

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
UROPARTNERS LLC PAC

ADDRESS (number and street) **2245 ENTERPRISE DRIVE SUITE 4506**
Check if different than previously reported. (ACC) **WESTCHESTER** **IL** **60154**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00495440** 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) 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 (12S)
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 / / 2017 through / / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Harris, Richard, , Dr.,
Type or Print Name of Treasurer

Signature of Treasurer Harris, Richard, , Dr., [Electronically Filed] Date / / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UROPARTNERS LLC PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="1160.00"/>	<input type="text" value="1160.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1160.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23768.00"/>	<input type="text" value="23768.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="24928.00"/>	<input type="text" value="24928.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24928.00"/>	<input type="text" value="24928.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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. 05/2016)

Write or Type Committee Name

UROPARTNERS LLC PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2017

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).....	23568.00	23568.00
(ii) Unitemized	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	23768.00	23768.00
(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)	23768.00	23768.00
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)).....▶	23768.00	23768.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23768.00	23768.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	23768.00	23768.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23768.00	23768.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Alsikafi, Nejd, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4113

Amount of Each Receipt this Period 500.00

Memo Item

B. Atzeff, Kristopher, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4115

Amount of Each Receipt this Period 500.00

Memo Item

C. Bachrach, Laurie, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4117

Amount of Each Receipt this Period 500.00

Memo Item

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 OF 19
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Bonaguro, Ronald, , Dr.,		Date of Receipt MM / DD / YYYY 02 / 03 / 2017 Transaction ID : SA11AI.4119
Mailing Address 2245 Enterprise Drive Suite 4506		Amount of Each Receipt this Period 500.00
City Westchester	State IL	Zip Code 60254
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Uropartners, LLC	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brandt, Mark, , Dr.,		Date of Receipt MM / DD / YYYY 02 / 03 / 2017 Transaction ID : SA11AI.4121
Mailing Address 2245 Enterprise Drive Suite 4506		Amount of Each Receipt this Period 1000.00
City Westchester	State IL	Zip Code 60254
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Uropartners, LLC	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Challenger, Robert, , Dr.,		Date of Receipt MM / DD / YYYY 02 / 03 / 2017 Transaction ID : SA11AI.4123
Mailing Address 2245 Enterprise Drive Suite 4506		Amount of Each Receipt this Period 750.00
City Westchester	State IL	Zip Code 60254
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Uropartners, LLC	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 8 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
UROPARTNERS LLC PAC

A. Cohen, Justin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2017

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
500.00

Memo Item

B. Coogan, Christopher, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2017

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
500.00

Memo Item

C. Cudecki, John, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2017

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 9 OF 19
	<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)
UROPARTNERS LLC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dalton, Daniel, , Dr.,		Date of Receipt
Mailing Address 2245 Enterprise Drive Suite 4506		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Westchester	State IL	Zip Code 60254
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4131
Name of Employer (for Individual) Uropartners, LLC		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dickler, Adam, , Dr.,		Date of Receipt
Mailing Address 160 E. Illinois		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4133
Name of Employer (for Individual) CyberKnife Cancer Institute of		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Dritz, Steven, , Dr.,		Date of Receipt
Mailing Address 2245 Enterprise Drive Suite 4506		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Westchester	State IL	Zip Code 60254
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4135
Name of Employer (for Individual) Uropartners, LLC		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 10 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UROPARTNERS LLC PAC

A. Foster, Risha, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4137

Amount of Each Receipt this Period 500.00

Memo Item

B. Gluckman, Gordon, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4139

Amount of Each Receipt this Period 500.00

Memo Item

C. Gomez, Michael, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4155

Amount of Each Receipt this Period 500.00

Memo Item

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 11 OF 19
	<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

A. Harris, Richard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1018.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4157

