	EPORT OI ND DISBU Other Than An A	IRSEMEN	TS 🖡	RECE FEC MAN DB APR 15	IVED CENTER AN 9:33 Office Use Only	7
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT V	Example: If over the line		12FE4M5		
BAYCARE PHYS	LICILANS					
					_ <u></u>	
ADDRESS (number and street)		RIOIADWAY	<u> </u>			<u></u>
Check if different	<u> </u>			1 1 1 1	<u> </u>	
ليا than previously reported. (ACC)	REEN BA	×Y₁,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IMLI IS	5H3031-272	18
2. FEC IDENTIFICATION NUMB	er ▼		S			
C00407700	2 3	IS THIS REPORT	NEW (N) OR	AME (A)	NDED	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report 🖵	Feb 20 (M2)	May 20 (M5) Jun 20 (M6)		0 (M8) Nov 20 ((Non-Electic Year Only) 0 (M9) Dec 20 ((Non-Electic Year Only)	òn (M12) on
April 15 Quarterly Report (Q1)		Apr 20 (M4)	Jul 20 (M7)		D (M10) Jan 31 ((YE)
July 15 Quarterly Report (Q2)	(C) 12-Day PRE-Election	Primary	ط ا	General (1		12R)
October 15 Quarterly Report (Q3)	Report for the	e: Conventi	on (12C)	Special (1)	2S)	
January 31	Ele	ection on		<u>~~~~~~</u>	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electio	لايط	(30G)	Runoff (30	R) 🗍 Special ((30S)
Termination Report (TER)	Report for the	ection on) , [, [<u> </u>	in the State of	
5. Covering Period	(<u>01)</u> (20	through	ah <u>0,3</u>	' <u>3</u> /	2008	
I certify that I have examined this R	· ·		nd belief it is tru	e, correct and	complete.	
Type or Print Name of Treasurer <u>Chris Augustian</u>						
Signature of Treasurer	<u> 2 Aug</u>	0	D	ate 04	1 777 200	· E
NOTE: Submission of false, erroneous	s, or incomplete inform	ation may subject the	person signing th	is Report to the	penalties of 2 U.S.C. §43	37g.
Office Use					FEC FORM 3X (Rev. 02/2003)	1

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FE4AN045

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
	Vrite or Type Committee Name BayCare Physician	s PAC	
R	leport Covering the Period: From:	1 01 2008 TO	03/31/2008
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,		1578878
	(b) Cash on Hand at Beginning of Reporting Period	15,98,8.7.8	
	(c) Total Receipts (from Line 19)	1.9.9.1.8.8	<u> </u>
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	17,9,80-66	1.7.9.8.0.6.6
7.	Total Disbursements (from Line 31)	2,3,5,0,0,0	235000
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u> </u>	1.5,630.6,6
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$\begin{bmatrix} 1 & 1 & 1 & 1 \\ 1 & 1 & 1 & 1 \\ 1 & 1 &$	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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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

FE4AN045

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	DETAILED SUMMARY PAGE				
	FEC Form 3X (Rev. 02/2003)	of Receipts	Page 3		
	rite or Type Committee Name				
	BayCare Physicians	PAC			
Re	eport Covering the Period: From:	<u>і́і́і́і́і́і́і́і́і́і́і́і́і́і́і́і́і́і́і́</u>	DE 03 21 26.08		
	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) (ii) Unitemized	45842	45842		
	 (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)	<u>88</u>	<u> </u>		
14.	All Loans Received Loan Repayments Received Offsets To Operating Expenditures	$\begin{bmatrix} & & & & & & & \\ & & & & & & & & \\ & & & & & & & & \\ & & & & & & & & \\ & & & & & & & & \\ & & & & & & & & \\ & & & & & & & & \\ & & & & & & & & \\ & & & & & & & & \\ & & & & & & & & \\ & & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & $	$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	<u>00</u>			
	to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	<u> </u>	<u> </u>		
10.	(a) Non-Federal Account (from Schedule H3)				
	(b) Levin Funds (from Schedule H5)	$\begin{bmatrix} - & - & - & - & - & - & 0 \\ - & - & - & - & - & 0 \\ - & - & - & - & - & 0 \end{bmatrix}$	$\begin{bmatrix} 0,0\\ 0,0 \end{bmatrix}$		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	<u> </u>	<u> </u>		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	1	199188		

