

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

ADDRESS (number and street) 1100 E. Woodfield Road, Suite 520
 Check if different than previously reported. (ACC)
SCHAUMBURG IL 60173

2. **FEC IDENTIFICATION NUMBER** C00273003
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 2008

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 Weiser J. Weiser
Signature of Treasurer Electronically Filed by Weiser J. Weiser Date 08 07 2008

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)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		43590.97
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	93845.86									
(c) Total Receipts (from Line 19)	47940.85	115148.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	141786.71	158739.44								
7. Total Disbursements (from Line 31)	89768.64	106721.37								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52018.07	52018.07								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	42065.00	88720.00
(i) Itemized (use Schedule A)	5275.00	25331.00
(ii) Unitemized	47340.00	114051.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	47340.00	114051.00
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.)	600.85	1097.47
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 Transfer (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))	47940.85	115148.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47940.85	115148.47

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1268.64	1721.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1268.64	1721.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	88500.00	105000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	89768.64	106721.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89768.64	106721.37

DETAILED SUMMARY PAGE
of Disbursements

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)	47340.00	114051.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47340.00	114051.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1268.64	1721.37
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1268.64	1721.37

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 50
(check only one)

<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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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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Mark Austenfeld, MD

Mailing Address 8627 Juniper Lane

City State Zip Code
Prarie Village KS 66207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kansas City Urology Care, P.A. Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16754

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Timothy Averch, MD

Mailing Address 5706 Beacon St

City State Zip Code
Pittsburgh PA 15217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Timothy David Averch, MD Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.16666

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert Bahnson, MD

Mailing Address 2635 Asbury Dr.

City State Zip Code
Upper Arlington OH 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ohio State University Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.16713

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

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 7 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Kevin Basralian, MD		Date of Receipt	
	Mailing Address 400 Hollywood Ave.		M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.16693
	Ho-Ho-Kus	NJ	07423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Kevin Richard Basralian, M.D., P.A.		Occupation Urologist		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Bruce Berger, MD		Date of Receipt	
	Mailing Address 2 Chittenden Lane		M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.16703
	Garrison	MD	21117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Cohen, Berger, Soludy, Rollund, PA		Occupation Urologist		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Michael Berte, MD		Date of Receipt	
	Mailing Address 7033 Kingscote Park		M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.16714
	Cleveland	OH	44131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Southwest Urology, Inc.		Occupation Urologist		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

**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 8 / 50
	<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Robert David Biggers, MD	Date of Receipt MM / DD / YYYY 05 / 13 / 2008
	Mailing Address 1915 Oak Hills Dr.	Transaction ID: SA11AI.16726
	City State Zip Code Colorado Springs CO 80919	Amount of Each Receipt this Period 535.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pikes Peak Urology, P.C.	Occupation Urologist	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

B.	Full Name (Last, First, Middle Initial) Dr. C. Trent Blackman, MD	Date of Receipt MM / DD / YYYY 05 / 13 / 2008
	Mailing Address 3042 Dewitt Circle	Transaction ID: SA11AI.16720
	City State Zip Code Concord NC 28027	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cabarrus Urology Clinic, P.A.	Occupation Urologist	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Elizabeth Bozeman, MD	Date of Receipt MM / DD / YYYY 05 / 06 / 2008
	Mailing Address 504 Winged Elm Terrace	Transaction ID: SA11AI.16643
	City State Zip Code Spartanburg SC 29306	Amount of Each Receipt this Period 535.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Urology Center of Spartanburg, P.C.	Occupation Urologist	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

SUBTOTAL of Receipts This Page (optional)	1320.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 9 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A. Full Name (Last, First, Middle Initial)
 Dr. Gary Bozeman, MD
 Mailing Address 504 Winged Elm Ter
 City State Zip Code
 Spartanburg SC 29306
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 2 / 2 0 0 8
Transaction ID: SA11AI.16798
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Center of Spartanburg, P.C. Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

B. Full Name (Last, First, Middle Initial)
 Dr. Robert Brown, MD
 Mailing Address 4500 Coventry Road
 City State Zip Code
 Richmond VA 23221
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 8
Transaction ID: SA11AI.16764
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Virginia Urology Center Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Philip Buffington, MD
 Mailing Address 8560 Chaucer Place
 City State Zip Code
 Cincinnati OH 45249
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 1 / 2 0 0 8
Transaction ID: SA11AI.16660
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Urology Group Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

SUBTOTAL of Receipts This Page (optional) ► **1035.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 50
(check only one)

<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Jay Burstein, MD

Mailing Address 1731 Forsestview Drive

City State Zip Code
Sycamore IL 60178

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DeKalb Clinic Chartered Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11AI.16733

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. David Jeffrey Cahn, MD

Mailing Address 535 Dahlia Street

City State Zip Code
Denver CO 80220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Foot Hills Urology urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11AI.16756

Amount of Each Receipt this Period
535.00

C.

