

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

2011 JAN 24 PM 12:16
FEC MAIL CENTER

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

C00407700

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - 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 MM / DD / YYYY 11 / 23 / 2010 through MM / DD / YYYY 12 / 31 / 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 

Date MM / DD / YYYY 01 / 18 / 2011

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									
-----------------	--	--	--	--	--	--	--	--	--

11030550577

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BAYCARE PHYSICIANS PAC

Report Covering the Period: From: / / To: / /

11030550578

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2010"/>		9,809.35
(b) Cash on Hand at Beginning of Reporting Period.....	11,531.08	
(c) Total Receipts (from Line 19).....	1,482.28	12,864.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	13,013.36	22,673.36
7. Total Disbursements (from Line 31).....	2,556.92	12,216.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10,456.44	10,456.44
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

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:

11 / 23 / 2010

To:

12 / 31 / 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).....

1,111.92

9,784.33

(ii) Unitemized.....

370.36

3,079.68

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

1,482.28

12,864.01

(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).....▶

1,482.28

12,864.01

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)).....▶

1,482.28

12,864.01

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

1,482.28

12,864.01

11030550579

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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	2,556.92	2,716.92
(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.....	0.00	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)) ..	2,556.92	12,216.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,556.92	12,216.92

11030550580

**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)	1,482.28	12,864.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,482.28	12,864.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2,556.92	2,716.92
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,556.92	2,716.92

11030550581

**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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. ANDERAS, PER

Mailing Address

2824 MT. CAROL DR

City

GREEN BAY

State

WI

Zip Code

54311

FEC ID number of contributing federal political committee.

C []

Date of Receipt

MM / DD / YYYY
12 / 22 / 2010

Amount of Each Receipt this Period

[] 11.51

Name of Employer

BAYCARE CLINIC, LLP

Occupation

SURGEON

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[] 1,011.51

Full Name (Last, First, Middle Initial)

B. GUO, DANZHU

Mailing Address

2521 MEADOW BREEZE CT

City

GREEN BAY

State

WI

Zip Code

54311-9006

FEC ID number of contributing federal political committee.

C []

Date of Receipt

MM / DD / YYYY
12 / 22 / 2010

Amount of Each Receipt this Period

[] 26.21

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[] 441.88

Full Name (Last, First, Middle Initial)

C. HARRISON, RICHARD

Mailing Address

984 HIGHLAND SPRINGS CT

City

ONEIDA

State

WI

Zip Code

54155

FEC ID number of contributing federal political committee.

C []

Date of Receipt

MM / DD / YYYY
12 / 22 / 2010

Amount of Each Receipt this Period

[] 30.33

Name of Employer

BAYCARE CLINIC, LLP

Occupation

NEUROSURGEON

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[] 577.66

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

[] 68.05

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

[]

11030550582

**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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial) A. HENNIGAN, SHAWN		Date of Receipt MM / DD / YYYY 12 / 22 / 2010
Mailing Address 1994 PAINT HORSE TRAIL		Amount of Each Receipt this Period 54.60
City DE PERE	State Zip Code WI 54115	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 598.97
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MENDOZA, RAUL		Date of Receipt MM / DD / YYYY 12 / 22 / 2010
Mailing Address 1122 PLEASANT VALLEY DR		Amount of Each Receipt this Period 6.03
City ONEIDA	State Zip Code WI 54155	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 271.28
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. WEINSHEL, STEVEN		Date of Receipt MM / DD / YYYY 12 / 22 / 2010
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		Aggregate Year-to-Date ▼ 500.04
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	102.30
TOTAL This Period (last page this line number only).....▶	

11030550583

**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)					
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<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

Full Name (Last, First, Middle Initial)

A. BRADA, STEPHEN

Mailing Address

700 TERRAVIEW DR

City

GREEN BAY

State

WI

Zip Code

54301

FEC ID number of contributing federal political committee.

C

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,073.03

Date of Receipt

12 / 22 / 2010

Amount of Each Receipt this Period

503.10

Full Name (Last, First, Middle Initial)

B. DERSVIS, AHMET

Mailing Address

778 STONEWOOD LN

City

ONEIDA

State

WI

Zip Code

54155

FEC ID number of contributing federal political committee.

