

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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

ADDRESS (number and street) 1100 E. Woodfield Road, Suite 520

Check if different than previously reported. (ACC) SCHAUMBURG IL 60173

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

- (c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 03 31 2010

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 16 2010

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							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC
(UROPA)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		167966.89
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	167966.89									
(c) Total Receipts (from Line 19)	199409.00	199409.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	367375.89	367375.89								
7. Total Disbursements (from Line 31)	168036.82	168036.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	199339.07	199339.07								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC
(UROPA)

Report Covering the Period: From: To:

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)	184715.00	184715.00
(ii) Unitemized	14694.00	14694.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	199409.00	199409.00
(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)	199409.00	199409.00
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 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))	199409.00	199409.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	199409.00	199409.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1636.82	1636.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1636.82	1636.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	166400.00	166400.00
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))..	168036.82	168036.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	168036.82	168036.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	199409.00	199409.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	199409.00	199409.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1636.82	1636.82
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1636.82	1636.82

**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 / 139		
	<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

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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. David M. Albala, MD		Date of Receipt MM / DD / YYYY 01 / 08 / 2010		
	Mailing Address 904 Bayberry Dr.		Transaction ID: SA11AI.19907		
	City Chapel Hill	State NC	Zip Code 27517	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Duke University Medical Center	Occupation Urologist	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Robert Allen Jr., MD		Date of Receipt MM / DD / YYYY 03 / 23 / 2010		
	Mailing Address 2121 Belmont Dr.		Transaction ID: SA11AI.19773		
	City Anchorage	State AK	Zip Code 99517	Amount of Each Receipt this Period 535.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Madigan Army Medical Center	Occupation urologist	Aggregate Year-to-Date 535.00		

C.	Full Name (Last, First, Middle Initial) Dr. Steven P. Ash, MD		Date of Receipt MM / DD / YYYY 03 / 03 / 2010		
	Mailing Address 5905 Highland Hills Ln		Transaction ID: SA11AI.19807		
	City Colleyville	State TX	Zip Code 76034	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North DFW Urology Associates	Occupation Urologist	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 7 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)
Dr. P. Ashman, MD

Mailing Address 20 Corley Dr.

City State Zip Code
Rochester NY 14622

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

Name of Employer: Urology Associates of Rochester
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: SA11AI.19993

Amount of Each Receipt this Period
850.00

B.

Full Name (Last, First, Middle Initial)
Dr. Scott W. Asroff, MD

Mailing Address 53 Saint Moritz Lane

City State Zip Code
Cherry Hill NJ 08003

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

Name of Employer: Scott W. Asroff, MD
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: SA11AI.20027

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ian Atlas, MD

Mailing Address 23 Rippling Brook Way

City State Zip Code
Randolph NJ 07869

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

Name of Employer: Adult & Pediatric Urology Group
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.20130

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2850.00**

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 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. 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: Timothy David Averch, MD
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 02 / 26 / 2010
Transaction ID: SA11AI.19933
Amount of Each Receipt this Period: 250.00

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

Mailing Address 3 Young Rd.

City State Zip Code
Weston MA 02493

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

Name of Employer: Boston University School of Medicine
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt: 01 / 25 / 2010
Transaction ID: SA11AI.20011
Amount of Each Receipt this Period: 600.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark Bradley Baker, MD

Mailing Address 3821 W Santiago Street

City State Zip Code
Tampa FL 33629

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

Name of Employer: Bay Area Urological Associates, Inc.
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 03 / 23 / 2010
Transaction ID: SA11AI.20329
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Kevin Barlog, MD		Date of Receipt	
	Mailing Address 4676 Main St.		M M / D D / Y Y Y Y Y 03 / 26 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.19897
	Amherst	NY	14226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Buffalo Urology Associates, PC		Occupation Urologist		
Receipt For: 2010 <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. William Barnes, MD		Date of Receipt	
	Mailing Address 7101 Oakleaf Road		M M / D D / Y Y Y Y Y 03 / 03 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20015
	Edmond	OK	73013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Clinical Urology, Inc.		Occupation Urologist		
Receipt For: 2010 <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. John M. Barry, MD		Date of Receipt	
	Mailing Address 6421 SW Garden Home Rd.		M M / D D / Y Y Y Y Y 03 / 05 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.19839
	Portland	OR	97219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Health Sciences University Urologists		Occupation Urologist		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

