

**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: 07 / 01 / 2005 To: 12 / 31 / 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	2683.53	
(c) Total Receipts (from Line 19)	3116.82	5800.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5800.35	5800.36
7. Total Disbursements (from Line 31).....	0.00	0.01
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5800.35	5800.35
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

BayCare Physicians PAC

Report Covering the Period:

From:

07 ' 01 ' 2005

To:

12 ' 31 ' 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).....	1,703.68	2,670.88
(ii) Unitemized.....	1,413.14	3,129.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,116.82	5,800.36
(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).....▶	3,116.82	5,800.36
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)).....▶	3,116.82	5,800.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,116.82	5,800.36

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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	000	000
(ii) Non-Federal Share.....	000	000
(b) Other Federal Operating Expenditures	000	001
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	000	001
22. Transfers to Affiliated/Other Party Committees.....	000	000
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	000	000
24. Independent Expenditures (use Schedule E)	000	000
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	000	000
26. Loan Repayments Made.....	000	000
27. Loans Made.....	000	000
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	000	000
(b) Political Party Committees	000	000
(c) Other Political Committees (such as PACs).....	000	000
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	000	000
29. Other Disbursements	000	000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	000	000
(ii) "Levin" Share	000	000
(b) Federal Election Activity Paid Entirely With Federal Funds	000	000
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	000	000
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	000	001
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	000	001

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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)	3,116.82	5,800.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,116.82	5,800.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	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)	0.00	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: PAGE 1 OF 3
 (check only one)
 11a 11b 11c 12
 13 14 15 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 State Zip Code
Oneida WI 54155
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
BayCare Clinic, LLP Physician
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **833.30**

Date of Receipt Payroll Deduction
 Amount of Each Receipt this Period
83.33
 (\$83.33 monthly beginning 03/05)

Full Name (Last, First, Middle Initial)
B. Christianson, Ronald F.
 Mailing Address
842 Hickory Valley Ct.
 City State Zip Code
De Pere WI 54115
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
BayCare Clinic, LLP Radiologist
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **275.00**

Date of Receipt Payroll Deduction
 Amount of Each Receipt this Period
25.00
 (\$25.00 monthly beginning 02/05)

Full Name (Last, First, Middle Initial)
C. Gardon, Mark A.
 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 Occupation
BayCare Clinic, LLP Neurosurgeon
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **367.62**

Date of Receipt Payroll Deduction
 Amount of Each Receipt this Period
33.42
 (\$33.42 monthly beginning 02/05)

SUBTOTAL of Receipts This Page (optional) **850.50**
 TOTAL This Period (last page this line number only)

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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 2 OF 3
	<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

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NAME OF COMMITTEE (In Full)
BayCare Physicians PAC

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

Mailing Address
984 Highland Springs

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 **38,788**

Date of Receipt Payroll Deduction
12 / 22 / 2005

Amount of Each Receipt this Period
1,889

11/22/05 \$26.70
10/21/05 \$41.27
9/22/05 \$34.77
8/22/05 \$9.92
7/22/05 \$47.70

B. Full Name (Last, First, Middle Initial)
Ots, Max E.

Mailing Address
2455 Shirley Rd.

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 **22,580**

Date of Receipt Payroll Deduction
12 / 22 / 2005

Amount of Each Receipt this Period
2,981

11/22/05 \$16.16
10/21/05 \$6.50
9/22/05 \$30.08
8/22/05 \$14.91
7/22/05 \$24.87

C. 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 **8,106**

Date of Receipt Payroll Deduction
12 / 22 / 2005

Amount of Each Receipt this Period
8,206

11/22/05 \$61.57
10/21/05 \$91.95
9/22/05 \$65.02
8/22/05 \$11.37
7/22/05 \$73.33

SUBTOTAL of Receipts This Page (optional) **6,869.4**

TOTAL This Period (last page this line number only)

26039021853

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3 OF 3
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BayCare Physicians PAC

A. Full Name (Last, First, Middle Initial)
Hodgdon, Scott M.
 Mailing Address
3010 Great Oak Ln.
 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
32,246

Date of Receipt **Payroll Deduction**
12 / 22 / 2005
 Amount of Each Receipt this Period
24.20
 11/22/05 \$29.85
 10/21/05 \$19.15
 9/22/05 \$36.87
 8/22/05 \$24.00
 7/22/05 \$32.17

B. 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
 Amount of Each Receipt this Period

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
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **1,662.4**
 TOTAL This Period (last page this line number only) **1,703.68**

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

March 17, 2006

COPY

Chris Augustian, Treasurer
Baycare Physicians PAC
164 North Broadway
Green Bay, WI 54303

**Response Due Date:
April 17, 2006**

Identification Number: C00407700

Reference: Year-End Report (7/1/05 – 12/31/05)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

-The totals listed on Lines 11(a)(i) and 11(a)(ii), Column B of the Detailed Summary Page appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. When an individual's aggregate exceeds the \$200 threshold, the amount should not be deducted from the Column B figure for Line 11(a)(ii). Please amend your report and any subsequent reports that may be affected by this correction.

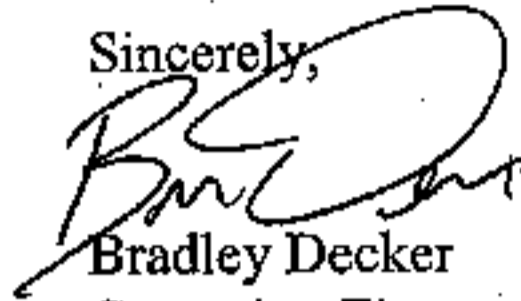
Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended.

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If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1301.

Sincerely,



Bradley Decker
Campaign Finance Analyst
Reports Analysis Division

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26039021856

Federal Election Commission
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
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Jr
 PREPARER
 (3/2005)

3/28/06
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