

2010 DEC -8 AM 11:27
FEC MAIL CENTER

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

B A Y C A R E P H Y S I C I A N S P A C

ADDRESS (number and street) ▼

1 6 4 N B R O A D W A Y

Check if different than previously reported. (ACC)

G R E E N B A Y W I 5 4 3 0 3 - 2 7 2 8

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

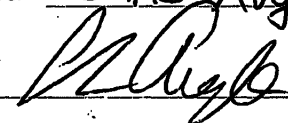
- (d) 30-Day POST-Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 / 02 / 2010 in the State of

5. Covering Period 10 / 14 / 2010 through 11 / 22 / 2010

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 12 / 01 / 2010

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								
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FEC FORM 3X
Rev. 12/2004

10030513856

**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:

10 / 14 / 2010

To:

11 / 22 / 2010

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2010		9,809.35
(b) Cash on Hand at Beginning of Reporting Period.....	6,887.76	
(c) Total Receipts (from Line 19)	4,643.32	1,381.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1,531.08	21,191.08
7. Total Disbursements (from Line 31)	0.00	9,660.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,531.08	1,531.08
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

78150513857

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: / / To: / /

10030513858

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).....	3901.14	8,672.41
(ii) Unitemized.....	742.18	2,709.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4,643.32	11,381.73
(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).....▶	4,643.32	11,381.73
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)).....▶	4,643.32	11,381.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4,643.32	11,381.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	1,600.00
(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.....	0.00	9,500.00
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)) ..	0.00	9,660.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	9,660.00

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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)	4,643.32	11,381.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4,643.32	11,381.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	160.00
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	160.00

10030513860

**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 6
(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

A. Full Name (Last, First, Middle Initial)
Anderas, Per

Mailing Address
2824 Mt. Carol Dr.

City State Zip Code
Green Bay WI 54311

FEC ID number of contributing federal political committee.
C00407700

Name of Employer Occupation
BAYCARE CLINIC Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Amount of Each Receipt this Period
1,000.00

B. Full Name (Last, First, Middle Initial)
Brada, Stephen

Mailing Address
700 Terraview Dr

City State Zip Code
Green Bay WI 54301

FEC ID number of contributing federal political committee.
C00407700

Name of Employer Occupation
BAYCARE CLINIC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
569.93

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Amount of Each Receipt this Period
10/22/10 384.99
184.94

C. Full Name (Last, First, Middle Initial)
Dervish, Ahmet

Mailing Address
778 Stonewood Ln.

City State Zip Code
Oneida WI 54155

FEC ID number of contributing federal political committee.
C00407700

Name of Employer Occupation
BAYCARE CLINIC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
215.64

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Amount of Each Receipt this Period
10/22/10 20.15
15.90

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

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

605.98

1881503001

**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 6	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BAYCARE PHYSICIANS PAC

Full Name (Last, First, Middle Initial) A. <u>Guo, Danzhu</u>		Date of Receipt 11/22/2010
Mailing Address <u>2521 Meadow Breeze Ct.</u>		Amount of Each Receipt this Period 20.53
City <u>Green Bay</u>	State Zip Code <u>WI 54311</u>	
FEC ID number of contributing federal political committee. <u>C00407700</u>		10/22/10 20.11
Name of Employer BAYCARE CLINIC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.67	

Full Name (Last, First, Middle Initial) B. <u>Haller, Robert</u>		Date of Receipt 11/22/2010
Mailing Address <u>2680 Hillside Heights</u>		Amount of Each Receipt this Period 128.27
City <u>Green Bay</u>	State Zip Code <u>WI 54311</u>	
FEC ID number of contributing federal political committee. <u>C00407700</u>		10/22/10 637.92
Name of Employer BAYCARE CLINIC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 953.81	

Full Name (Last, First, Middle Initial) C. <u>Harrison, Richard</u>		Date of Receipt 11/22/2010
Mailing Address <u>984 Highland Springs Ct.</u>		Amount of Each Receipt this Period 31.48
City <u>Oneida</u>	State Zip Code <u>WI 54155</u>	
FEC ID number of contributing federal political committee. <u>C00407700</u>		10/22/10 52.64
Name of Employer BAYCARE CLINIC	Occupation Neurosurgeon	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	890.95
TOTAL This Period (last page this line number only).....▶	