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: (check only one)	PAGE 10 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Robert Barsky, DO		Date of Receipt																					
	Mailing Address 5 Southwood 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>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	5		2	0	1	0														
	City State Zip Code Cherry Hill NJ 08003		Transaction ID: SA11AI.20252																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Delaware Valley Urology Occupation: Urologist Receipt For: 2010 <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. Joel S. Bass, MD		Date of Receipt																					
	Mailing Address 5007 Saddlebrook 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>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	2		2	0	1	0														
	City State Zip Code Fayetteville NY 13066		Transaction ID: SA11AI.20171																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Urology Associates, Inc. Occupation: Urologist Receipt For: 2010 <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. M. Bauer, MD		Date of Receipt																					
	Mailing Address 2441 Thornfield 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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	5		2	0	1	0														
	City State Zip Code Lenoir NC 28645		Transaction ID: SA11AI.20303																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: Caldwell Urology Associates Occupation: Urologist Receipt For: 2010 <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)	▶	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 11 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Louis Baumann, MD
 Mailing Address 190 Buffalo Creek
 City State Zip Code
 Elma NY 14059
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2010
Transaction ID: SA11AI.19899
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Associates of WNY, P.C. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Stuart Michael Bergman, MD, FACS
 Mailing Address 7515 Pelican Bay Blvd 22A
 City State Zip Code
 Maples FL 34108
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 03 / 2010
Transaction ID: SA11AI.20087
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Specialists in Urology Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Adam Jay Berman, MD
 Mailing Address 3 Fowler Drive
 City State Zip Code
 West Orange NJ 07052
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2010
Transaction ID: SA11AI.20333
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Adam Jay Berman, MD Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

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 12 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. David Paul Bernstein, MD
 Mailing Address 4105 Britany Court
 City State Zip Code
 Pensacola FL 32514
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2010
Transaction ID: SA11AI.19925
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pensacola Urology, P.A. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Michael Bernstein, MD
 Mailing Address 1117 Sea Gull Lane
 City State Zip Code
 Cherry Hill NJ 08003
 Date of Receipt
 M M / D D / Y Y Y Y
 01 / 11 / 2010
Transaction ID: SA11AI.19833
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Center for Urologic Care, P.A. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Robert Biester, MD
 Mailing Address 21 Daylily Drive
 City State Zip Code
 Mount Laurel NJ 08054
 Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2010
Transaction ID: SA11AI.19941
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Center for Urology Care Urologist
 Receipt For: 2010
 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 13 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. James David Biles III, MD

Mailing Address 852 Holly Dr. S

City State Zip Code
Annapolis MD 21401

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

Name of Employer Occupation
The Arndel Urology PA Urologist

Receipt For: 2010 Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.20174

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William E. Bloch, MD

Mailing Address 2756 Dale Ave.

City State Zip Code
Bexley OH 43209

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

Name of Employer Occupation
Huntington Urological Ass- n. Inc Urologist

Receipt For: 2010 Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.19938

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Michael Block, MD

Mailing Address 40 W. Berridge Ln

City State Zip Code
Phoenix AZ 85013

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

Name of Employer Occupation
Paul Michael Block, MD Urologist

Receipt For: 2010 Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 535.00

Date of Receipt

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

Transaction ID: SA11AI.20052

Amount of Each Receipt this Period
535.00

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: (check only one)	PAGE 14 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. William Bohnert, MD		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address 3500 E. Lincoln Dr.		Transaction ID: SA11AI.20137		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Phoenix	AZ	88018	1000.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Urology Assoc. LTD		Occupation Urologist			
Receipt For: 2010 <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. Irvin M. Bonder, MD		Date of Receipt MM / DD / YYYY 03 / 26 / 2010		
	Mailing Address 49 Green Heron Dr		Transaction ID: SA11AI.19787		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Hackettstown	NJ	07840	1000.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Associates in Pediatric & Adult Urolog		Occupation Urologist			
Receipt For: 2010 <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. Lester Stuart Borden Jr., MD		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address 903 Blanton Pl.		Transaction ID: SA11AI.20317		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Greensboro	NC	27408	1000.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Alliance Urology Special-ists		Occupation Urologist			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
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 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