Amount of Each Receipt this Period 1018.00

Memo Item

B. Khan, Raza, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4160

Amount of Each Receipt this Period 500.00

Memo Item

C. Kim, Ronald, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4162

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2018.00
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 12 OF 19
	<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)
UROPARTNERS LLC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Koopman, Steven, , Dr.,		Date of Receipt
Mailing Address 2245 Enterprise Drive Suite 4506		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Westchester	State IL	Zip Code 60254
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4164
Name of Employer (for Individual) Uropartners, LLC		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lee, Ronald, , Dr.,		Date of Receipt
Mailing Address 2245 Enterprise Drive Suite 4506		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Westchester	State IL	Zip Code 60254
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4166
Name of Employer (for Individual) Uropartners, LLC		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Levan, Paul, , ,		Date of Receipt
Mailing Address 2245 Enterprise Drive Suite 4506		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2017"/>
City Westchester	State IL	Zip Code 60254
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4170
Name of Employer (for Individual) Uropartners, LLC		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UROPARTNERS LLC PAC

A. Lin, William, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2017

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period
500.00

Memo Item

B. Matschke, Merrill, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2017

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period
500.00

Memo Item

C. Maxwell, Kelly, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2017

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period
500.00

Memo Item

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 14 OF 19
<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

A. Meadows, Matthew, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4176

Amount of Each Receipt this Period 500.00

Memo Item

B. Mehta, Parthiv, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4178

Amount of Each Receipt this Period 1000.00

Memo Item

C. Merrick, Daniel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4181

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 15 OF 19
<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 of Individual (Last, First, Middle Initial) or Full Organization Name A. Michaels, Eli, , Dr.,		Date of Receipt MM / DD / YYYY 02 / 03 / 2017
Mailing Address 2245 Enterprise Drive Suite 4506		Transaction ID : SA11AI.4183
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 (for Individual) Uropartners, LLC	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Milani, Michael, , Dr.,		Date of Receipt MM / DD / YYYY 02 / 03 / 2017
Mailing Address 2245 Enterprise Drive Suite 4506		Transaction ID : SA11AI.4185
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 (for Individual) Uropartners, LLC	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Milner, John, , Dr.,		Date of Receipt MM / DD / YYYY 02 / 03 / 2017
Mailing Address 2245 Enterprise Drive Suite 4506		Transaction ID : SA11AI.4187
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 (for Individual) Uropartners, LLC	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
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).....▶	

**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 16 OF 19
	<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)
UROPARTNERS LLC PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mutchnik, David, , Dr.,		Date of Receipt MM / DD / YYYY 02 / 03 / 2017
Mailing Address 2245 Enterprise Drive Suite 4506		Transaction ID : SA11AI.4190
City Westchester	State IL	
Zip Code 60254		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Uropartners, LLC	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mutchnik, Steven, , Dr.,		Date of Receipt MM / DD / YYYY 02 / 03 / 2017
Mailing Address 2245 Enterprise Drive Suite 4506		Transaction ID : SA11AI.4192
City Westchester	State IL	
Zip Code 60254		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Uropartners, LLC	Occupation (for Individual) Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Narapalem, Narendra, , Dr.,		Date of Receipt MM / DD / YYYY 02 / 03 / 2017
Mailing Address 2245 Enterprise Drive Suite 4506		Transaction ID : SA11AI.4194
City Westchester	State IL	
Zip Code 60254		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Uropartners, LLC	Occupation (for Individual) 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).....▶	

**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 19
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UROPARTNERS LLC PAC

A. Norris, Jeffrey, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4196

Amount of Each Receipt this Period 500.00

Memo Item

B. Patel, Satchin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4198

Amount of Each Receipt this Period 500.00

Memo Item

C. Raff, Lester, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2245 Enterprise Drive
Suite 4506

City 2245 Enterprise Drive State IL Zip Code 60254

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

Name of Employer (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4200

Amount of Each Receipt this Period 500.00

Memo Item

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 18 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UROPARTNERS LLC PAC

A. Rebuck, David, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4202

Amount of Each Receipt this Period 500.00

Memo Item

B. Setzler, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4204

Amount of Each Receipt this Period 500.00

Memo Item

C. Shore, David, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4206

Amount of Each Receipt this Period 500.00

Memo Item

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 19 OF 19
<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

A. Tiplitsky, Scott, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4208
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Trockman, Brett, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4210
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Yonover, Paul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Uropartners, LLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 03 / 2017
Transaction ID : SA11AI.4212
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	23568.00