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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2006 DEC | 1 A | 1: 42

FEC FORM 3X

Rev. 12/2004

erandiana dan mandan mandan menterang TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. BANCARE PHINSI CLIANS DAC LIGH N BROIF DWAY ADDRESS (number and street) Check if different than previously 54.30.3 - 12.7.28 IGRESIN BAY WI reported. (ACC) STATE A ZIP CODE A CITY A FEC IDENTIFICATION NUMBER ▼ AMENDED 3. IS THIS NEW N (N) OR (A) REPORT TYPE OF REPORT Nov 20 (M11) (Non-Election Aug 20 (M8) (b) Monthly May 20 (M5) Feb 20 (M2) Report (Choose One) Year Only) Due On: Dec 20 (M12) (Non-Election Jun 20 (M6). Sep 20 (M9) Mar 20 (M3) Year Only) (a) Quarterly Reports: Jan 31 (YE) Jul 20 (M7) Oct 20 (M10) Apr 20 (M4) April 15 Quarterly Report (Q1) General (12G) Runoff (12R) (c) Primary (12P) 12-Day July 15 **PRE-Election** Quarterly Report (Q2) Special (128) Convention (12C) Report for the: October 15 Quarterly Report (Q3) in the January 31 State of Election on Ĺ Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election Y Runoff (30R) Special (30S) **POST-Election** General (30G) Year Only) (MY) Report for the: Termination Report in the (TER) State of Election on through i Covering Period I certify that I have examined this Report and to the best of my knowledge and betlef it is true, correct and complete. Type or Print Name of Treasurer Chris Hugustian Date Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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Use

Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

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Write or Type Committee Name BayCare Physicians PAC Report Covering the Period: From: **COLUMN B COLUMN A** This Period Calendar Year-to-Date Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO the Committee (Itemize all on) Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

BauCare Physicians PAC.			
Re	port Covering the Period: From:	0 1.9 2006	2006
	l. 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		1 157/1/-
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	10/01/03	334259
	(iii) TOTAL (add	The state of the s	
	Lines 11(a)(i) and (ii)	1.822.43	
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)	1	0.00
	(d) Total Contributions (add Lines	Section 1 and 1 and 1 and 2 an	
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	L L.B.22.43	5.500.05
12.	Transfers From Affiliated/Other	E CONTRACTOR DE LA CONT	
	Party Committees		
19	All Loans Received		^ ^ \
١٥.	All Luairs neceived		
	Lasa Dannumenta Desciusal		
14. 15.	Loan Repayments Received Offsets To Operating Expenditures		L
13.	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		$\frac{1}{2}$
16.	Refunds of Contributions Made	L	Harry Complete Street S
	to Federal Candidates and Other	[المستورات موسول المستور المست	
	Political Committees		
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)	L	
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account		^^^
	(from Schedule H3)		
	(b) Louis Francis (francisco Cabachula ME)	^ ^^	\wedge
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))		$\bigcap \bigcap \bigcap$
	(0) (0.00 110.000 (0.00 10/2) 0.10 10/0/)		
10	Total Receipts (add Lines 11(d),		
13.	12, 13, 14, 15, 16, 17, and 18(c))▶	190047	5 5 00 05
20.	Total Federal Receipts	thereware the second of the se	Harrison Street Control Street Contr
	(subtract Line 18(c) from Line 19)▶	L	5.500.05

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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)	Total ting Lenion	Calendar 1ear-to-cate
	(i) Federal Share	1 1 1 0 - O1O	
	(ii) Non-Federal Share(b) Other Federal Operating		0.00
	Expenditures		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	$\Delta \Delta \Delta$	000
22 .	Transfers to Affiliated/Other Party		
23.	Committees		1.5.00-00
24.	Independent Expenditures		
25.	(use Schedule E)	$\begin{array}{c} 1 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{array}$	
26.	Loan Repayments Made		
27. 28.	Loans MadeRefunds of Contributions To:		0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	1
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))►		L. 1. 2. 1. 2. 1. 0-00
29.	Other Disbursements	000	0.0.0
30.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share		000
	(II) "Levin" Share	000	
	(b) Federal Election Activity Paid Entirely With Federal Funds		0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	000	200
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		[
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1.3.000	L., 1,500-00

