANS PAC							
Full Name (Last, First, Middle Irliftial) A. Mendoza, Rauman Address		Date of Receipt					
1122 Pleasant Valle	State Zip Code	09 28 2010					
Oneida	JWE 54155	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		5.9/					
	ccupation No. 1 - 1 - 1 - 2 - 2	08/20/2010 5.9/					
Receipt For:	Physician ggregate Year-to-Date ▼	07/2010010 5.91					
Primary General Other (specify) ▼	253.19	ζ.					
Full Name (Last, First, Middle Initial)							
B. Ots, Max E		Date of Receipt					
Mailing Address August Rd.	State Zip Code	09 22 2010					
Delere, WE 54115		Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	2500					
Name of Employer C	ccupation	- 8/20/2010 25.00					
	ggregate Year-to-Date ▼	07/2012010 25 00					
Primary General Other (specify) ▼							
Full, Name (Last, First, Middle, Initial) C. Weinshell, Steven S.		Date of Receipt					
Mailing Address 1746 Martinwaxd C	F.	09 22 2010					
De Pere, WI 54115	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	same to a sufficient free sufficient free sufficient su	41.67					
Name of Employer	ccupation	08/20/2010 41.67					
Receipt For:	ggregate Year-to-Date ▼	07/22/2010 41.67					
	375.03						
SUBTOTAL of Receipts This Page (optional)							

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

SCHEDULE B (FEC Form 3X)

TEMPED DIODURGEMENTO	Use separate schedule(s)	FOR LIN		NUMBER: PAGE OF					
TEMIZED DISBURSEMENTS	for each category of the	1 `	1b	e,] 22	23	24		25	26
	Detailed Summary Page	2	₇	28a	28b	28	ء 	29	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	ents may not be sold or used e and address of any political	by any po	erson fo	or the p	ourpose tributions	of solicit	ling co	ntribut mmitte	ons e.
NAME OF COMMITTEE (In Full)									
BAYCARE PHYSICIANS PAC									
Full Name (Last, First, Middle Initial)			T						
Ribble for Conor	~~ CC		[Date of	Disburse	ement		,	
	<i>(C)</i>			V 🔷	/ 5	0	77-7Y		Y
Mailing Address PO Box 7200			4	<u> </u>	d	ا ا <u>د</u>	\sim		
City	State Zip Code		\neg						
Purpose of Disbursement	JI 54912								
Control of Disputational		0//	1 A	\mount	of Each	Disburs	ement	this P	eriod
Candidate Name) ایر /Category	ي الت						~
Reid Ribble		Type				<u>. J</u> ,	O^{C}) <u>, U</u> (20
Office Sought: House Disbursem			7						
L	Primary General Other (specify) ▼								
State: WI District: 8	Carol (apouly)								
Full Name (Last, First, Middle Initial)									
3. 7-111	- CC		ן נ	Date of	Disburs	ement			
Mailing Address	ていく		<u> </u>	W W	/ 12	D /	TY JY	-1 -γ	V**
Mailing Address Po Fry 7000				U 7		2	J.C	77	<u>2</u> 1.
City S	itate Zip Code		+						
Appleton	NI 34912								
Purpose of Disbursement		^ / /	31	/morret	of Each	Diebura	ement	thie ⁻	eriod
Candidate Name		الماسال	nii g		Stroniscut Of Each				
Reil Ribble	'	Category/ Type	4	areo form	Acces Treat	<u>5</u> ,	O	7.0.0	20
Office Sought: House Disbursem	_	<u> </u>	一						
 . 	Primary General								
State: 4) District:	Other (specify)								
Full Name (Last, First, Middle Initial)			+						
2.				Date of	Disburs	ement			
			<u> </u>	M · M	- / -b=	- D /	777	-,:y	٧
Mailing Address							<u></u>	:=-2:-::::	
City	State Zip Code		+						
			_						
Purpose of Disbursement		***************************************		١		. C'-'	·		lade i
Candidate Name			: i		of Each				
·		Category/ Type	_		· · · · · · · · · · · · · · · · · · ·				į
Office Sought: House Disbursem		•	一 ,		and the same		naninanana.		724
· L I	Primary General Other (specify) -								
State: District:	Other (specify) ▼								
			<u></u>				,	77	==::==:
SUBTOTAL of Disbursements This Page (optional)			•	, , , , , .	eri en	1. 1. 1	r		:
TOTAL This D. I. I Man and this P						7	Λ ~	۱۸	ሊ ህ
TOTAL This Period (last page this line number only).)	>	L	la f	٠۷,	00	<u>U.</u>	ַט ע

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
	1	
FOR LIN	E 21a OF FORM	Л 3X

			FOR LINE 21a OF FORW 3A			
NA NA	ME OF COMMITTEE (In Full)					
1	bay Care Physicians PHC		Lallaceted Ashiriby on Events			
A.	Full Name (Last, First, Middle Initial), ASSOCIATED TO DK		Allocated Activity or Event: X Administrative Fundraising Exempt			
	Mailing Address		Voter Drive Direct Candidate Support			
,	City State Zip Code					
	Green Paul LIT 54301-		Public Comm (ref to party only) by PAC			
	Purpose of Disbursement		Allocated Activity or Event Year-To-Date			
•	Bank tees	- 001	<u> </u>			
	Activity or Event Identifier:	Category/ Type	Date 09 30 2010			
	FEDERAL SHARE + NONFEDERA	AL SHARE	= TOTAL AMOUNT			
	The second of th	_	= 0.00			
	160.00	00	50.00			
В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:			
	Melling Address		Administrative Fundraising Exempt			
	Mailing Address		Voter Drive Direct Candidate Support			
	City State Zip Code		Public Comm (ref to party only) by PAC			
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date			
	Purpose of Disbursement.					
	Activity or Event Identifier:	Catagory	[M_n_M] \ [_Q_n_n_] \ , _A_n, A., A., A.,			
		Category/ Type	Date			
	FEDERAL SHARE + NONFEDERA	AL SHARE	TOTAL AMOUNT			
		, , <u>-</u>				
	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:			
			Administrative Fundraising Exempt			
	Mailing Address		Voter Drive Direct Candidate Support			
	City State Zip Code		Public Comm (ref to party only) by PAC			
		-	Allocated Activity or Event Year-To-Date			
	Purpose of Disbursement:	The Carrier of	- 大 い時間 としてものでは、これに関する。これに関われました。 - 世			
	Activity or Event Identifier:	<u> </u>	Causing Strattler was due That San Stratter in the Con-			
		Category/ Type	Date MJM / DJD / Y Y Y			
	FEDERAL SHARE + NONFEDERA	AL SHARE	= TOTAL AMOUNT			
			al a film in the film of the f			
	a company of the comp	le. dree alter 1995 as C. e.	de l'Instancia de Marcia e Marcia de			
SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page					
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT						
	50.00					
TC	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) a	ınd NonFederal sh	nare to 21(a)(ii))			
	FEDERAL SHARE NONFEDERA		TOTAL AMOUNT			
	50(1)	0.0) 5h m			
		7				

(3/2005)

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. **Date of Receipt** Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified 10/15/10 **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 10/18/10 DATE PREPARED