Full Name (Last, First, Middle Initial)
Dr. Victor C. Ching, MD

Mailing Address 8092 Thoroughbred

City State Zip Code
Alta Loma CA 91701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
San Antonio Urology Medic-
al Group Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2008

Transaction ID: SA11AI.16658

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1785.00**

TOTAL This Period (last page this line number only) ►

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 11 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Kenneth Collins, MD		Date of Receipt	
	Mailing Address 1722 Towne Dr.		M M / D D / Y Y Y Y 06 / 04 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.16706
	West Chester	PA	19380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Urology Center of Chester County		Occupation Urologist		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Dr. John Conant Jr., MD		Date of Receipt	
	Mailing Address 845 E. Johnson Ave.		M M / D D / Y Y Y Y 04 / 11 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.16670
	Cheshire	CT	06410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Conant & Wolk Urology Group		Occupation Urologist		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Dr. David Cook, MD		Date of Receipt	
	Mailing Address 444 Arbor Rd.		M M / D D / Y Y Y Y 04 / 02 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.16642
	Winston Salem	NC	27104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Carolina Urological Associates, P.A.		Occupation Urologist		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

<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)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Michael S. Cookson, MD

Mailing Address 478 Grand Oaks Drive

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vanderbilt University Medical Center Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.16748

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis Corcoran, MD

Mailing Address 351 Executive Pkwy, M-4

City State Zip Code
Rockford IL 61107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rockford Urological Assoc... Ltd Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16747

Amount of Each Receipt this Period

535.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Dahlstedt, MD

Mailing Address 907 Magnolia St.

City State Zip Code
Greensboro NC 27401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Urology Center, P.A. Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.16651

Amount of Each Receipt this Period

535.00

SUBTOTAL of Receipts This Page (optional)

1320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 50
(check only one)

<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Anurag Kumar Das, MD

Mailing Address 92 Pine St.

City State Zip Code
Neeham MA 02492

FEC ID number of contributing federal political committee. **C**

Name of Employer Albany Medical Center Occupation Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16680

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John Woodhouse Davis, MD

Mailing Address Fullerton Urology

City State Zip Code
Fullerton CA 92835

FEC ID number of contributing federal political committee. **C**

Name of Employer Marinelli & Feldman, M.D.-'S Occupation Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.16724

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Dr. Edwin A. Diaz, MD

Mailing Address 24 Equennes Drive

City State Zip Code
Little Rock AR 72223

FEC ID number of contributing federal political committee. **C**

Name of Employer Arkansas Urology Occupation Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16780

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1305.00**

TOTAL This Period (last page this line number only) ►

**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 14 / 50
	<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Timothy Duffin, MD		Date of Receipt																					
	Mailing Address 407 Bentbrook Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		0	6		2	0	0	8														
	City State Zip Code Clarksville TN 37043		Transaction ID: SA11AI.16691																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer: Timothy K. Duffin, M.D. Occupation: Urologist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

B.	Full Name (Last, First, Middle Initial) Dr. John B. Ellsworth, MD		Date of Receipt																					
	Mailing Address 1707 E. bourder Springs Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	2		2	0	0	8														
	City State Zip Code Saint George UT 84790		Transaction ID: SA11AI.16664																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer: Urology Associates LLC Occupation: Urologist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

C.	Full Name (Last, First, Middle Initial) Dr. Kevin Todd Enger, MD		Date of Receipt																					
	Mailing Address 2636 Windmill Forest Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	3		2	0	0	8														
	City State Zip Code Imperial MO 63052		Transaction ID: SA11AI.16830																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer: Jefferson Memorial Hospital Occupation: Other Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 50
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Majid Eshghi, MD

Mailing Address 11 Shady Lane

City State Zip Code
Chappaqua NY 10514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Urological Faculty Associates, PC Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2008

Transaction ID: SA11AI.16637

Amount of Each Receipt this Period
550.00

B.

