

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

Office Use Only 9: 01

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

BANCARE PHYSICIANS PAC

ADDRESS (number and street)

1164 N BROADWAY

Check if different than previously reported. (ACC)

GREEN BAY

WI

54303

2728

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00407700

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

XX

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

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

Election on

MM / DD / YYYY

In the State of

XX

5. Covering Period

01 / 01 / 2005

through

12 / 31 / 2005

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

01 / 30 / 2006

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

26038981884

**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, <u>2005</u>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	2,683.53	
(c) Total Receipts (from Line 19).....	3,116.82	5,800.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5,800.35	5,800.36
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)).....	5,800.35	5,800.35
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

26038981885

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

3,222.67

(ii) Unitemized.....

14,131.4

25,771.9

(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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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)	311,682	580,036
34. Total Contribution Refunds (from Line 28(d))	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	311,682	580,036
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	000	001
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	000	001

26038981888

**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 3	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 18

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)**
Baek, Paul N.

Mailing Address
4429 Gypay Ln.

City **Oneida** **State** **WI** **Zip Code** **54155**

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 ▼
833.30

Date of Receipt **Payroll Deduction**
 / /

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

B. **Full Name (Last, First, Middle Initial)**
Christianson, Ronald E.

Mailing Address
842 Hickery Valley 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** **Radiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt **Payroll Deduction**
 / /

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

C. **Full Name (Last, First, Middle Initial)**
Gardon, Mark A.

Mailing Address
4364 Hilton Head 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 ▼
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)

26038981009

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	<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

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
1889

11/22/05 \$26.70
 10/21/05 \$41.27
 9/22/05 \$34.77
 8/22/05 \$9.92
 7/22/05 \$47.76

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
2981

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 Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 8,1061

Date of Receipt Payroll Deduction
12 / 22 / 2005

Amount of Each Receipt this Period
8206

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) 68694

TOTAL This Period (last page this line number only)

260389818990

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

Full Name (Last, First, Middle Initial)
A. 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: Aggregate Year-to-Date
 Primary General
 Other (specify) **32246**

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

Full Name (Last, First, Middle Initial)
B.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **▲▲▲▲▲**

Date of Receipt
 Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) **▲▲▲▲▲**

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **166.24**
 TOTAL This Period (last page this line number only) **1703.68**

26038981891

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.

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<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

CMR
 PREPARER
 (3/2005)

2/06/06
 DATE PREPARED

26038981892