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

Mailing Address 2627 S. Bayshore Drive, Apt 2502

City State Zip Code
Coconut Grove FL 33133

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

Name of Employer Retired Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: SA11AI.20018

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 167 Oak Hill Drive NE

City State Zip Code
Brookhaven MS 39601

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

Name of Employer Brookhaven Urology, P.A. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 05 / 2010

Transaction ID: SA11AI.19796

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Wesley Todd Brookover, MD

Mailing Address 6409 S. Louisville

City State Zip Code
Tulsa OK 74136

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

Name of Employer Urologic Specialist of Tulsa Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: SA11AI.19871

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr. Gordon A Brown, DO

Mailing Address 33 Bramley Road

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Delaware Valley Urology, LLC
Occupation Other

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11AI.20256

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Hunter Brown, MD

Mailing Address 605 Watson Road

City State Zip Code
Sulphur Rock AR 72579

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

Name of Employer Batesville Surgery Specialties Clinic
Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.19888

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. B. Thomas Brown, MD, MBA

Mailing Address 602 Riverside Drive

City State Zip Code
Ormond Beach FL 32176

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

Name of Employer Atlantic Urological Associates
Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.20186

Amount of Each Receipt this Period
1000.00

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 17 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Brown, MD

Mailing Address 4500 Coventry Road

City State Zip Code
Richmond VA 23221

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

Name of Employer Occupation
Virginia Urology Center Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.20228

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert R. Bruce, MD

Mailing Address 3202 E. 65th St.

City State Zip Code
Tulsa OK 74136

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

Name of Employer Occupation
Urologic Specialists of Oklahoma, Inc. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.20040

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John F. Bryant, MD

Mailing Address 2643 Painted Horse Trail

City State Zip Code
Cheyenne WY 82009

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

Name of Employer Occupation
Cheyenne Urological Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.20121

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 139
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Anton J. Bueschen, MD
 Mailing Address 3707 Peachtree Road NE, #4
 City Atlanta State GA Zip Code 30319
 Date of Receipt MM / DD / YYYY 03 / 03 / 2010
Transaction ID: SA11AI.19842
 Amount of Each Receipt this Period 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Alabama-Birmingham Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00

B. Full Name (Last, First, Middle Initial)
 Dr. Philip Buffington, MD
 Mailing Address 8560 Chaucer Place
 City Cincinnati State OH Zip Code 45249
 Date of Receipt MM / DD / YYYY 01 / 25 / 2010
Transaction ID: SA11AI.19921
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Urology Group Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. John Kevin Burgers, MD, FACS
 Mailing Address 10236 Windsor Way
 City Powell State OH Zip Code 43235
 Date of Receipt MM / DD / YYYY 02 / 26 / 2010
Transaction ID: SA11AI.19885
 Amount of Each Receipt this Period 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Riverside Hospital Occupation Urologist
 Receipt For: 2010
 Primary General
 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 19 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Derrick K. Burno, MD
 Mailing Address 146 Powell Place Road
 City State Zip Code
Tabernacle NJ 08088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Physicians, P.A. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
01 25 2010
Transaction ID: SA11AI.19810
 Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Rajen Butani, MD
 Mailing Address 37 Wood Lark Drive
 City State Zip Code
Mount Laurel NJ 08054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Delaware Valley Urology, LLC Urology
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
01 08 2010
Transaction ID: SA11AI.20385
 Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Kevin Giles Campbell, MD
 Mailing Address 1775 Deerhill Ln
 City State Zip Code
Hamilton OH 45013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kevin Giles Campbell, MD Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
03 10 2010
Transaction ID: SA11AI.19896
 Amount of Each Receipt this Period
 250.00

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 20 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Michael Carey, MD

Mailing Address 698 Bay Drive

City State Zip Code
Westerville OH 43082

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

Name of Employer Occupation
Central Ohio Urology Group Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11AI.20288

Amount of Each Receipt this Period
535.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeremy Cass Carrico, MD

Mailing Address 8767 E. 105th Ct. S

City State Zip Code
Tulsa OK 74133

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

Name of Employer Occupation
Urologic Specialists of Oklahoma, Inc. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.20340

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory E. Carter, MD

Mailing Address 20 Cotton Road

City State Zip Code
Guntersville AL 35976

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

Name of Employer Occupation
Marshall Urology Associates Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2010

Transaction ID: SA11AI.20157

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1285.00**

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 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

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

Mailing Address 3 Creighton Dr.

