

SEYFARTH
ATTORNEYS SHAW LLP

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FEC MAIL CENTER

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April 8, 2011

VIA REGULAR MAIL

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Statement of Organization - Uropartners PAC

To Whom It May Concern:

For filing with the FEC, I have enclosed an original, executed FEC Form 1 Statement of Organization for "Uropartners PAC". If you have any questions, please do not hesitate to contact me.

Very truly yours,

SEYFARTH SHAW LLP


Thomas B. Shapira

TBS/13293702
Enclosure

ATLANTA BOSTON CHICAGO HOUSTON LOS ANGELES NEW YORK SACRAMENTO SAN FRANCISCO WASHINGTON, D.C. BRUSSELS

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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

UROPARTNERS PAC

ADDRESS (number and street)

2245 ENTERPRISE DRIVE

(Check if address is changed)

SUITE 4506

WESTCHESTER IL 60154

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

TOP.D.O.G.88@S.B.C.G.LOBA.L.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

12 / 14 / 2010

3. FEC IDENTIFICATION NUMBER

C

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

Richard G. Hamm

Signature of Treasurer

[Handwritten Signature]

Date

12 / 14 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

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

FEC FORM 1 (Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	C
2.	_____	FEC ID number	C
3.	_____	FEC ID number	C
4.	_____	FEC ID number	C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

UROPARTNERS LLC

Mailing Address

2245 ENTERPRISE DRIVE

SUITE 4506

WESTCHESTER IL 60154

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records:

Full Name DAVID MUTCHNIK

Mailing Address 2245 ENTERPRISE DRIVE

SUITE 4506

WESTCHESTER IL 60154

Title or Position

CITY

STATE

ZIP CODE

MANAGER

Telephone number 708 - 273 - 3031

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer RICHARD HARRIS

Mailing Address 2245 ENTERPRISE DRIVE

SUITE 4506

WESTCHESTER IL 60154

CITY

STATE

ZIP CODE

Title or Position

MANAGER

Telephone number 708 - 273 - 3031

11030594158

Full Name of Designated Agent

RICHARD HARRIS

Mailing Address

2245 ENTERPRISE DRIVE

SUITE 4506

WESTCHESTER IL 60154

CITY

STATE

ZIP CODE

Title or Position

MANAGER

Telephone number 708-273-3031

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA, NA

Mailing Address

2355 SOUTH ARLINGTON HEIGHTS ROAD

ARLINGTON HEIGHTS IL 60005

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

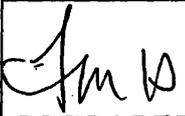
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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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
 PREPARER (3/2005)	4/19/11 DATE PREPARED