FEC Form 3X (Rev. 02/2003)

II. Disbursements

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		II. Disbursements
21.	Ope (a)	erating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)
		(i) Federal Share
		(ii) Non-Federal Share
	(b)	
		Expenditures
	(c)	Total Operating Expenditures
		(add 21(a)(i), (a)(ii), and (b))
22.		nsfers to Affiliated/Other Party
23.	Cor	nmittees tributions to eral Candidates/Committees Other Political Committees
24.		ependent Expenditures
25.	(use Coc (2 l (use	9 Schedule E) rdinated Party Expenditures J.S.C. §441a(d)) 9 Schedule F)
26.	Loa	n Repayments Made
27. 28.	Loa Refi (a)	ns Made unds of Contributions To: 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.	Oth	er Disbursements

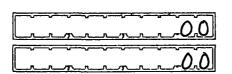
- Federal Election Activity (2 U.S.C. §431(20))
 (a) Allocated Federal Election Activity
 - (from Schedule H6) (i) Federal Share
 - (ii) "Levin" Share
 (b) Federal Election Activity Paid Entirely With Federal Funds
 - (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶
- 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).....

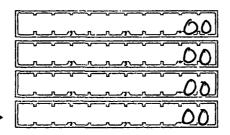
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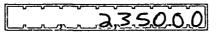
DETAILED SUMMARY PAGE of Disbursements

COLUMN A

Total This Period







23

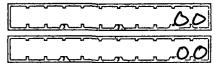
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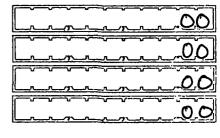
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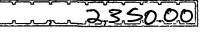
Page 4

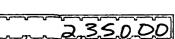
COLUMN B

**Calendar Year-to-Date** 









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FEC Form 3X (Rev. 02/2003)	DETAILED SUMMARY PAGE of Disbursements	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)	L	L. 1.99.1.88
34. Total Contribution Refunds (from Line 28(d))	0.0	
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1991-88	1991.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	135000	1.3.5.0.0.0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.0	0.0
<ol> <li>Net Operating Expenditures</li> <li>(subtract Line 37 from Line 36)</li> </ol>	1,3.5.0.0.0	1,3.5.0.00

# 

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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(check only one)

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PAGE

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OF

		Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $			
A	ny information copied from such Reports and Statements ma r for commercial purposes, other than using the name and a	ay not be sold or used by any persuddress of any political committee to	on for the purpose of soliciting contributions			
Γ	NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·				
	Bay Care Physicians F.					
A	Full Name (Last, First, Middle Initial) Haller Robert	Date of Receipt Payroll Deduction				
	Mailing Address 2680 Hillside Heights	03 21 2008				
	City State	Zip Code				
	Green Bay WI FEC ID number of contributing	<u> </u>	Amount of Each Receipt this Period			
	federal political committee.		<u> 83.3.3</u>			
	Name of Employer BayCare Clinic LLP Phys	sician	2/22/08- 83.53			
	Receipt For: Aggregate	Year-to-Date ▼	1/22/08- 83.33			
▶	Primary     ∑     General       Other (specify)     ▼	<u>, , 2, 4, 9, 9, 9</u>				
9 8 8	Full Name (Last, First, Middle Initial)					
אח B. ∞	Hennigan Shawn Mailing Address	Date of Receipt Payoll Deduction				
9 0	1994 Paint Horse Trail City State	03 21 2008				
M C	De Pere WI	zip Code SY115	Amount of Each Receipt this Period			
280	FEC ID number of contributing federal political committee.		86.16			
	Name of Employer Occupation BayCare Clinic LLP Phys	ician	2122108 - 56.58			
	Receipt For: Aggregate	Year-to-Date ▼	1/22/08- 65.69			
	Other (specify) ▼	1,208,43				
С.	Full Name (Last, First, Middle Initial)		Date of Receipt			
	Mailing Address	<u></u>				
	City State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.					
	Name of Employer Occupation	······································				
		Year-to-Date ▼				
	Cher (specify) ▼	~ <u>y`ty`ty`t</u>				
٦.	SUBTOTAL of Receipts This Page (optional)	······				
	TOTAL This Period (last page this line number only)	······	45.8.4.2			

