

**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: 01 ' 01 ' 2005 To: 06 ' 30 ' 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2005</u>		000
(b) Cash on Hand at Beginning of Reporting Period.....	000	
(c) Total Receipts (from Line 19).....	2,683.54	2,683.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2,683.54	2,683.54
7. Total Disbursements (from Line 31).....	01	01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2,683.53	2,683.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	

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

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DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

BayCare Physicians PAC

Report Covering the Period: From: **01 ' 01 ' 2005**

To: **06 ' 30 ' 2005**

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).....

967.20

967.20

(ii) Unitemized

1716.34

1716.34

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

2683.54

2683.54

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)

2683.54

2683.54

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

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

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

2683.54

2683.54

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

2683.54

2683.54

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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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.01	0.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.01	0.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.01	0.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.01	0.01

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DETAILED SUMMARY PAGE
of Disbursements

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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)	2,683.54	2,683.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,683.54	2,683.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.01	0.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.01	0.01

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**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 1 OF 1

11a 13 11b 14 11c 15 12 16 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. Baek, Paul N.

Mailing Address

4429 Gypsy 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 ▼

333.32

Date of Receipt Payroll Deduction

MM / DD / YYYY

Amount of Each Receipt this Period

83.33

(*83.33 monthly beginning 03/05)

Full Name (Last, First, Middle Initial)

B. Harrison, Richard L.

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

Neurosurgeon

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

208.57

Date of Receipt Payroll Deduction

MM / DD / YYYY

Amount of Each Receipt this Period

54.88

5/22/05 \$49.48
4/22/05 \$49.48
3/22/05 \$32.02
2/22/05 \$22.71

Full Name (Last, First, Middle Initial)

C. Weinschel, Steven S.

Mailing Address

1746 Martinwood Ct.

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 ▼

425.31

Date of Receipt Payroll Deduction

MM / DD / YYYY

Amount of Each Receipt this Period

65.33

5/20/05 \$108.49
4/22/05 \$89.32
3/22/05 \$93.41
2/22/05 \$68.76

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

967.20

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

967.20

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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.

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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
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	Next Business Day Delivery <input type="checkbox"/>
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PREPARER
(3/2005)



8/1/05
DATE PREPARED

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