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2009 JUL 20 PM 11: 25

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) BAN CARE PHYSICIANS PAC ADDRESS (number and street) Check if different than previously reported. (ACC) GREEN BAY. CITYA STATE A ZIP CODE A CITYA STATE A ZIP CODE A AMENDED (A) AMENDED (A) AUG 20 (M8) Nov 20 (M9) Courterly Report (O1) April 15 Quarterly Report (O2) April 20 Courterly Report (O2) Courterly Report (O2) Courterly Report (O2) Courterly Report (O3) Courterly Report (O3)				
ADDRESS (number and street) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC) Check if different than previously reported. (ACC) CHECK IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ CONSTRUCTION (A) AMENDED (A) AMENDED (A) CHECK YEAR OWN) CHOOSE One) (B) CONSTRUCTION (C) April 15 Quarterly Report (CO1) CONSTRUCTION (C) 12-Day PRE-Election Report for the: CONVENTION CONVENTION CONVENTION (C) 12-Day PRE-Election Report for the: CONVENTION CONVENTION				
Check if different than previously reported. (ACC) COOLLOCATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ AMENDED (Non-Elect Year Only) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Convention (12P) General (12G) Runoff (PRE-Election Report for the: Convention (12C) Special (12S)				
Check if different than previously reported. (ACC) COOLLOCATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ AMENDED (Non-Elect Year Only) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Convention (12P) General (12G) Runoff (PRE-Election Report for the: Convention (12C) Special (12S)				
Check if different than previously reported. (ACC) GREEN BAV 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ CICOLLOCATION 3. IS THIS REPORT (N) OR AMENDED (Non-Elect Non-Elect Year Only) (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Feb 20 (M2) May 20 (M5) April 20 (M6) Sep 20 (M9) Due On: Mar 20 (M3) Jun 20 (M6) Sep 20 (M10) July 15 Quarterly Report (Q2) Primary (12P) General (12G) Runoff (PRE-Election Report for the: Convention (12C) Special (12S)				
reported. (ACC) GREEN BAY 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ COO. 4.0.7.7.0.0 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (b) Monthly Report (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (O1) July 15 Quarterly Report (O2) PRE-Election Report for the: Convention (12C) Special (12S)				
4. TYPE OF REPORT (Choose One) (a) Quarterly Report (Q1) April 15 Quarterly Report (Q2) (b) Monthly Report (Q2) (b) Monthly Report (Q2) (c) 12-Day Primary (12P) PRE-Election Report (Q2) (a) Report (Q2) (b) Monthly Feb 20 (M2) May 20 (M5) May 20 (M5) May 20 (M8) Nov 20 (Non-Elect Year Only) Jun 20 (M6) Sep 20 (M9) Oct 20 (M10) Jan 31 (c) 12-Day Primary (12P) General (12G) Runoff (May 20 (M5) Report for the: Convention (12C) Special (12S)				
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) REPORT (N) OR (N) OR (A) May 20 (M5) May 20 (M5) May 20 (M5) May 20 (M5) May 20 (M6) Sep 20 (M9) Dec 20 (Non-Elect Year Only) April 15 Quarterly Report (Q1) Primary (12P) General (12G) Report (12C) Special (12S)				
(Choose One) Report Peb 20 (M2) May 20 (M3) Lag 20 (M6) (Non-Elect Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (Non-Elect Year Only) April 15 Quarterly Report (Q1) Valy 15 Quarterly Report (Q2) PRE-Election Report for the: Convention (12C) Special (12S)				
(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Dec 20 (Non-Elect Year Only) April 20 (M3) July 20 (M6) Sep 20 (M9) Dec 20 (Non-Elect Year Only) April 20 (M4) July 20 (M7) Oct 20 (M10) July 31 Primary (12P) PRE-Election Report for the: Convention (12C) Special (12S)				
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 C) Primary (12P) PRE-Election Report for the: Convention (12C) Special (12S)				
July 15 PRE-Election Report for the: C) 12-Day Primary (12P) General (12G) Runoff (PRE-Election Report for the: Convention (12C) Special (12S)				
Report for the: Convention (12C) Special (12S)				
January 31 Flection on State of				
July 31 Mid-Year Report (Non-election Year Only) (MY) POST-Election General (30G) Runoff (30R) State of Legislation General (30G) Runoff (30R) Special				
Report for the: (TER) Report for the: Election on State of				
5. Covering Period 01 01 2009 through 06 30 2009				
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 0.7 [15] 200				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §4				
Office Use Only Rev. 12/2004				

9636122752

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BayCare	Physicians	PAC
— · - / · · · · · · · · · · · · · · · · ·	J	

Report Covering the Period:

