

RECEIVED
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131 South Dearborn Street
Suite 2400
Chicago, Illinois 60603
(312) 460-5000
fax (312) 460-7000
www.seyfarth.com

Writer's direct phone
(312) 460-5712

Writer's e-mail
mfarrell@seyfarth.com

January 31, 2012

VIA FEDERAL EXPRESS

Federal Election Committee
999 E Street, N.W.
Washington, D.C. 20463
Attn: Kevin Fortkeiwicz

Re: Uropartners LLC PAC/FEC Number C00495440

Dear Mr. Fortkeiwicz:

Enclosed for filing on behalf of the above-captioned Political Action Committee is the Year End Form 3X for the period October 1, 2011 through December 31, 2011.

Please let us know if you have any questions upon your review of this filing.

Sincerely,

SEYFARTH SHAW LLP



Maureen B. Farrell
Paralegal

MBF:js

Enclosure

cc: Neal T. Goldstein (w/o enclosure)

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED 2012 FEB -1 AM 10:21 FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. Uropartners LLC PAC

ADDRESS (number and street) 2245 Enterprise Drive Suite 4506 Westchester IL 60254

2. FEC IDENTIFICATION NUMBER C00495440 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10/01/2011 through 12/31/2011

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 Richard G. Harris M7 Signature of Treasurer Date 01/30/2012

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

12030724616

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Uropartners LLC PAC

Report Covering the Period: From:

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2011			

 To:

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2011			

12030724617

	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><td>Y</td></tr><tr><td>2011</td><td></td><td></td><td></td><td></td></tr></table>	Y	Y	Y	Y	Y	2011					<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y	Y										
2011														
0.00														
0.00														
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0.00</td></tr></table>	0.00												
0.00														
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>30700.00</td></tr></table>	30700.00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>30700.00</td></tr></table>	30700.00										
30700.00														
30700.00														
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>30700.00</td></tr></table>	30700.00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>30700.00</td></tr></table>	30700.00										
30700.00														
30700.00														
7. Total Disbursements (from Line 31)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5000.00</td></tr></table>	5000.00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5000.00</td></tr></table>	5000.00										
5000.00														
5000.00														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>25700.00</td></tr></table>	25700.00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>25700.00</td></tr></table>	25700.00										
25700.00														
25700.00														
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0.00</td></tr></table>	0.00												
0.00														
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0.00</td></tr></table>	0.00												
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Uropartners LLC PAC

Report Covering the Period: From: **10 / 01 / 2011** To: **12 / 31 / 2011**

12030724618

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	30700.00	30700.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	30700.00	30700.00
(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).....▶	30700.00	30700.00
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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	30700.00	30700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	30700.00	30700.00

DETAILED SUMMARY PAGE
of Disbursements

12030724619

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5000.00	5000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5000.00	5000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	5000.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	5000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30700.00	30700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30700.00	30700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5000.00	5000.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5000.00	5000.00

12030724620

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nejd Alsikafi

Mailing Address 2245 Enterprise Drive
Suite 4506

City Westchester State IL Zip Code 60254

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

Name of Employer Occupation
Uropartners LLC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4099

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Kristopher Atzeff

Mailing Address 2245 Enterprise Dr.
Suite 4506

City Westchester State IL Zip Code 60254

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

Name of Employer Occupation
Uropartners LLC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Ronald Bonaguro

Mailing Address 2245 Enterprise Dr.
Suite 4506

City Westchester State IL Zip Code 60254

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

Name of Employer Occupation
Uropartners LLC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

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

12030724621

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mark Brandt

Mailing Address **2245 Enterprise Dr.
Suite 4506**

City **Westchester** State **IL** Zip Code **60254**

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2011

Transaction ID : **SA11AI.4106**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert Challenger

Mailing Address **2245 Enterprise Dr.
Suite 4506**

City **Westchester** State **IL** Zip Code **60254**

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2011

Transaction ID : **SA11AI.4108**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Justin Cohen