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SCHEDULE B (FEC Form 3X)		FOR LINE I				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)			
	Detailed Summary Page	21b	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or used e and address of any political	by any person committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
Bay Care Physician Full Name (Last, First, Middle Initial)	s PAC	<del>-</del>				
A. :			Date of Disbursement			
Kagen 4 Congress			ليعتبينا القيقا السما			
Mailing Address	ste SOD		03 14 2008			
100 West College Ave.	itate Zip Code					
Appleton WI Purpose of Disbursement	5491/					
Contribution		611	Amount of Each Disbursement this Period			
Candidate Name	[L	Category/				
Steve Kagen Office Sought:   Y House   Disburser		Туре	Langer algord and a			
	Primary M General	ł				
	Other (specify)					
State: WI District: 84						
Full Name (Last, First, Middle Initial) B.			Date of Disbursement			
		. <u> </u>	ليعيمهم ، (يعيما ، ليعيم			
Mailing Address		}				
City S	State Zip Code					
Purpose of Disbursement	<del></del>					
Fulpose of Disbursement			Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disburserr	ant For:	Туре				
	Primary General	[				
	Other (specify)					
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disbursement			
			المصمميا (لعمقا العميا			
Mailing Address		1				
City S	State Zip Code					
Purpose of Disbursement						
Candidate Name	Category/	Amount of Each Disbursement this Period				
	ant For	Туре	Langen north and			
Office Sought: House Disbursen	Primary General					
	Other (specify)	[				
State: District:	<u></u>					
SUBTOTAL of Disbursements This Page (optional)						
CONTOTAL OF DISDUISEMENTS THIS Fage (optional)		<b>P</b>				
TOTAL This Period (last page this line number only).		••••••	<u> </u>			

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# SCHEDULE H4 (FEC Form 3X)

## **DISBURSEMENTS FOR ALLOCATED** FEDERAL/NONFEDERAL ACTIVITY

	DERADNONFEDERAL ACTIVI	I T			FOR LINE 21a OF FORM 3X
N	AME OF COMMITTEE (In Full)		<u></u>		
1	BayCare Physicians	PAC			
Ā.	Full Name (Last, First, Middle Initial)	lems			Allocated Activity or Event:
	Barcare Hegth Sust	lo			
	Mailing Address	EMS			Administrative Fundraising Exempt
					Voter Drive Direct Candidate Support
		State			
	City City			2	Public Comm (ref to party only) by PAC
		JI	54303	<b>}</b>	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Rental Agreement			001	$\left[ \underline{1, 5, 2, 0, 0, 0} \right]$
	Activity or Event Identifier:				
				Category/	
				Туре	Date 02 18 2008
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
		مرجعتهم محصح ا			
	1,350.00			00	1350.00
<b>B</b> .	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address			· · · · · · · · · · · · · · · · · · ·	
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	•		•		
	Purpose of Disbursement:	<u></u>			Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
	Activity of Event Identifier.			Category/	
				Туре	Date
				L	
	FEDERAL SHARE	+	NONFEDERAL	. SHARE	= TOTAL AMOUNT
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Ē.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
•					
	Mailing Address				Administrative E Fundraising Exempt
	Maining Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Bublic Comm (ref to party only) by BAC
	Ony	State			Public Comm (ref to party only) by PAC
	Purpose of Disbursement:			<del>_</del>	Allocated Activity or Event Year-To-Date
	Fulpose of Disputsement.			┟╾╌╦╾╌┦	
	Activity or Event Identifier:			Catagonul	
				Category/ Type	
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	FEDERAL SHARE	+ _	NONFEDERAL	SHARE	= TOTAL AMOUNT
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Sl	JBTOTAL of Allocated Federal and NonFederal	Activity This	s Page		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			<u> </u>	<u> </u>	
	1,35000		<b></b> /J\/I/I/I\/I\	0,0	$  _{150.00}$
т	TAL This Period (last page for each line only)(I	Federal sha	re to 21(a)(i) and		
	FEDERAL SHARE		NONFEDERAL		
		<u>المحد المحدا</u>			الم <del>من من معالمة المسلمة المسلمة من معالمة الم</del> الية الم
	1.350.00	a	<u></u>	<u>0.0</u>	1350.00
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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.				
Hand Delivered	Date of Receipt			
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USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation [™] or Signature Confirm	ation [™] 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			
Date of Re	ceipt or Postmarked			
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PREPARER	DATE PREPARED			