City Livingston State NJ Zip Code 07039

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2010
Transaction ID: SA11AI.19835

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. K. Kent Chevli, MD

Mailing Address 6211 Genesee St.

City Lancaster State NY Zip Code 14086

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

Name of Employer Amherst Urology, P.C. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2010
Transaction ID: SA11AI.20024

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lane Childs, MD, FACS

Mailing Address 3201 E. Hampton Ct.

City Salt Lake City State UT Zip Code 84124

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

Name of Employer Western Urological Clinic, P.C. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 08 / 2010
Transaction ID: SA11AI.19953

Amount of Each Receipt this Period 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 22 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Lane Childs, MD, FACS
 Mailing Address 3201 E. Hampton Ct.
 City State Zip Code
 Salt Lake City UT 84124
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.19954
 Amount of Each Receipt this Period
 1250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Western Urological Clinic, P.C. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

B. Full Name (Last, First, Middle Initial)
 Dr. Stephen Kwan Bunn Chinn, MD
 Mailing Address 2905 Oahu Ave.
 City State Zip Code
 Honolulu HI 96822
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 5 / 2 0 1 0
Transaction ID: SA11AI.20187
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Clinic Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

C. Full Name (Last, First, Middle Initial)
 Dr. Andy Jinuk Cho, MD
 Mailing Address 8411 Clarington Ct.
 City State Zip Code
 Powell OH 43065
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.20268
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Buckeye Urology Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

SUBTOTAL of Receipts This Page (optional) ► **2320.00**
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 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. John Christensen Jr, MD		Date of Receipt MM / DD / YYYY 02 / 26 / 2010		
	Mailing Address 806 Joyce Court		Transaction ID: SA11AI.19984		
	City Wheaton	State IL	Zip Code 60187	Amount of Each Receipt this Period 535.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Illinois Urological Institute	Occupation Urologist	Aggregate Year-to-Date 535.00		

B.	Full Name (Last, First, Middle Initial) Dr. Thomas H. Chun, MD		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 1360 Emory Rd NE		Transaction ID: SA11AI.20325		
	City Atlanta	State GA	Zip Code 30306	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Thomas H. Chun, MD	Occupation Urologist	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. Aubrey Chung Jr., MD		Date of Receipt MM / DD / YYYY 03 / 10 / 2010		
	Mailing Address 6075 W Abraham Ln.		Transaction ID: SA11AI.19932		
	City Glendale	State AZ	Zip Code 85308	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sun Valley Urology	Occupation Urologist	Aggregate Year-to-Date 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: PAGE 24 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Glenn Clark, MD

Mailing Address 425 Cornerstone Ln

City State Zip Code
Brookhaven MS 39601

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

Name of Employer Occupation
Brookhaven Urology, P.A. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: SA11AI.19800

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. J. Quentin Clemens, MD

Mailing Address 3664 Preserve Drive

City State Zip Code
Dexter MI 48130

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

Name of Employer Occupation
Northwestern University Medical School Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.20159

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michele Rene Clement, MD

Mailing Address 2401 S. Ervay St. Apt. 302

City State Zip Code
Dallas TX 75215

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

Name of Employer Occupation
Morristown Urology Assoc, PA Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.19890

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 25 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Clements, MD

Mailing Address 3 Twin Oaks Lane

City State Zip Code
Dotham AL 36303

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

Name of Employer
Urological Associates of Dotham

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 23 / 2010

Transaction ID: SA11AI.20076

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin James Cline, MD

Mailing Address 1315 Forest Creek Drive

City State Zip Code
Shreveport LA 71115

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

Name of Employer
Regional Urology

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 08 / 2010

Transaction ID: SA11AI.20222

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Clower, MD

Mailing Address 1695 Indered Farm Rd.