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DETAILED SUMMARY PAGE

of Disbursements Page 5 FEC Form 3X (Rev. 02/2003) COLUMN B COLUMN A III. Net Contributions/Operating Ex-Total This Period Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a
	Any information copied from such Reports and Statements a or for commercial purposes, other than using the name and	may not be sold or used by any pel address of any political committee	erson for the purpose of soliciting contributions etc solicit contributions from such committee.
}	BayCare Physicians PAC		
	Full Name (Last, First, Middle Initial) A. Coper, Timothy R. Mailing Address A845 Greenbrier Rd. Ste # 3 City State Green Bay, WE 54311	장식O Zip Code	Date of Receipt 2.2 2.0 6 Amount of Each Receipt this Period
能能]	FEC ID number of contributing federal political committee. Name of Employer BayCare Clinic, LLP Phys	on Cian te Year-to-Date ▼	
少有色色色色色色色色	Receipt For: Aggregate	Zip Code Zip Code Discontraction O Schroe Vear-to-Date V	Date of Receipt Payroll Deduction Amount of Each Receipt this Period 3.7.0.8 *33.42 //20/06 *37.08 Monthly beginning 2/22/06
	FEC ID number of contributing federal political committee. Name of Employer BayCare Clinic, LLP Neur	Zip Code Zip Code Year-to-Date 4.11.3.6	Date of Receipt Payroll Deduction 1

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

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

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FOR LINE NUMBER:

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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BayCare Physicians	atements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Hennigan, Shaum. Mailing Address 1994 Paint Horse Trail City DePere, WT 54115 FEC ID number of contributing federal political committee. Name of Employer BayCare Cinic, LLD Receipt For: Primary General	State Zip Code C Occupation Occupation Aggregate Year-to-Date ▼	Date of Receipt Poyro II Deduction 2.2.2.2.0.0.6e Amount of Each Receipt this Period 2.2.2.0.0.6 2.2.2.0.0.6 2.2.2.0.0.6 2.2.2.0.0.6 2.2.2.0.0.6
Full Name (Last, First, Middle Initial) B. Lee. John K. Mailing Address 30316 Warm Springs Drings	State Zip Code C Occupation Medical Dxx-tor Aggregate Year-to-Date ▼	Date of Receipt Poyroll Deduction Amount of Each Receipt this Period Allo 67 Paolog 41.67 Non-thly Beginning Place
Full Name (Last, First, Middle Initial) C. Rolfskin, Alexander Mailing Address 2411 Wandering Springs (City Creen Bau, wit 54311 FEC ID number of contributing federal political committee. Name of Employer Boulare Clinic, LLP Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C C C C C C C C C C C C C C C C C C	Date of Receipt Amount of Each Receipt this Period 50000
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Any Information copied from such Reports and Stor tor commercial purposes, other than using the	ements may not be sold or used by any pame and address of any political committee.	person for the purpose of soliciting contributions - ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BayCare Physicians P		
Full Name (Last, First, Middle Initial) A. Weinshel, Steven S. Mailing Address		Date of Receipt Pour Oll Deduchi
1746 Martinwood Ct.	State Zip Code	
Defere, WI 54115		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	6.2.50
Name of Employer BauCare Clinic, LLP	Phusician.	15464 Taoloco 162.50 Monthly Beginning 212210
Receipt For:	Aggregete Year-to-Date ▼	
Primary General Other (specify) ▼]
Full Name (Last, First, Middle Initial)	······································	
В		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	·
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ♥	
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C		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	

Aggregate Year-to-Date ▼

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Other (specify) w

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Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
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PREPARER (2/2005)	DATE PREPARED	
(3/2005)		