Full Name (Last, First, Middle Initial)
Dr. Gregg Eure, MD

Mailing Address 1301 Kildeer Ct.

City State Zip Code
Virginia Beach VA 23451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Devine Tide Water Urology Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2008

Transaction ID: SA11AI.16722

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Benjamin Fand, MD, FACS

Mailing Address 5 Sherwood Ct

City State Zip Code
Warren NJ 07059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Urological Surgical Associates Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: SA11AI.16650

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

<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)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas Fenter, MD

Mailing Address 108 Dumaine Place

City State Zip Code
Madison MS 39110

FEC ID number of contributing federal political committee. **C**

Name of Employer
Mississippi Urology Clini-
c, P.A.

Occupation
Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16701

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Flanigan, MD

Mailing Address 323 Harris Ave.

City State Zip Code
Clarendon Hills IL 60514

FEC ID number of contributing federal political committee. **C**

Name of Employer
Loyola Univ. Medical School

Occupation
Meeting

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16752

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Flanigan, MD

Mailing Address 323 Harris Ave.

City State Zip Code
Clarendon Hills IL 60514

FEC ID number of contributing federal political committee. **C**

Name of Employer
Loyola Univ. Medical School

Occupation
Meeting

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.16753

Amount of Each Receipt this Period

235.00

SUBTOTAL of Receipts This Page (optional) ▶

885.00

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

**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 17 / 50
	<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Frankel, MD		Date of Receipt																					
	Mailing Address 4804 Forest Avenue SE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		0	2		2	0	0	8														
	City State Zip Code Mercer Island WA 98040		Transaction ID: SA11AI.16659																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Jeffrey M. Frankel, M.D. Occupation: Urologist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00																						

B.	Full Name (Last, First, Middle Initial) Dr. William E. Friedel, MD		Date of Receipt																					
	Mailing Address 10434 Fuerte Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	2		2	0	0	8														
	City State Zip Code La Mesa CA 91941		Transaction ID: SA11AI.16682																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: San Diego Urology Center Occupation: Urologist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

C.	Full Name (Last, First, Middle Initial) Dr. Lamia Gabal-Shehab, MD		Date of Receipt																					
	Mailing Address 225 Canal Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	8		2	0	0	8														
	City State Zip Code Newport Beach CA 92663		Transaction ID: SA11AI.16640																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Lamia L. Gabal-Shehab, M.-D. Occupation: Urologist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional)	1035.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 50
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Christopher Gonzalez, MD

Mailing Address 2444 W Bradley Pl

City State Zip Code
Chicago IL 60618

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwestern University Occupation Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16745

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert Graves, MD

Mailing Address 50406 Panorama Drive

City State Zip Code
Scottsbluff NE 69361

FEC ID number of contributing federal political committee. **C**

Name of Employer Scottsbluff Urology Associates, P.C. Occupation Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.16683

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. James Hanley Griffin, MD

Mailing Address 108 Fox Hunt Trl

City State Zip Code
Barrington IL 60123

FEC ID number of contributing federal political committee. **C**

Name of Employer Urology LTD Occupation Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16698

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

**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 19 / 50
	<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Jerold Grubman, MD		Date of Receipt																					
	Mailing Address 60 Acorn Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	3		2	0	0	8														
	City State Zip Code Watching NJ 07069		Transaction ID: SA11AI.16686																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Urological Surgical Associates Occupation: Urologist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

B.	Full Name (Last, First, Middle Initial) Dr. Don Henslee, MD		Date of Receipt																					
	Mailing Address 8900 S. 120th		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	2		2	0	0	8														
	City State Zip Code Lincoln NE 68526		Transaction ID: SA11AI.16629																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Urology P.C. Occupation: Urologist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

C.	Full Name (Last, First, Middle Initial) Dr. Gregory D. Hester, MD		Date of Receipt																					
	Mailing Address 43 Pine Holly Court		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	2		2	0	0	8														
	City State Zip Code The Woodlands TX 77381		Transaction ID: SA11AI.16803																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Sadler Clinic Occupation: Urologist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

**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 20 / 50
	<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Timothy B. Hopkins, MD		Date of Receipt MM / DD / YYYY 06 / 04 / 2008		
	Mailing Address 21 Olde Meetinghouse Rd.		Transaction ID: SA11AI.16645		
	City Westboro	State MA	Zip Code 01581	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Worcester Urological Associates, Inc.	Occupation Urologist	Aggregate Year-to-Date 350.00		