City State Zip Code
Lynchburg VA 24503

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

Name of Employer
Seven Hills Urology Center, Inc.

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 24 / 2010

Transaction ID: SA11AI.20034

Amount of Each Receipt this Period

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 26 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Evan Barton Cohn, MD		Date of Receipt
	Mailing Address 4985 Hearthstone Park Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	City	State	Zip Code
	New Albany	OH	43054
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20274
Name of Employer Urological Associates, Inc.		Occupation Urologist	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 535.00

B.	Full Name (Last, First, Middle Initial) Dr. Marc David Colton, MD		Date of Receipt
	Mailing Address 11 Floral Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Randolph	NJ	07869
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19860
Name of Employer Morris Urology, PC		Occupation Urologist	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Dr. Raoul S. Concepcion, MD		Date of Receipt
	Mailing Address 3826 Bedford Ave # 302		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Nashville	TN	37215
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.19923
Name of Employer Urology Associates		Occupation Urologist	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1785.00
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 27 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. David J. Confer, MD
 Mailing Address 3750 E. 78th
 City State Zip Code
 Tulsa OK 74136
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2010
Transaction ID: SA11AI.20072
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Springer Clinic, Inc. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
 Dr. William Jason Cook, MD
 Mailing Address 2609 S. Owasso Ave.
 City State Zip Code
 Tulsa OK 74114
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2010
Transaction ID: SA11AI.20213
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urologic Specialists of Oklahoma, Inc. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

C. Full Name (Last, First, Middle Initial)
 Dr. Frank Costa, MD
 Mailing Address 7 Meadow Park Lane
 City State Zip Code
 Pittsburgh PA 15215
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 03 / 2010
Transaction ID: SA11AI.20088
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Institute of Pittsburgh, P.C. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

SUBTOTAL of Receipts This Page (optional) ► **1535.00**
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 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Jeffrey Csiszar, MD
 Mailing Address 804 W. 7th Street
 City Hanford State CA Zip Code 93230
 Date of Receipt 01 / 11 / 2010
Transaction ID: SA11AI.20281
 Amount of Each Receipt this Period 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jeffrey William Csiszar, M.D. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

B. Full Name (Last, First, Middle Initial)
 Mr. Vincent Cubelli,
 Mailing Address 16 Bichwood Ln
 City Boonton Township State NJ Zip Code 07005
 Date of Receipt 03 / 26 / 2010
Transaction ID: SA11AI.19852
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vincent Cubelli, M.D. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. David C. Cuellar, MD
 Mailing Address 5802 Round Table Cv.
 City Austin State TX Zip Code 78746
 Date of Receipt 02 / 22 / 2010
Transaction ID: SA11AI.20279
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer David C. Cuellar, MD Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 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: PAGE 29 / 139 (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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

<p>A. Full Name (Last, First, Middle Initial) Dr. Robert F. D'Esposito, MD</p> <p>Mailing Address 58 Vassar Street</p> <p>City State Zip Code Garden City NY 11530</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Robert F. D'Esposito, MD Occupation: Urologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 23 / 2010</p> <p>Transaction ID: SA11AI.19967</p> <p>Amount of Each Receipt this Period 250.00</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Dr. S. Edward Dakil II, MD</p> <p>Mailing Address 4310 Covington Ct</p> <p>City State Zip Code Norman OK 73072</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Norman Urology Associates, P.C. Occupation: Urologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 26 / 2010</p> <p>Transaction ID: SA11AI.20093</p> <p>Amount of Each Receipt this Period 250.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Dr. Andrew Deck, MD</p> <p>Mailing Address 3824 Evanston Ave. N, #2</p> <p>City State Zip Code Seattle WA 98103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: East Side Urology Occupation: Urologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 23 / 2010</p> <p>Transaction ID: SA11AI.19926</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>750.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER: PAGE 30 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Carlos De Juana, MD
 Mailing Address 1105 Zinnia
 City State Zip Code
 Mc Allen TX 78504
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 23 / 2010
Transaction ID: SA11AI.19801
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Associates of South Texas Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Anand Dhanda, MD
 Mailing Address 3002 Friends Rd
 City State Zip Code
 Annapolis MD 21401
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 26 / 2010
Transaction ID: SA11AI.19832
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anand Mohan Dhanda, MD Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Jack Dwosh, MD
 Mailing Address 347 W. 3rd St.
 City State Zip Code
 Moorestown NJ 08057
 Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 08 / 2010
Transaction ID: SA11AI.19883
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Jack Dwosh, MD Urologist
 Receipt For: 2010
 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 31 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. James Eaton, MD
 Mailing Address 1463 Canoochee Dr. NE
 City Atlanta State GA Zip Code 30319
 Date of Receipt MM / DD / YYYY 03 / 30 / 2010
Transaction ID: SA11AI.20295
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology of Atlanta, LLC Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Karl H. Ebert, MD
 Mailing Address 163 Forest Rd.
 City Moorestown State NJ Zip Code 08057
 Date of Receipt MM / DD / YYYY 02 / 23 / 2010
Transaction ID: SA11AI.19909
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Urologic Care, P.A. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Mark Edney, MD
 Mailing Address 519 N. Pinehurst Ave.
 City Salisbury State MD Zip Code 21801
 Date of Receipt MM / DD / YYYY 03 / 03 / 2010
Transaction ID: SA11AI.20300
 Amount of Each Receipt this Period 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peninsula Urology Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00

