

**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:

11 ' 25 ' 2008

To:

12 ' 31 ' 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2008</u>		<u>15,988.78</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>9,949.39</u>	
(c) Total Receipts (from Line 19)	<u>690.81</u>	<u>8,001.42</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>10,640.20</u>	<u>23,990.20</u>
7. Total Disbursements (from Line 31).....	<u>2,182.52</u>	<u>15,532.52</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>8,457.68</u>	<u>8,457.68</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<u>00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<u>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 800-424-9530
Local 202-694-1100

95905002062

**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 25 2008

To:

12 31 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).....	41695	366734
(ii) Unitemized.....	27386	433408
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	69081	800142
(b) Political Party Committees.....	00	00
(c) Other Political Committees (such as PACs).....	00	00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	69081	800142
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).....	00	00
(b) Levin Funds (from Schedule H5).....	00	00
(c) Total Transfers (add 18(a) and 18(b))..	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	69081	800142
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	69081	800142

29030050657

**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	21,825.52	35,325.20
(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))	21,825.52	35,325.20
22. Transfers to Affiliated/Other Party Committees.....	00	00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	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))..	21,825.52	155,325.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21,825.52	155,325.20

29020050658

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)	690.81	8,001.42
34. Total Contribution Refunds (from Line 28(d))00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	690.81	8,001.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	218,252	353,252
37. Offsets to Operating Expenditures (from Line 15, page 3)00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	218,252	353,252

65905005062

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

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

Mailing Address
2501 Ducharme Lane

City State Zip Code
Green Bay WI 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 ▼
249.96

Date of Receipt
12 / 22 / 2008

Amount of Each Receipt this Period
208.3

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

Mailing Address
4364 Hilton Head Ct.

City State Zip Code
Oneida WI 54155

FEC ID number of contributing federal political committee.
C

Name of Employer
BayCare Clinic, LLP

Occupation
Neurosurgeon

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 22 / 2008

Amount of Each Receipt this Period
25.00

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

Mailing Address
2521 Meadow Breeze Ct.

City State Zip Code
Green Bay WI 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 ▼
500.04

Date of Receipt
12 / 22 / 2008

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶ **87.50**

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

29030050660

**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 2 OF 4
	<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 DAC

A. Full Name (Last, First, Middle Initial)
Haller, Robert

Mailing Address
2680 Hillside Heights

City State Zip Code
Green Bay, WI 54311

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BayCare Clinic, LLP Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999,916

Date of Receipt
12 / 22 / 2008

Amount of Each Receipt this Period
8333

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

Mailing Address
984 Highland Springs Ct

City State Zip Code
Oneida, WI 54155

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BayCare Clinic, LLP Neurosurgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
643,92

Date of Receipt
12 / 22 / 2008

Amount of Each Receipt this Period
4489

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

Mailing Address
1994 Paint Horse Trail

City State Zip Code
DePere, WI 54115

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
BayCare Clinic, LLP Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
716,60

Date of Receipt
12 / 22 / 2008

Amount of Each Receipt this Period
4214

SUBTOTAL of Receipts This Page (optional).....▶ **170,36**

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

19905005061

**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 3 OF 4
	<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**

Mailing Address
3018 Great Oak Ln.

City State Zip Code
Green Bay, WI 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 ▼
3178.1

Date of Receipt
12 ' 22 ' 2008

Amount of Each Receipt this Period
257.8

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

Mailing Address
3072 Bay Settlement Ct.

City State Zip Code
Green Bay, WI 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 ▼
222.00

Date of Receipt
12 ' 22 ' 2008

Amount of Each Receipt this Period
18.50

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

Mailing Address
2455 Shirley Rd.

City State Zip Code
DePere, WI 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 ▼
300.00

Date of Receipt
12 ' 22 ' 2008

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶ **69.28**

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

29905005052

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 4

<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 committees.

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
Schnaubelt, Michael

Mailing Address
4318 Hilton Head Dr.

City Oneida, WI 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 214.14

Date of Receipt
12 / 22 / 2008

Amount of Each Receipt this Period
28.14

B. Full Name (Last, First, Middle Initial)
Sorrells, Christopher C.

Mailing Address
3317 Star Creek Ct.

City Green Bay, WI 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 240.00

Date of Receipt
12 / 22 / 2008

Amount of Each Receipt this Period
20.00

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

Mailing Address
1746 Martinwood Ct.

City De Pere, WI 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 500.04

Date of Receipt
12 / 22 / 2008

Amount of Each Receipt this Period
416.7

SUBTOTAL of Receipts This Page (optional)..... 89.81

TOTAL This Period (last page this line number only)..... 416.95

2903005063

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

Mailing Address

1104 N. Broadway

City State Zip Code

Green Bay, WI 54303

Purpose of Disbursement:

Rental agreement

Activity or Event Identifier:

001

Category/
Type

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

2182.52

Date **12 / 31 / 2008**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2182.52

0.00

2182.52

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

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:

Category/
Type

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

2182.52

00

2182.52

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

2182.52

00

2182.52

29030050664

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) 3/3/09
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<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>Jm/p</i> PREPARER (3/2005)	3/11/09 DATE PREPARED

29030050665