B.	Full Name (Last, First, Middle Initial) Dr. William C. Hulbert, MD		Date of Receipt MM / DD / YYYY 05 / 06 / 2008		
	Mailing Address 76 Hunters Lane		Transaction ID: SA11AI.16621		
	City Rochester	State NY	Zip Code 14618	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ. of Rochester Medical Ctr	Occupation Urologist	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. James Iwakiri, MD		Date of Receipt MM / DD / YYYY 05 / 06 / 2008		
	Mailing Address 3228 Cherrywood Lane		Transaction ID: SA11AI.16702		
	City Eau Claire	State WI	Zip Code 54701	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Western Wisconsin Urology, SC	Occupation Urologist	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 50

(check only one)

<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)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Jones, MD

Mailing Address 413 W. Walnut St.

City State Zip Code
Pasadena CA 91103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lawrence W. Jones, M.D., Urologist
Inc.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

Transaction ID: SA11AI.16635

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Jones, MD

Mailing Address 413 W. Walnut St.

City State Zip Code
Pasadena CA 91103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lawrence W. Jones, M.D., Urologist
Inc.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	8

Transaction ID: SA11AI.16636

Amount of Each Receipt this Period

285.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrei Kachala, MD

Mailing Address 7 Hanna Lane

City State Zip Code
Laurence Harbor NJ 08837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Urological Surgical Associates Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	0	8

Transaction ID: SA11AI.16766

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

785.00

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

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**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 22 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Louis Keeler III, MD		Date of Receipt	
	Mailing Address 5 Swedes Ln.		M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.16685
	Moorestown	NJ	08057	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Center for Urologic Care, P.A.		Occupation Urologist		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Houston Kimbrough Jr., MD		Date of Receipt	
	Mailing Address 1500 Cedar Ridge Farm Rd.		M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.16743
	Summerfield	NC	27358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer The Urology Center		Occupation Urologist		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. Edward King, MD		Date of Receipt	
	Mailing Address 2713 SE 22nd Ave.		M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.16763
	Ocala	FL	34471	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Ocala Urology Specialists, P.A.		Occupation urologist		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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 23 / 50
	<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Gary Kirsh, MD	Date of Receipt MM / DD / YYYY 04 / 02 / 2008
	Mailing Address 9771 Carriage Run Court	Transaction ID: SA11AI.16690
	City Loveland State OH Zip Code 45140	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer The Urology Group Occupation Urologist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

B.	Full Name (Last, First, Middle Initial) Dr. Allan P. Klaiman, MD	Date of Receipt MM / DD / YYYY 05 / 13 / 2008
	Mailing Address 1602 Holts Grove Cir	Transaction ID: SA11AI.16662
	City Winter Park State FL Zip Code 32799	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Winter Park Urology Associates, P.A. Occupation Urologist Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Beth Kosiak, PhD	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 10709 Seneca Spring Way	Transaction ID: SA11AI.16847
	City Montgomer Village State MD Zip Code 20886	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Urological Association Occupation None Indicated Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 50
(check only one)

<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Geoffrey Brahm Kostiner, MD

Mailing Address 807 Lismore Ct.

City State Zip Code
Newport News VA 23602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Omni Medical Center Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11AI.16784

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ajay Kwatra, MD

Mailing Address 235 Angel Leaf Rd

City State Zip Code
Woodlands TX 77380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ajay Kwatra, MD Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11AI.16738

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Andrew John Lepinski, MD

Mailing Address 7545 Stevens Ridge Rd.

City State Zip Code
Lincoln NE 68516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Urology, P.C. Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11AI.16730

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 50
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Charles Logan, MD

Mailing Address 4820 Stonewall

City State Zip Code
Little Rock AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Arkansas Urology Associates, P.A. Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16721

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Kevin Loughlin, MD

Mailing Address 61 Pickney Ave

City State Zip Code
Brookline MA 02115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brigham & Womens Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16656

Amount of Each Receipt this Period
535.00

C.