SUBTOTAL of Receipts This Page (optional) ► **2535.00**
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 32 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Thomas E Emerson, MD
 Mailing Address 980 Westersham Place
 City State Zip Code
 Marietta GA 30064
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.19780
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Enterprises, P.C. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Robert Emery, MD
 Mailing Address 711 Woodmont Circle
 City State Zip Code
 Batesville AR 72501
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 0 3 / 2 0 1 0
Transaction ID: SA11AI.20004
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Batesville Surgery Specialties Clinic Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Howard Bruce Epstein, MD
 Mailing Address P.O. Box 40685
 City State Zip Code
 Jacksonville FL 32203-0685
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.20184
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Atlantic Urological Associates Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

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: PAGE 33 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Goodman Espy, MD

Mailing Address 891 Cross Fire Rdg NW

City State Zip Code
Marietta GA 30064

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

Name of Employer Occupation
Urology Associates Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11AI.20349

Amount of Each Receipt this Period

1000.00

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: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20068

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Lewis Evans, MD

Mailing Address 7402 92nd Pl. SE

City State Zip Code
Mercer Island WA 98040

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

Name of Employer Occupation
Urology Associates, Inc. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.20338

Amount of Each Receipt this Period

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 34 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)
 Dr. Cynthia Ann Fairfax, MD

Mailing Address 4350 Hill Road

City State Zip Code
 Boise ID 83703

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

Name of Employer
 Urology, P.A. Occupation
 Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20262

Amount of Each Receipt this Period
 250.00

B.

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

Mailing Address 6 Shingle Oak Drive

City State Zip Code
 Voorhees NJ 08043

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

Name of Employer
 Center for Urologic Care, P.A. Occupation
 Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

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

Transaction ID: SA11AI.20210

Amount of Each Receipt this Period
 1000.00

C.

Full Name (Last, First, Middle Initial)
 Dr. Douglas Feeny, MD

Mailing Address 8624 Old Stone Ct.

City State Zip Code
 Cincinnati OH 45249

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

Name of Employer
 Douglas Edward Feeny, MD Occupation
 urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