From:

0.1

2/ 2

2009

To:

0.6

30

2009

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, (a) Cash on Hand		8.4.5.7.68
	(b) Cash on Hand at Beginning of Reporting Period	8.45.7.68	
	(c) Total Receipts (from Line 19)	3,997.26	3,9.9.7.26
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12,4,5,4-9,4	12,454.94
7 .	Total Disbursements (from Line 31)	5,00,000	5,0,0,000
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7.45.4.94	7.45494
9.	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)	00	

X

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

M ľΩ 299301227

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:	511 611 120.091 T	· 66 30 a09		
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	177538	1775 38		
(i) Itemized (use Schedule A)				
(ii) Uniternized	2221.88	2221.88		
(iii) TOTAL (add	700777			
Lines 11(a)(i) and (ii)	<u> </u>	399 / 20		
(h) Delitical Darty Committees		A the state of the		
(b) Political Party Committees (c) Other Political Committees		The state of the s		
(such as PACs)				
(d) Total Contributions (add Lines		Unione Terrent Special Street Special		
11(a)(iii), (b), and (c)) (Carry	222 - 21	2007 0		
Totals to Line 33, page 5)▶	1-1-3-9-9-7-36	<u> </u>		
12. Transfers From Affiliated/Other				
Party Committees				
13. All Loans Received				
14. Loan Repayments Received				
15. Offsets To Operating Expenditures		المستعدا وعدا المستط مستاويك الاستبدا ليستك المستاسية المستاسية		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)				
Refunds of Contributions Made to Federal Candidates and Other				
Political Committees				
17. Other Federal Receipts		Harmonia and a second and a sec		
(Dividends, Interest, etc.)				
18. Transfers from Non-Federal and Levin Fund	s			
(a) Non-Federal Account (from Schedule H3)				
(Hom concast no)				
(b) Levin Funds (from Schedule H5)				
(5) 25111 (21125 (11511) 551154115 (115) 1111111		" - eper "served." - en 2 e en 2 Per la companya de l		
(c) Total Transfers (add 18(a) and 18(b))				
	hand to see the second	است ن <u>د کی دو استان کی استان بین ایستان بین ا</u>		
19. Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))	3007 2/2	2007 21		
	Lean Start 99			
20. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	1-3-997226	3,997.26		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
	(i) Federal Share		
	(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		
23.	Committees		
04	Federal Candidates/Committees and Other Political Committees	5.000.00	5.000.00
	Independent Expenditures		
25.	(use Schedule E)		
	(use Schedule F)		
26	Loan Repayments Made		
	•		
27. 28	Loans Made Refunds of Contributions To:	<u> </u>	
-0.	(a) Individuals/Persons Other Than Political Committees	A STATE OF THE STA	
	tital foliated 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	<u>Lananana</u>	
	(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))	5,0.00.00	5,000.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	5,000.00	50000

38. Net Operating Expenditures

(subtract Line 37 from Line 36)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-**COLUMN A** COLUMN B **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).....

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE / OF 2
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 12
	<u> </u>	13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a	ay not be sold or used by any per address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee
NAME OF COMMITTEE (In Full)	addios of any pointed committee	to solidi collabatolis non saan colliniace.
$ \rangle$		
BayCare Physicians P	'AC	
Full Name (Last, First, Middle Initial)		D 4 D Justice
A. Guo, Danzhu		Date of Receipt Payroll Deduction
Mailing Address Meadow Breeze Ct		0.6 22 2000
City State	Zip Code	
Green Boy WI	54311-9006	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	أدساسية ساسية بياد	41.61
Name of Employer Occupation		05-22-2009 41.67
BayCare Clinic, LLP Phys	sician	04-22-2009
Receipt For: Aggregate	Year-to-Date ▼	107 00 0001 102-20-2009
Primary General		03-20-2009
Other (specify) ▼	<u>a.5.0.0a</u>	03-20 - 2009 01-22 - 2009 01-22 - 2009
Full Name (Last, Eirst, Middle Initial)		01-86-8001
B. Haller, Robert		Date of Receipt Payroll Deduction
Mailing Address	<u></u>	[-12-2-2-4-4] / [-2-2-2-4-2-4-2-2-2-4-4-4-4-4-4-4-4-4-4-
2680 Hillside Heights		06 22 2009
City State	Zip Code ちはるけ	As a Section Building
Green 19ay WI		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		83.33
		05-22-2009 83.33
	bician_	05-22-2009 83.33 01-22-2009 1
Desciol Post	Year-to-Date ▼	73:20-2009
Primary General Aggregate	ndered verlande kalland zallende zal ±691-10-1791e. A	03.20-2009
Other (specify) ▼	49998	01-aa-2009 V
Full Name (Last, First, Middle Initial) C. Harrison, Kichard L.		Date of Receipt Payroll Deduction
Mailing Address		Date of necestal MAION TOTAL
984 Highland Springs Ct.		06 22 2009
City	Zip Code 54155	Same Transit Control of the Control
Oneida WI	54155	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		4073
·	- Leaderston de la colorada	
Name of Employer Occupation		05-22-09 63-82 04-22-09 52.86
Poneiat For:	osurgeon.	03.20.09 50.62
Receipt For: Aggregate Primary General	Year-to-Date ▼	62-20-09 42.66
Other (specify)	326 28	01-22-09 75.59
		<u> </u>
		1 47/ 00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1.016.28
TOTAL This Period (last page this line number only)		And the second of the second o