Full Name (Last, First, Middle Initial)
Dr. James Arthur Lugg, MD

Mailing Address 7007 So. Millron

City State Zip Code
Cheyenne WY 82009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cheyenne Urological, P.C. urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
785.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16687

Amount of Each Receipt this Period
535.00

SUBTOTAL of Receipts This Page (optional) ► **1570.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 50
(check only one)

<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Zahi Makhuli, MD

Mailing Address 100 Holly Circle

City Fayetteville State NY Zip Code 13066

FEC ID number of contributing federal political committee. **C**

Name of Employer University Urology Associates, Inc. Occupation Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2008
Transaction ID: SA11AI.16716
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Edward McIntire Jr., MD

Mailing Address 3583 Cove Lake Drive NW

City Cleveland State TN Zip Code 37312

FEC ID number of contributing federal political committee. **C**

Name of Employer TN Valley Urology Center Occupation Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 05 / 06 / 2008
Transaction ID: SA11AI.16641
Amount of Each Receipt this Period 595.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas McLaughlin, MD

Mailing Address 1425 Seville Place

City Lakeland State FL Zip Code 33803

FEC ID number of contributing federal political committee. **C**

Name of Employer Watson Clinic Occupation Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2008
Transaction ID: SA11AI.16672
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1095.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 27 / 50

(check only one)

<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)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Meller, MD

Mailing Address 1106 Herkness Dr

City State Zip Code
Meadowbrook PA 19046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Urologist

Receipt For: 2008 Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.16736

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Memo, MD

Mailing Address 2530 Timothy Knoll

City State Zip Code
Poland OH 44514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Richard A. Memo, M.D., In-c. Urologist

Receipt For: 2008 Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16707

Amount of Each Receipt this Period

1800.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Mokulis, MD

Mailing Address 307 Westbury Lane

City State Zip Code
Florence AL 35630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Florence Urological Associates, P.C. Urologist

Receipt For: 2008 Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.16749

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 50
(check only one)

<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Alan Moody, MD

Mailing Address 5711 Adrienne Ct.

City State Zip Code
Colorado Springs CO 80906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pikes Peak Urology, P.C. Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: SA11AI.16700

Amount of Each Receipt this Period
535.00

B.

Full Name (Last, First, Middle Initial)
Dr. Donald Morris, MD

Mailing Address 785 Suwannee Ct.

City State Zip Code
St. Petersburg FL 33702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Donald B. Morris, M.D., PA Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2008

Transaction ID: SA11AI.16655

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jay Alan Motola, MD

Mailing Address 7 Lawrence Farms Crossway

City State Zip Code
Chappaqua NY 10514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
East Hudson Urology Group Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11AI.16705

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1035.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 29 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A. Full Name (Last, First, Middle Initial)
 Dr. Daniel S. Murtagh Sr., MD
 Mailing Address 4330 Brookside
 City Toledo State OH Zip Code 43615
 Date of Receipt 05 / 06 / 2008
Transaction ID: SA11AI.16744
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parkway Urology Center, Inc. Occupation Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

B. Full Name (Last, First, Middle Initial)
 Dr. Daniel Nachtsheim, MD
 Mailing Address P.O. Box 436
 City Rancho Santa Fe State CA Zip Code 92067
 Date of Receipt 04 / 02 / 2008
Transaction ID: SA11AI.16688
 Amount of Each Receipt this Period 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scripps Clinic Occupation Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

C. Full Name (Last, First, Middle Initial)
 Dr. David K. Ornstein, MD
 Mailing Address 14 Buckthorn
 City Irvine State CA Zip Code 92604
 Date of Receipt 04 / 28 / 2008
Transaction ID: SA11AI.16676
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNC Hospitals Occupation Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► **1035.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 50
(check only one)

<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Osvaldo Padron, MD

Mailing Address 3217 W. Harbor View Ave.

City Tampa State FL Zip Code 33611

FEC ID number of contributing federal political committee. **C**

Name of Employer: Osvaldo Francisco Padron, M.D., PA
Occupation: Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 24 / 2008
Transaction ID: SA11AI.16649
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Rupa T. Patel, MD

Mailing Address 330 E 38th St. Apt. 25E

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C**

Name of Employer: Urological Surgical Associates
Occupation: Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 13 / 2008
Transaction ID: SA11AI.16800
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Umeschchandra Patil, MD

Mailing Address 3321 East Lake Road

City Skaneateles State NY Zip Code 13152

FEC ID number of contributing federal political committee. **C**

Name of Employer: SUNY University Hospital
Occupation: Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 02 / 2008
Transaction ID: SA11AI.16654
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 50
(check only one)

<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Christopher K. Payne, MD

Mailing Address 11 Angela Drive

City State Zip Code
Los Altos CA 94022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Stanford Univ. Medcl. Ctr Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.16795

Amount of Each Receipt this Period
535.00

B.

