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FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

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) 164 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, July 15, October 15, January 31, July 31 Mid-Year, 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) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

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 Augustian

Signature of Treasurer [Signature] Date 10 / 15 / 2010

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 [Grid] FEC FORM 3X Rev. 12/2004

1003046056

**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:

MM / DD / YYYY
07 / 01 / 2010

To:

MM / DD / YYYY
09 / 30 / 2010

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, 2010	980935
(b) Cash on Hand at Beginning of Reporting Period.....	12,039.62
(c) Total Receipts (from Line 19).....	6,738.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	13,937.76
7. Total Disbursements (from Line 31).....	9,660.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6,887.76
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

10030460557

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: M M / D D / Y Y Y Y 07 / 01 / 2010 To: M M / D D / Y Y Y Y 09 / 30 / 2010

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

88192
101622
1898.14

3691.75
3046.66
6738.41

- (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).....▶

1898.14

6738.41

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.....

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

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

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

1898.14

6738.41

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

1898.14

6738.41

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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	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.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7,000.00	9,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
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 (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7,050.00	7,160.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1898.14	6738.41
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1898.14	6738.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7160.00	9660.00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7160.00	9660.00

10030460560

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE		OF	
(check only one)		3		3	
<input 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<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. Per Andreas

Full Name (Last, First, Middle Initial)
Per Andreas

Mailing Address
2824 Mt. Carol Dr

City
Green Bay State
WI Zip Code
54311

FEC ID number of contributing federal political committee.
C00407700

Name of Employer
BayCare Clinic Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2010

Amount of Each Receipt this Period
0.00

B. Densha Gvo

Full Name (Last, First, Middle Initial)
Densha Gvo

Mailing Address
2521 Meadow Breeze Ct

City
Green Bay WI State
WI Zip Code
54311

FEC ID number of contributing federal political committee.
C00407700

Name of Employer
BayCare Clinic Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2010

Amount of Each Receipt this Period
41.67

8/20/10 41.67
7/22/10 41.67

C. Richard Harrison

Full Name (Last, First, Middle Initial)
Richard Harrison

Mailing Address
984 Highland Springs Ct

City
Oreida State
WI Zip Code
54155

FEC ID number of contributing federal political committee.
C00407700

Name of Employer
BayCare Clinic Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
463.21

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2010

Amount of Each Receipt this Period
52.07

8/20/10 63.63
7/22/10 46.93

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

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

10030460561

**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 3
(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)
Shawn Hennigan

Mailing Address
194 Paint Horse Trail

City De Pere State WI Zip Code 54115

FEC ID number of contributing federal political committee. C00407700

Name of Employer BayCare Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date 50134

Date of Receipt
09 / 22 / 2010

Amount of Each Receipt this Period
49.98

8/20/10 38.71
7/22/10 88.76

B. Full Name (Last, First, Middle Initial)
Scott Hodgson

Mailing Address
3010 Great Oak Ln

City Green Bay State WI Zip Code 54311

FEC ID number of contributing federal political committee. C00407700

Name of Employer BayCare Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date 21972

Date of Receipt
09 / 22 / 2010

Amount of Each Receipt this Period
2433

8/20/10 24.03
7/22/10 28.15

C. Full Name (Last, First, Middle Initial)
Joseph Hodgson

Mailing Address
1809 Sunkist Cir.

City De Pere State WI Zip Code 54115

FEC ID number of contributing federal political committee. C00407700

Name of Employer BayCare Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date 27923

Date of Receipt
09 / 22 / 2010

Amount of Each Receipt this Period
51.53

8/20/10 44.01
7/22/10 27.02

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

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

10030460562

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 **3**
(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)
Mendoza, Raul

Mailing Address
1122 Pleasant Valley Dr.

City **Oneida** State **WI** Zip Code **54155**

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

Name of Employer **BayCare Clinic** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **253.19**

Date of Receipt

M	M		D	D		Y	Y	Y	Y
0	9		2	2		2	0	1	0

Amount of Each Receipt this Period

5.91	
08/20/2010	5.91
07/20/2010	5.91

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

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **225.00**

Date of Receipt

M	M		D	D		Y	Y	Y	Y
0	9		2	2		2	0	1	0

Amount of Each Receipt this Period

25.00	
8/20/2010	25.00
07/22/2010	25.00

C. Full Name (Last, First, Middle Initial)
Weinshel, 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 **375.03**

Date of Receipt

M	M		D	D		Y	Y	Y	Y
0	9		2	2		2	0	1	0

Amount of Each Receipt this Period

41.67	
08/20/2010	41.67
07/22/2010	41.67

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

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

3691.75	
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10030460563

**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 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 MM / DD / YYYY 08 / 25 / 2010
Mailing Address PO Box 7200		Amount of Each Disbursement this Period 2,000.00
City Appleton	State WI	
Zip Code 54912		Category/ Type 011
Purpose of Disbursement Contribution		
Candidate Name Reid Ribble		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 8		

Full Name (Last, First, Middle Initial) B. Ribble for Congress		Date of Disbursement MM / DD / YYYY 09 / 22 / 2010
Mailing Address PO Box 7200		Amount of Each Disbursement this Period 500.00
City Appleton	State WI	
Zip Code 54912		Category/ Type 011
Purpose of Disbursement Contribution		
Candidate Name Reid Ribble		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 8		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	7,000.00

10030460564

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

NAME OF COMMITTEE (In Full)
BayCare Physicians PAC

A. Full Name (Last, First, Middle Initial)
Associated Bank

Mailing Address
200 N. Adams Street

City State Zip Code
Green Bay, WI 54301-

Purpose of Disbursement
Bank Fees

Activity or Event Identifier: 001

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
160.00

Date 09 / 30 / 2010

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<u>160.00</u>		<u>00</u>		<u>50.00</u>

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date / /

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<u>50.00</u>		<u>00</u>		<u>50.00</u>

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
<u>50.00</u>		<u>00</u>		<u>50.00</u>

10030460565

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
10/15/10

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

[Signature]

PREPARER

10/19/10

DATE PREPARED

(3/2005)

10030460566