

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2009 MAR 11 A 11:43
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 54303-0728

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:

- | | | | | | | | |
|--------------------------|-------------|--------------------------|-------------|--------------------------|--------------|--------------------------|--|
| <input type="checkbox"/> | Feb 20 (M2) | <input type="checkbox"/> | May 20 (M5) | <input type="checkbox"/> | Aug 20 (M8) | <input type="checkbox"/> | Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> | Mar 20 (M3) | <input type="checkbox"/> | Jun 20 (M6) | <input type="checkbox"/> | Sep 20 (M9) | <input type="checkbox"/> | Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> | Apr 20 (M4) | <input type="checkbox"/> | Jul 20 (M7) | <input type="checkbox"/> | Oct 20 (M10) | <input type="checkbox"/> | Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

- | | | | | | |
|--------------------------|------------------|--------------------------|---------------|--------------------------|--------------|
| <input type="checkbox"/> | Primary (12P) | <input type="checkbox"/> | General (12G) | <input type="checkbox"/> | Runoff (12R) |
| <input type="checkbox"/> | Convention (12C) | <input type="checkbox"/> | Special (12S) | | |

Election on 11/24/2008 in the State of WI

(d) 30-Day POST-Election Report for the:

- | | | | | | |
|-------------------------------------|---------------|--------------------------|--------------|--------------------------|---------------|
| <input checked="" type="checkbox"/> | General (30G) | <input type="checkbox"/> | Runoff (30R) | <input type="checkbox"/> | Special (30S) |
|-------------------------------------|---------------|--------------------------|--------------|--------------------------|---------------|

Election on 11/04/2008 in the State of WI

5. Covering Period 10/16/2008 through 11/24/2008

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 03/03/2009

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							
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FEC FORM 3X
Rev. 12/2004

29030050643

**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:

10 16 2008

To:

11 24 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		15,988.78
(b) Cash on Hand at Beginning of Reporting Period.....	13,547.54	
(c) Total Receipts (from Line 19)	1,401.85	7,310.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14,949.39	23,299.39
7. Total Disbursements (from Line 31).....	5,000.00	13,350.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,949.39	9,949.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	00	

29030050644



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:

10 16 2008

To:

11 24 2008

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)).....▶

886.19
515.66
1,401.85

3250.39
4060.22
7310.61

- (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).....▶

00
00

00
00

12. Transfers From Affiliated/Other Party Committees.....

00

00

13. All Loans Received.....

00

00

14. Loan Repayments Received.....

00

00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00

00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00

00

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

00

00

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))..

00

00

00

00

00

00

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

1,401.85

7,310.61

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

1,401.85

7,310.61

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	00	1,350.00
(ii) Non-Federal Share.....	00	00
(b) Other Federal Operating Expenditures	00	00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00	1,350.00
22. Transfers to Affiliated/Other Party Committees.....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,000.00	12,000.00
24. Independent Expenditures (use Schedule E)	00	00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00	00
26. Loan Repayments Made.....	00	00
27. Loans Made.....	00	00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00	00
29. Other Disbursements	00	00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00	00
(ii) "Levin" Share.....	00	00
(b) Federal Election Activity Paid Entirely With Federal Funds	00	00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	00	00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5,000.00	13,350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5,000.00	13,350.00

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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)	1,401.85	7,310.61
34. Total Contribution Refunds (from Line 28(d))00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,401.85	7,310.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))00	1,356.00
37. Offsets to Operating Expenditures (from Line 15, page 3)00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)00	1,356.00

29030050647

**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 4
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BayCare Physicians PAC

A. Block, Jeffrey A
Full Name (Last, First, Middle Initial)

Mailing Address
2501 DuCharme Ln.

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 229.13

Date of Receipt
11/21/2008

Amount of Each Receipt this Period
10/22/08 \$20.83

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

Mailing Address
4304 Hilton Head ct.

City Oncida 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 275.00

Date of Receipt
11/21/2008

Amount of Each Receipt this Period
10/22/08 \$25.00

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

Mailing Address
2521 Meadow Breeze ct.

City Green Bay State WI Zip Code 54311-9006

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 4583.7

Date of Receipt
11/21/2008

Amount of Each Receipt this Period
10/22/08 \$41.67

SUBTOTAL of Receipts This Page (optional).....▶ 1,750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 4
(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)
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 91663

Date of Receipt
11 / 21 / 2008
Amount of Each Receipt this Period
8333
10/22/08 \$83.33

B. Full Name (Last, First, Middle Initial)
Harrison, Richard
Mailing Address
984 Highland Springs Ct.
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 59903

Date of Receipt
11 / 21 / 2008
Amount of Each Receipt this Period
5696
10/22/08 \$74.35

C. Full Name (Last, First, Middle Initial)
Hennigan, Shawn
Mailing Address
1994 Paint Horse Trail
City De Pere State WI Zip Code 54115
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 67446

Date of Receipt
11 / 21 / 2008
Amount of Each Receipt this Period
6806
10/22/08 \$78.65

SUBTOTAL of Receipts This Page (optional)..... 44468
TOTAL This Period (last page this line number only).....

29030050649

**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 **4**

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)

BayCare Physicians PAC

Full Name (Last, First, Middle Initial)

A. **Hodgdon, Scott**

Mailing Address

3010 Great Oak Ln.

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 ▼

292.03

Date of Receipt

11/21/2008

Amount of Each Receipt this Period

24.10

10/22/08 \$32.07

Full Name (Last, First, Middle Initial)

B. **Limoni, Robert**

Mailing Address

3072 Bay Settlement 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

Physician

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

203.50

Date of Receipt

11/21/2008

Amount of Each Receipt this Period

18.50

10/22/08 \$18.50

Full Name (Last, First, Middle Initial)

C. **OTS Max**

Mailing Address

2455 Shirley Rd.

City

DePere

State

WI

Zip Code

54115

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 ▼

27.500

Date of Receipt

11/21/2008

Amount of Each Receipt this Period

25.00

10/22/08 \$25.00

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

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

143.17

29030050650

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

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

FOR LINE NUMBER: PAGE 4 OF 4
(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)
Sorrells, Christopher C.
 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 Physician
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date 220.00

Date of Receipt
11/21/2008
 Amount of Each Receipt this Period
10/22/08 \$20.00

B. Full Name (Last, First, Middle Initial)
Weinshel, Steven
 Mailing Address
1746 Martinwood Ct.
 City DePere State WI Zip Code 54115
 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 458.37

Date of Receipt
11/21/2008
 Amount of Each Receipt this Period
10/22/08 \$41.67

C. Full Name (Last, First, Middle Initial)
Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: Primary General
 Other (specify) Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... 123.34
 TOTAL This Period (last page this line number only)..... 886.19

15905002062

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

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NAME OF COMMITTEE (In Full)
BayCare Physicians PAC

A. *Kagen 4 Congress*

Mailing Address
100 West College Ave Ste 500

City *Appleton* State *WI* Zip Code *54911*

Purpose of Disbursement
Contribution

Candidate Name
Steve Kagen

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *WI* District: *8*

Date of Disbursement
10 / 30 / 2008

Amount of Each Disbursement this Period
5000.00

Category/Type
011

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

TOTAL This Period (last page this line number only).....▶ *5000.00*

259050050652

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>3/3/09</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm W
 PREPARER

3/11/09
 DATE PREPARED

29030050653