Full Name (Last, First, Middle Initial)
Dr. Richard Pelman, MD

Mailing Address 3401 E. Mercer St.

City State Zip Code
Seattle WA 98112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bellevue Urology Associates Inc., P.S. Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.16669

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Dr. David Penson, MD

Mailing Address 12348 Rye Street

City State Zip Code
Studio City CA 91604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
USC/Norris Cancer Ctr Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.16689

Amount of Each Receipt this Period
535.00

SUBTOTAL of Receipts This Page (optional) ► **3570.00**

TOTAL This Period (last page this line number only) ►

**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 32 / 50
	<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) Mr. Brian Reuwer,		Date of Receipt	
	Mailing Address 7302 Eden Brook Dri., Apt 226		M M / D D / Y Y Y Y 04 / 02 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.16849
	Columbia	MD	21046	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer American Urological Association		Occupation None Indicated		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Herbert Riemenschneider, MD		Date of Receipt	
	Mailing Address 1988 Strathshire Hall Lane		M M / D D / Y Y Y Y 04 / 02 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.16727
	Powell	OH	43065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Riverside Urology Inc.		Occupation Urologist		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Thomas Rohner Jr, MD		Date of Receipt	
	Mailing Address 2907 Mt. Gretna Road		M M / D D / Y Y Y Y 04 / 02 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.16673
	Elizabethtown	PA	17022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Penn State		Occupation Urologist		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 33 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A. Full Name (Last, First, Middle Initial)
 Dr. Lawrence Ross, MD
 Mailing Address 6600 LeRoy
 City State Zip Code
 Lincolnwood IL 60712
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 2 / 2 0 0 8
Transaction ID: SA11AI.16718
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Illinois Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. T. Johnson Ross Jr., MD
 Mailing Address 14 Windward Island
 City State Zip Code
 Clearwater FL 33766
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 8
Transaction ID: SA11AI.16653
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Associates of Pinellas County, Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Stephen Michael Scionti, MD
 Mailing Address 6 Leeward Passage
 City State Zip Code
 Hilton Head Island SC 29926
 Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 8
Transaction ID: SA11AI.16628
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Coastal Carolina Urology Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 50
(check only one)

<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

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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Scott M. Sech, MD

Mailing Address 79 Windsor Road

City State Zip Code
Asheville NC 28804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Victoria Urological Associates, P.A. Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: SA11AI.16786

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John Shelgren Jr., MD

Mailing Address 2509 Partridge Dr.

City State Zip Code
Winter Haven FL 33884

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Urology Associates of Central Florida Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2008

Transaction ID: SA11AI.16712

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Sanford Siegel, MD

Mailing Address 9 Bellchase Court

City State Zip Code
Baltimore MD 21208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Chesapeake Urology Associates Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11AI.16677

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 50
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Bradley Wells Steele, MD

Mailing Address 1237 River Road

City State Zip Code
Johns Island SC 29455

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lowcountry Urology Clinics PA Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: SA11AI.16797

Amount of Each Receipt this Period
535.00

B.

Full Name (Last, First, Middle Initial)
Dr. Steven Strinden, MD

Mailing Address 414 8th Ave., South

City State Zip Code
Fargo ND 58103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Urologic Associates, LTD Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2008

Transaction ID: SA11AI.16723

Amount of Each Receipt this Period
535.00

C.

Full Name (Last, First, Middle Initial)
Dr. Arthur Tarantino, MD

Mailing Address 58 Walbridge Rd.

City State Zip Code
West Hartford CT 06119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Connecticut Surgical Group, P.C. Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2008