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 2 OF 2
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 112
Agy information against from each Baseds and	Ctatamanta ma	w not be cold or used by one no	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma le name and a	ly not be sold or used by any pe ddress of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
BayCare Physicial	as PA	HC.	
Full Name (Last, First, Middle Initial)	<u>U</u>		
A. Weinshel, Steven	<u>S.</u>		Date of Receipt Payroll Deduction
Mailing Address 1746 Martinwood (<u>+. </u>		06 22 2009
De Pere	State WI	Zip Code 54115	Amount of Each Receipt this Period
FEC ID number of contributing		The Sand Sand Sand Sand Sand Sand Sand Sand	
federal political committee.	C	<u> </u>	1-1-1-1-67
Name of Employer	Occupation		05-22-09 41.67
BauCare Clinic. LL	Phy.	sician	J0320:09
Receipt/For:	Aggregate	Year-to-Date ▼	02-20-09
Primary General Other (specify)		7 ()	01-22-01
Cuter (specify)	<u> </u>	n. L. raporo. Ca	· }
Full Name (Last, First, Middle Initial)	'		
B. Hennigan, Shawn			Date of Receipt
Mailing Address Int Horse Tv	ail		0.6 22 2009
City	State	Zip Code	
DEPELE	MT_	<u> </u>	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5.8-0.9
			05-22-09 79-67
Paul are Clinic IIP	Occupation		
BayCare Clinic, LLP	1Phys	<u> </u>	04-22-09 76.95
Primary General	Aggregate	Year-to-Date ▼	00 20 09 77.11
Other (specify) ▼		<u> </u>	01-22-09 62.34
Full Name (Last, First, Middle Initial)	<u> </u>		
C.			Date of Receipt
Mailing Address			[mrm] , [pro] , [sr. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
City	State	Zip Code	
			Amount of Each Receipt this Period
FEC ID number of contributing		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
federal political committee.		<u></u>	
Name of Employer	Occupation		
Receipt For:	Angregate	Year-to-Date ▼	'
Primary General	, agregate		
Other (specify) ▼		<u>/}`_!!</u>	
	L.—		
SUBTOTAL of Receipts This Page (optional)			69910

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

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)	FC	FOR LINE	OR LINE NUMBER: PAGE OF	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 🗓 23 🗀 24 🗀 25 🗀 26	
		27	28a 28b 28c 29 30b	
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam	nents may not be sold or used the and address of any political	by any perso committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Bay Care Physicians Full Name (Last, First, Middle Initial)	PAC			
Full Name (Last, First, Middle Initial)			2	
Konen 4 Congress		}	Date of Disbursement .	
Mailing Address	1 2		01 02 a009	
100 West College Ave. Du	ute 500			
Appleton, WT 54911	State Zip Code			
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/		
Steve Kagen		Type	5,0.00.00	
Office Sought: X House Disbursen		İ		
President	Primary	Ì		
State: WI District: 6	· V-D			
Full Name (Last, First, Middle Initial)				
3.		ł	Date of Disbursement	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement	TF			
Candidate Name			Amount of Each Disbursement this Period	
Candidate Hatte	, ,	Category/ Type	Land Delivery of the Control of the	
Office Sought: House Disbursen	nent For:	- 71	Access de Maria de La California de Californ	
	Primary General	ĺ		
President State: District:	Other (specify)	ĺ		
Full Name (Last, First, Middle Initial)				
2.		ļ	Date of Disbursement	
Mallian Address			ليمينهم ، لعموا ، ليعموا	
Mailing Address	N			
City	State Zip Code	ļ		
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name	1	Category/ Type		
Office Sought: House Disburser	nent For:		**************************************	
Senate	Primary General			
State: District:	Other (specify) ▼	ļ		
CC. Diguiot.			Hampel Market Market Street	
SUBTOTAL of Disbursements This Page (optional)				
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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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):