10030513862

**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 **6**
(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)
Hennigan, Shawn
Mailing Address
1994 Paint Horse Trail
City State Zip Code
DePere WI 54115
FEC ID number of contributing federal political committee.
C00407700
Name of Employer Occupation
BAYCARE CLINIC Physician
Receipt For: Primary General
Other (specify) ▼ Aggregate Year-to-Date ▼
544.37

Date of Receipt
11 22 2010
Amount of Each Receipt this Period
18.38
10/22/10 24.65

B. Full Name (Last, First, Middle Initial)
Hodgdon, Scott
Mailing Address
3010 Great Oak Ln
City State Zip Code
Green Bay WI 54311
FEC ID number of contributing federal political committee.
C00407700
Name of Employer Occupation
BAYCARE CLINIC Physician
Receipt For: Primary General
Other (specify) ▼ Aggregate Year-to-Date ▼
255.74

Date of Receipt
11 22 2010
Amount of Each Receipt this Period
11.83
10/22/10 24.19

C. Full Name (Last, First, Middle Initial)
Hodgson, Joseph
Mailing Address
1809 S Sunkest Cir
City State Zip Code
DePere WI 54115
FEC ID number of contributing federal political committee.
C00407700
Name of Employer Occupation
BAYCARE CLINIC Physician
Receipt For: Primary General
Other (specify) ▼ Aggregate Year-to-Date ▼
284.65

Date of Receipt
11 22 2010
Amount of Each Receipt this Period
3.15
10/22/10 2.27

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

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

84.47

10030513863

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 4 OF 6
(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) Limoni, Robert
 Mailing Address 3072 Bay Settlement Ct.
 City Green Bay State WI Zip Code 54311
 Date of Receipt 11/22/2010
 Amount of Each Receipt this Period 18.50
 Date 10/22/10 Amount 2018.50
 FEC ID number of contributing federal political committee. C00407700
 Name of Employer BAYCARE CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2203.50

B. Full Name (Last, First, Middle Initial) Mendoza, Raul
 Mailing Address 1122 Pleasant Valley Dr
 City Oreida State WI Zip Code 54155
 Date of Receipt 11/22/2010
 Amount of Each Receipt this Period 6.03
 Date 10/22/10 Amount 6.03
 FEC ID number of contributing federal political committee. C00407700
 Name of Employer BAYCARE CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 265.25

C. Full Name (Last, First, Middle Initial) Ots, Max
 Mailing Address 2455 Shirley Rd.
 City DePere State WI Zip Code 54115
 Date of Receipt 11/22/2010
 Amount of Each Receipt this Period 25.00
 Date 10/22/10 Amount 25.00
 FEC ID number of contributing federal political committee. C00407700
 Name of Employer BAYCARE CLINIC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 275.00

SUBTOTAL of Receipts This Page (optional) 2,099.06
 TOTAL This Period (last page this line number only)

10030513864

**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 5 OF 6

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BAYCARE RHYSIANS PAC

Full Name (Last, First, Middle Initial)

A. Schnaubelt, Michael

Mailing Address

4318 Hilton Head Dr

City

Oneida

State

WI

Zip Code

54115

FEC ID number of contributing federal political committee.

C00407700

Name of Employer

BAYCARE CLINIC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

229.09

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

16.60

10/22/10 19.84

Full Name (Last, First, Middle Initial)

B. Schock, Harold

Mailing Address

4552 Choctaw Trl.

City

Green Bay

State

WI

Zip Code

54313

FEC ID number of contributing federal political committee.

C00407700

Name of Employer

BAYCARE CLINIC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

234.06

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

20.83

10/22/10 20.83
10/15/10 19.24

Full Name (Last, First, Middle Initial)

C. Sorrells, Christopher

Mailing Address

3317 Star Creek Ct.

City

Green Bay

State

WI

Zip Code

54311

FEC ID number of contributing federal political committee.

C00407700

Name of Employer

BAYCARE CLINIC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11/22/2010

Amount of Each Receipt this Period

20.00

10/22/10 20.00

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

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

137.34

10030513865

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 6
(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)
Weinshel, Steven

Mailing Address
1746 Martinwood Ct.

City DePere State WI Zip Code 54115

FEC ID number of contributing federal political committee. C00407700

Name of Employer BAYCARE CLINIC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 458.37

Date of Receipt
11/22/2010

Amount of Each Receipt this Period
41.67

10/22/10 41.67

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 BAYCARE CLINIC 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 BAYCARE CLINIC 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).....▶

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

83.34

3901.14

10030513866

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.

79881502001

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked, (R/C) 12/2/10
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

	12/8/10
PREPARER	DATE PREPARED