Transaction ID: SA11AI.16741

Amount of Each Receipt this Period
535.00

SUBTOTAL of Receipts This Page (optional) ► **1605.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 36 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A. Full Name (Last, First, Middle Initial)
 Dr. William Lewis Terens, MD
 Mailing Address 26 Black Birch Rd.
 City State Zip Code
 Scotch Plains NJ 07076
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 8
Transaction ID: SA11AI.16644
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urological Surgical Associates, P.A. Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Peter Tiffany, MD
 Mailing Address 22 Hillside Ave.
 City State Zip Code
 Winchester MA 01890
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 0 8
Transaction ID: SA11AI.16696
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mystic Valley Urologic Associates, Inc. Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Erik Lang Torgerson, MD
 Mailing Address 3935 51st Ave NE
 City State Zip Code
 Seattle WA 98105
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 6 / 2 0 0 8
Transaction ID: SA11AI.16633
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Swedish Urology Group Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 37 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A. Full Name (Last, First, Middle Initial)
 Dr. James Ulchaker, MD, FACS
 Mailing Address 3878 Idlewild Dr.
 City Rocky River State OH Zip Code 44116
 Date of Receipt 04 / 02 / 2008
Transaction ID: SA11AI.16760
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundati-
 on Occupation Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Willie Underwood III, MD
 Mailing Address 3670 Woodward Ave., Unit 414
 City Detroit State MI Zip Code 48201
 Date of Receipt 04 / 02 / 2008
Transaction ID: SA11AI.16782
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The University of Michigan Occupation Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Douglas Viets, MD
 Mailing Address 1054 Hill Street
 City Suffield State CT Zip Code 06078
 Date of Receipt 05 / 22 / 2008
Transaction ID: SA11AI.16674
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Connecticut Surgical Grou-
 p, P.C. Occupation Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 50
(check only one)

<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
Dr. Richard Allan Walsh III, MD

Mailing Address 24 Third Street

City State Zip Code
Colorado Springs CO 80906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pikes Peak Urology Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: SA11AI.16778

Amount of Each Receipt this Period
535.00

B.

Full Name (Last, First, Middle Initial)
Dr. Joshua Lewis Wein, MD

Mailing Address 402 Lenox Ave.

City State Zip Code
Westfield NJ 07090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Urological Surgical Associates Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: SA11AI.16789

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. James Wendelken, MD

Mailing Address 1700 Camden Way

City State Zip Code
Oklahoma City OK 73116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Urology Group, PLLC Urologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11AI.16746

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1035.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 39 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A. Full Name (Last, First, Middle Initial)
 Dr. David M Wilhelm, MD
 Mailing Address 8008 Monticello Court
 City State Zip Code
Amarillo TX 79119
 Date of Receipt
 M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8
Transaction ID: SA11AI.16828
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Amarillo Urology Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00

B. Full Name (Last, First, Middle Initial)
 Dr. J. Winters, MD
 Mailing Address 7930 Oakbrook Drive
 City State Zip Code
Baton Rouge LA 70810
 Date of Receipt
 M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 8
Transaction ID: SA11AI.16624
 Amount of Each Receipt this Period
1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Clinic, L.L.C. Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. David Peter Wood Jr., MD
 Mailing Address 440 Lakeside Drive
 City State Zip Code
Birmingham MI 48009
 Date of Receipt
 M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 8
Transaction ID: SA11AI.16639
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Urologists, P.-C. Urologist
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**
TOTAL This Period (last page this line number only) ► **42065.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 40 / 50	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial) Bank One		Date of Receipt
Mailing Address 111 E. Busse Avenue, 5th Floor		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
City	State	Zip Code
Mt. Prospect	IL	60056
FEC ID number of contributing federal political committee.		Transaction ID: SA17.16546
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="600.85"/>
Occupation		Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1097.47"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="600.85"/>
TOTAL This Period (last page this line number only)	<input type="text" value="600.85"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 41 / 50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)

Bank One

Mailing Address 111 E. Busse Avenue, 5th Floor

City Mt. Prospect State IL Zip Code 60056

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.16547

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

1268.64

SUBTOTAL of Disbursements This Page (optional)

1268.64

TOTAL This Period (last page this line number only)

1268.64

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BIG TENT PAC</p> <p>Mailing Address 1155 21st Street NW Suite 300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.16573</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE</p> <p>Mailing Address 6849 Old Dominion Drive Suite 222</p> <p>City McLean State VA Zip Code 22101</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.16562</p> <p>Date of Disbursement 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BROWN, HENRY E JR.</p> <p>Mailing Address P. O. Box 61886</p> <p>City North Charleston State SC Zip Code 29419</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SC District: 01</p>	<p>Transaction ID: SB23.16555</p> <p>Date of Disbursement 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) CAPPS, LOIS G	Transaction ID: SB23.16571 Date of Disbursement 05 / 01 / 2008
	Mailing Address 1724 SANTA BARBARA STREET	Amount of Each Disbursement this Period 2500.00
	City SANTA BARBARA State CA Zip Code 93101	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAPPS, LOIS G	Transaction ID: SB23.16581 Date of Disbursement 05 / 23 / 2008
	Mailing Address 1724 SANTA BARBARA STREET	Amount of Each Disbursement this Period 2500.00
	City SANTA BARBARA State CA Zip Code 93101	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHAMBLISS, C SAXBY	Transaction ID: SB23.16606 Date of Disbursement 06 / 20 / 2008
	Mailing Address PO BOX 12469	Amount of Each Disbursement this Period 1000.00
	City ATLANTA State GA Zip Code 30355	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)