Mailing Address **2245 Enterprise Dr.
Suite 4506**

City **Westchester** State **IL** Zip Code **60254**

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : **SA11AI.4122**

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

2500.00

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

2500.00

12030724622

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Coogan

Mailing Address 2245 Enterprise Dr.
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11A1.4125

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Joel Cornfield

Mailing Address 2245 Enterprise Dr.
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11A1.4127

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John Cudecki

Mailing Address 2245 Enterprise Dr.
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11A1.4129

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶

2000.00

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

12030724623

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial)

A. Dr. Daniel Dalton

Mailing Address 2245 Enterprise Dr.
 Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Dritz

Mailing Address 2245 Enterprise Dr.
 Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Walter Falkowski

Mailing Address 2245 Enterprise Dr.
 Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1500.00

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

12030724624

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial)

A. Dr. Risha Foster

Mailing Address 2245 Enterprise Dr.
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John Garnett

Mailing Address 2245 Enterprise Drive
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. James Giblin

Mailing Address 2245 Enterprise Drive
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

1500.00

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

12030724625

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial) A. Dr. Michael Gomez			Date of Receipt 12 / 29 / 2011
Mailing Address 2245 Enterprise Drive Suite 4506			Transaction ID : SA11AI.4147
City Westchester	State IL	Zip Code 60254	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Uropartners LLC		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard Harris			Date of Receipt 12 / 29 / 2011
Mailing Address 2245 Enterprise Drive Suite 4506			Transaction ID : SA11AI.4149
City Westchester	State IL	Zip Code 60254	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Uropartners LLC		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert Kaplinsky			Date of Receipt 12 / 29 / 2011
Mailing Address 2245 Enterprise Drive Suite 4506			Transaction ID : SA11AI.4151
City Westchester	State IL	Zip Code 60254	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Uropartners LLC		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

12030724626

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

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

FOR LINE NUMBER: PAGE 12 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial) A. Dr. Raza Khan			Date of Receipt 12 / 29 / 2011 Transaction ID : SA11AI.4153		
Mailing Address 2245 Enterprise Drive Suite 4506					
City Westchester	State IL	Zip Code 60254	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Uropartners LLC		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) B. Dr. Samuel Krengel			Date of Receipt 12 / 29 / 2011 Transaction ID : SA11AI.4155		
Mailing Address 2245 Enterprise Drive Suite 4506					
City Westchester	State IL	Zip Code 60254	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Uropartners LLC		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) C. Dr. John Kritsas			Date of Receipt 12 / 29 / 2011 Transaction ID : SA11AI.4157		
Mailing Address 2245 Enterprise Drive Suite 4506					
City Westchester	State IL	Zip Code 60254	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Uropartners LLC		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional).....			1500.00		
TOTAL This Period (last page this line number only).....			1500.00		

12030724627

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Lai

Mailing Address 2245 Enterprise Drive
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Kalyan Latchamsetty

Mailing Address 2245 Enterprise Drive
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4161

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Uropartners LLC

Mailing Address 2245 Enterprise Drive
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

12 / 31 / 2011

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period

5000.00

Legal fees paid throughout the year by sponsoring organization

SUBTOTAL of Receipts This Page (optional).....▶

6500.00

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

12030724628

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial) A. Dr. Merrill Matschke			Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2011		
Mailing Address 2245 Enterprise Drive Suite 4506			Transaction ID : SA11AI.4163		
City Westchester	State IL	Zip Code 60254	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Uropartners LLC		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) B. Dr. Kelly Maxwell			Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2011		
Mailing Address 2245 Enterprise Drive Suite 4506			Transaction ID : SA11AI.4165		
City Westchester	State IL	Zip Code 60254	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Uropartners LLC		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) C. Dr. Matthew Meadows			Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2011		
Mailing Address 2245 Enterprise Drive Suite 4506			Transaction ID : SA11AI.4167		
City Westchester	State IL	Zip Code 60254	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Uropartners LLC		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

