

2009 JUL 20 PM 11:25

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

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

54303-2728

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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

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

*Chris Augustian*

Date

07 / 15 / 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

FEC FORM 3X  
Rev. 12/2004

29030122751

**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 / 2009

To:

06 / 30 / 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2009</u>		<u>84,576.8</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>84,576.8</u>	
(c) Total Receipts (from Line 19) .....	<u>3,997.26</u>	<u>3,997.26</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<u>124,549.4</u>	<u>124,549.4</u>
7. Total Disbursements (from Line 31) .....	<u>5,000.00</u>	<u>5,000.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<u>74,549.4</u>	<u>74,549.4</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

2903012752

**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:

MM / DD / YYYY  
01 / 01 / 2009

To:

MM / DD / YYYY  
06 / 30 / 2009

**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).....

1,775.38

1,775.38

(ii) Unitemized.....

2,221.88

2,221.88

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

3,997.26

3,997.26

(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).....▶

3,997.26

3,997.26

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

13. All Loans Received.....

14. Loan Repayments Received.....

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

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

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

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))..

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

3,997.26

3,997.26

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

3,997.26

3,997.26

2903012753

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

29030122754

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 .....		
(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 Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,000.00	5,000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political 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 .....		
(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))..	5,000.00	5,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5,000.00	5,000.00

**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) .....	3,997.26	3,997.26
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3,997.26	3,997.26
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) .....		

29030122755

**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 2
	<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**

A. **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 **250.02**

Date of Receipt Payroll Deduction  
**06 22 2009**  
 Amount of Each Receipt this Period  
**41.67**  
 05-22-2009 41.67  
 04-22-2009  
 03-20-2009  
 02-20-2009  
 01-22-2009 ↓

B. **Haller, Robert**  
 Full Name (Last, First, Middle Initial)  
 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 **499.98**

Date of Receipt Payroll Deduction  
**06 22 2009**  
 Amount of Each Receipt this Period  
**83.33**  
 05-22-2009 83.33  
 04-22-2009  
 03-20-2009  
 02-20-2009  
 01-22-2009 ↓

C. **Harrison, Richard L.**  
 Full Name (Last, First, Middle Initial)  
 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 **326.28**

Date of Receipt Payroll Deduction  
**06 22 2009**  
 Amount of Each Receipt this Period  
**40.73**  
 05-22-09 63.82  
 04-22-09 52.86  
 03-20-09 50.62  
 02-20-09 42.66  
 01-22-09 75.59 ↓

SUBTOTAL of Receipts This Page (optional)..... **1,076.28**  
 TOTAL This Period (last page this line number only).....

29030122756

**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 2
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
		<input type="checkbox"/> 12 <input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BayCare Physicians PAC**

A. Full Name (Last, First, Middle Initial)  
**Weinshel, 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 **250.02**

Date of Receipt Payroll Deduction

MM	DD	YYYY
06	22	2009

Amount of Each Receipt this Period

05-22-09	41.67
04-22-09	
03-20-09	
02-20-09	
01-22-09	

↓

B. 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 **449.08**

Date of Receipt

MM	DD	YYYY
06	22	2009

Amount of Each Receipt this Period

05-22-09	79.67
04-22-09	76.95
03-20-09	94.92
02-20-09	77.11
01-22-09	62.34

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

MM	DD	YYYY

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional) **69910**

TOTAL This Period (last page this line number only) **1775.38**

29030122757

**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 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
**BayCare Physicians PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**Kagen 4 Congress**

Date of Disbursement  
**01 / 02 / 2009**

Mailing Address  
**100 West College Ave. Suite 50D**

City  
**Appleton, WI 54911**

State  
**WI**

Zip Code  
**54911**

Purpose of Disbursement  
**Contribution**

Candidate Name  
**Steve Kagen**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type  
**011**

Amount of Each Disbursement this Period  
**5,000.00**

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Amount of Each Disbursement this Period

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

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

**5,000.00**

29030122758



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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)  
7/15/09

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

7/20/09  
 DATE PREPARED

29030122759