CHANDLER, A.B. III

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: KY District: 06

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.16565

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.16589

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

GORDON, BART

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: TN District: 06

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.16604

Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

22500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
GRIFFITH FOR CONGRESS

Transaction ID: SB23.16583

Date of Disbursement

Mailing Address PO BOX 2619

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

City HUNTSVILLE State AL Zip Code 35804

Amount of Each Disbursement this Period

Purpose of Disbursement

2500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AL District: 05

B.

Full Name (Last, First, Middle Initial)
GRIFFITH FOR CONGRESS

Transaction ID: SB23.16612

Date of Disbursement

Mailing Address PO BOX 2619

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	8

City HUNTSVILLE State AL Zip Code 35804

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AL District: 05

C.

Full Name (Last, First, Middle Initial)
JOHANNIS, MICHAEL O

Transaction ID: SB23.16618

Date of Disbursement

Mailing Address 1201 O STREET SUITE 101

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	8

City LINCOLN State NE Zip Code 68508

Amount of Each Disbursement this Period

Purpose of Disbursement

2000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NE District: 00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)

KERRY, JOHN F

Mailing Address 901 15th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB23.16851

Date of Disbursement

05 / 23 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

KIRK, MARK STEVEN

Mailing Address 275 Whistler Rd.

City Highland Park State IL Zip Code 60035

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IL District: 10

Transaction ID: SB23.16600

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

LEVIN FOR CONGRESS

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 12

Transaction ID: SB23.16610

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.16587

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

15000.00

B. Full Name (Last, First, Middle Initial)
NEAL, RICHARD E MR.

Mailing Address 36 ATWATER TERRACE

City SPRINGFIELD State MA Zip Code 01107

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: MA District: 02

Transaction ID: SB23.16577

Date of Disbursement

05 / 23 / 2008

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: NJ District: 06

Transaction ID: SB23.16608

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

17000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.	Full Name (Last, First, Middle Initial) PRICE, THOMAS EDMUNDS	Transaction ID: SB23.16598
	Mailing Address P.O. Box 425	Date of Disbursement 06 / 11 / 2008
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RYAN, TIMOTHY J	Transaction ID: SB23.16602
	Mailing Address 1600 Roosevelt Avenue	Date of Disbursement 06 / 11 / 2008
	City Niles State OH Zip Code 44446	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) SCHIFF, ADAM	Transaction ID: SB23.16596
	Mailing Address 777 S. Figueroa St. Ste. 4050 Suite 4050	Date of Disbursement 06 / 11 / 2008
	City Los Angeles State CA Zip Code 90017	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
SCHMIDT, JEANNETTE H

Mailing Address 771 WARDS CORNER RD

City LOVELAND State OH Zip Code 45140

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: OH District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.16591
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
SESSIONS, PETE

Mailing Address Post Office Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: TX District: 32

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.16569
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
SHAYS, CHRISTOPHER

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: CT District: 04

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.16558
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

A.

Full Name (Last, First, Middle Initial)
STARK, PETE

Transaction ID: SB23.16567
Date of Disbursement

Mailing Address P.O. Box 8331

/ /

City State Zip Code
Fremont CA 94537

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 13

B.

Full Name (Last, First, Middle Initial)
WILSON, HEATHER A

Transaction ID: SB23.16579
Date of Disbursement

Mailing Address PO BOX 14070

/ /

City State Zip Code
ALBUQUERQUE NM 87191

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NM District: 00

C.

Full Name (Last, First, Middle Initial)
WILSON, JOE

Transaction ID: SB23.16550
Date of Disbursement

Mailing Address 2825 Wilton Road

/ /

City State Zip Code
West Columbia SC 29170

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: SC District: 02

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)