12030724629

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial)

A. Dr. Daniel Merrick

Mailing Address **2245 Enterprise Drive
Suite 4506**

City **Westchester** State **IL** Zip Code **60254**

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

12 / 29 / 2011

Transaction ID : **SA11AI.4169**

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Milani

Mailing Address **2245 Enterprise Drive
Suite 4506**

City **Westchester** State **IL** Zip Code **60254**

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : **SA11AI.4171**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. George Moran

Mailing Address **2245 Enterprise Drive
Suite 4506**

City **Westchester** State **IL** Zip Code **60254**

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2011

Transaction ID : **SA11AI.4173**

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶

2200.00

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

2200.00

12030724630

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial)

A. Dr. David Mutchnik

Mailing Address 2245 Enterprise Drive
Suite 4506

City State Zip Code
Westchester IL 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4175

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven Mutchnik

Mailing Address 2245 Enterprise Drive
Suite 4506

City State Zip Code
Westchester IL 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Narendra Narepalem

Mailing Address 2245 Enterprise Drive
Suite 4506

City State Zip Code
Westchester IL 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶

2000.00

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

12030724631

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 OF 21

<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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Norris

Mailing Address 2245 Enterprise Drive
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patrick O'Hara

Mailing Address 2245 Enterprise Drive
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Chief Operating Officer

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 20 / 2011

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Alan Rogin

Mailing Address 2245 Enterprise Drive
Suite 4506

City Westchester State IL Zip Code 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶

1750.00

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

12030724632

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Saffrin

Mailing Address 2245 Enterprise Drive
 Suite 4506

City State Zip Code
 Westchester IL 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Marek Stobnicki

Mailing Address 2245 Enterprise Drive
 Suite 4506

City State Zip Code
 Westchester IL 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Scott Tiplitsky

Mailing Address 2245 Enterprise Drive
 Suite 4506

City State Zip Code
 Westchester IL 60254

FEC ID number of contributing federal political committee.

C

Name of Employer

Uropartners LLC

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶

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

1500.00

12030724633

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial)

A. Dr. Brett Trockman

Mailing Address 2245 Enterprise Drive
Suite 4506

City State Zip Code
Westchester IL 60254

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

Name of Employer Occupation
Uropartners LLC Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas Will

Mailing Address 2245 Enterprise Drive
Suite 4506

City State Zip Code
Westchester IL 60254

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

Name of Employer Occupation
Uropartners LLC Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Frederick Wohlberg

Mailing Address 2245 Enterprise Drive
Suite 4506

City State Zip Code
Westchester IL 60254

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

Name of Employer Occupation
Uropartners LLC Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

12 / 29 / 2011

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ▶

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

2000.00

12030724634

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 21

(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)
Uropartners LLC PAC

Full Name (Last, First, Middle Initial) A. Dr. Paul Yonover		Date of Receipt 12 / 29 / 2011
Mailing Address 2245 Enterprise Drive Suite 4506		Transaction ID : SA11A1.4198
City Westchester	State IL	Zip Code 60254
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Uropartners LLC	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David Zumerchik		Date of Receipt 12 / 29 / 2011
Mailing Address 2245 Enterprise Drive Suite 4506		Transaction ID : SA11A1.4200
City Westchester	State IL	Zip Code 60254
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Uropartners LLC	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	30700.00

12030724635

**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 21 OF 21				
	<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

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NAME OF COMMITTEE (In Full)
Uropartners.LLC PAC

Full Name (Last, First, Middle Initial) A. Seyfarth Shaw LLP		Date of Disbursement MM / DD / YYYY 12 / 31 / 2011	
Mailing Address 131 S. Dearborn Suite 2400		Transaction ID : SB21B.4222	
City Chicago	State IL	Zip Code 60603	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Legal fees paid throughout the year		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

12030724636

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

12030724637

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Exp</i>	Shipping Date <i>1/31/12</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMN *2/1/12*
PREPARER **DATE PREPARED**