C

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

234.61

Date of Receipt

12 / 22 / 2010

Amount of Each Receipt this Period

18.97

Full Name (Last, First, Middle Initial)

C. HALLER, ROBERT

Mailing Address

2680 HILLSIDE HEIGHTS

City

GREEN BAY

State

WI

Zip Code

54311

FEC ID number of contributing federal political committee.

C

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,097.65

Date of Receipt

12 / 22 / 2010

Amount of Each Receipt this Period

143.84

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

665.91

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

11030550584

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 4 OF 6				
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input type="checkbox"/> 17					

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial) A. HODGDON, SCOTT		Date of Receipt
Mailing Address 3010 GREAT OAK LN		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City GREEN BAY	State WI	Zip Code 54311
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="31.77"/>
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="287.51"/>	

Full Name (Last, First, Middle Initial) B. HODGSON, JOSEPH		Date of Receipt
Mailing Address 1809 S SUNKIST CIR		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City DE PERE	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="22.59"/>
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="307.24"/>	

Full Name (Last, First, Middle Initial) C. LIMONI, ROBERT		Date of Receipt
Mailing Address 3072 BAY SETTLEMENT CT		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City GREEN BAY	State WI	Zip Code 54311
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="18.50"/>
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2,222.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="72.86"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

11030550585

**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"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

11030550586

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. LEV, RAISA		Date of Receipt
Mailing Address 302 BRAEBOURNE CT		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City GREEN BAY	State WI	Zip Code 54301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.19
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.72	

Full Name (Last, First, Middle Initial) B. OTS, MAX		Date of Receipt
Mailing Address 2455 SHIRLEY RD		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City DE PERE	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. SCHNAUBELT, MICHAEL		Date of Receipt
Mailing Address 4318 HILTON HEAD DR		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City ONEIDA	State WI	Zip Code 54155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.31
Name of Employer BAYCARE CLINIC, LLP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.40	

SUBTOTAL of Receipts This Page (optional).....▶	138.50
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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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

Full Name (Last, First, Middle Initial)

A. SORRELLS, CHRISTOPHER

Mailing Address

3317 STAR CREEK CT

City

GREEN BAY

State

WI

Zip Code

54311

FEC ID number of contributing federal political committee.

C

Name of Employer

BAYCARE CLINIC, LLP

Occupation

MEDICAL DOCTOR

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 22 / 2010

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. SCHOCK, HAROLD

Mailing Address

4552 CHOCTAW TRL

City

GREEN BAY

State

WI

Zip Code

54313

FEC ID number of contributing federal political committee.

C

Name of Employer

BAYCARE CLINIC, LLP

Occupation

PHYSICIAN

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

254.89

Date of Receipt

12 / 22 / 2010

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. WIENKERS, KEVIN P

Mailing Address

2863 CIRCLE SHORE DR

City

GREEN BAY

State

WI

Zip Code

54302

FEC ID number of contributing federal political committee.

C

Name of Employer

BAYCARE CLINIC, LLP

Occupation

OPHTHALMOLOGIST

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

217.20

Date of Receipt

12 / 22 / 2010

Amount of Each Receipt this Period

23.47

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

64.30

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

1,111.92

11030550587

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) 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 2546.92			
City GREEN BAY	State WI	Zip Code 54303-2728	Date 12 / 28 / 2010			
Purpose of Disbursement: RENTAL AGREEMENT		Category/ Type 001	Date 12 / 28 / 2010			
Activity or Event Identifier:						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
2546.92						2546.92

B. Full Name (Last, First, Middle Initial) ASSOCIATED BANK			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 200 N ADAMS ST			Allocated Activity or Event Year-To-Date 10.00			
City GREEN BAY	State WI	Zip Code 54301	Date 12 / 31 / 2010			
Purpose of Disbursement: BANK FEES		Category/ Type 001	Date 12 / 31 / 2010			
Activity or Event Identifier:						
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
10.00						10.00

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

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2556.92				2556.92

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
2556.92				2556.92

11030550588

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)
1/18/11

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

SR

PREPARER

1/24/11

DATE PREPARED

11030550589