

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2024 NOV 18 PM 11:04
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

BAYCARE PHYSICIANS PAC

ADDRESS (number and street)

1035 KEPLER DRIVE

☐

(Check if address
is changed)

GREEN BAY

CITY ▲

WI

STATE ▲

54311

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒

(Check if address
is changed)

ACCOUNTING@BAYCARECLINIC.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE

11 / 11 / 2024

3. FEC IDENTIFICATION NUMBER ►

C00407700

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JULIE DUCKETT

Signature of Treasurer

Julie Dockett

Date

11 / 11 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

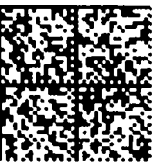
FEC FORM 1
(Revised 03/2022)



1035 Kepler Dr.
Green Bay, WI 54311-8320

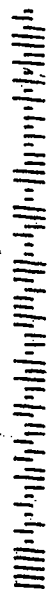
Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

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PREPARER	DATE PREPARED

(4/2023)

20241119 00:00:00