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

Transaction ID: SA11AI.20104

Amount of Each Receipt this Period
 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 35 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Anthony M. Filoso, MD	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address 12 Whittier Rd.	Transaction ID: SA11AI.19995
	City State Zip Code Marblehead MA 01945	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Urology Consultants of the N. Shore, I	Occupation Urologist	
Receipt For: 2010 <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. Lisa J. Finkelstein, DO	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address P.O. Box 13130	Transaction ID: SA11AI.20264
	City State Zip Code Jackson WY 83002	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Suburban Urology Network	Occupation Urologist	
Receipt For: 2010 <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. John Forrest, MD	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 3409 S. Atlanta Place	Transaction ID: SA11AI.20106
	City State Zip Code Tulsa OK 74105	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Urologic Specialists of Oklahoma, Inc.	Occupation Urologist	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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 36 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Frankel, MD	Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address 4804 Forest Avenue SE	Transaction ID: SA11AI.19919
	City State Zip Code Mercer Island WA 98040	Amount of Each Receipt this Period 535.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Jeffrey M. Frankel, M.D. Urologist	
Receipt For: 2010 <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. Walter L. Frank III, MD	Date of Receipt MM / DD / YYYY 03 / 03 / 2010
	Mailing Address P.O. Box 2759	Transaction ID: SA11AI.20080
	City State Zip Code Pawleys Island SC 29585	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Waccamaw Urology Associates, LLC Urologist	
Receipt For: 2010 <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. Sheldon J. Freedman, MD	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 2181 S. Buffalo Drive	Transaction ID: SA11AI.19949
	City State Zip Code Las Vegas NV 89117	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sheldon J. Freedman, M.D., Ltd. Urologist	
Receipt For: 2010 <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: (check only one)	PAGE 37 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Mr. Lawrence Friedman,	Date of Receipt
	Mailing Address 9 Cromwell Drive	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2010
	City State Zip Code Chester NJ 07930	Transaction ID: SA11AI.19806
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
Name of Employer Assoc Pediatric/Adult Urology	Occupation Urologist	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Mark D. Fritzler, MD	Date of Receipt
	Mailing Address 740 Rebecca Ct	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2010
	City State Zip Code Chico CA 95973	Transaction ID: SA11AI.20096
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer Mark D. Fritzler, MD	Occupation Urologist	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. John R Fuller, MD	Date of Receipt
	Mailing Address 2020 Washington Ave.	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 11 / 2010
	City State Zip Code Plover WI 54467	Transaction ID: SA11AI.19782
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
Name of Employer The Urology Clinic	Occupation Urologist	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 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 38 / 139
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

<p>A. Full Name (Last, First, Middle Initial) Dr. Michael T. Gambla, MD</p> <p>Mailing Address 884 Neil Ave.</p> <p>City State Zip Code Columbus OH 43215</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ohio State University Urologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 26 / 2010</p> <p>Transaction ID: SA11AI.20270</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Steven N. Gange, MD, FACS</p> <p>Mailing Address 14729 Draper Woods Cove</p> <p>City State Zip Code Draper UT 84020</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Western Urological Clinic, P.C. Urologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 05 / 2010</p> <p>Transaction ID: SA11AI.20023</p> <p>Amount of Each Receipt this Period 1000.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Dr. Bernard Michael Gburek, MD</p> <p>Mailing Address 7852 East Aster Dr.</p> <p>City State Zip Code Scottsdale AZ 85260</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bernard Michael Gburek, MD Urologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 15 / 2010</p> <p>Transaction ID: SA11AI.20195</p> <p>Amount of Each Receipt this Period 1000.00</p>
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SUBTOTAL of Receipts This Page (optional)	3000.00
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 39 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. William Gee, MD		Date of Receipt MM / DD / YYYY 01 / 08 / 2010		
	Mailing Address 3204 Hobcaw Lane		Transaction ID: SA11AI.20194		
	City Lexington	State KY	Zip Code 40502	Amount of Each Receipt this Period 535.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lexington Clinic	Occupation Urologist			
Receipt For: 2010 <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. Sheila Gemar, MD		Date of Receipt MM / DD / YYYY 01 / 25 / 2010		
	Mailing Address 9152 Lake Ave. S.		Transaction ID: SA11AI.20197		
	City Spicer	State MN	Zip Code 56288	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Affiliated Community Medical Centers	Occupation Urologist			
Receipt For: 2010 <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) Mr. Evangelos Geraniotis, MD		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address PO Box 1091		Transaction ID: SA11AI.19934		
	City Orleans	State MA	Zip Code 02653	Amount of Each Receipt this Period 535.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Urology Associates of Cape Cod	Occupation Urologist			
Receipt For: 2010 <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 40 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. William P. Gianakopoulos, MD
 Mailing Address 115 S. Columbia Ave.
 City Columbus State OH Zip Code 43209
 Date of Receipt 02 / 26 / 2010
Transaction ID: SA11AI.19936
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metropolitan Urologists, Inc. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Michael Gigax, MD
 Mailing Address 3261 Dogwood Dr. NW
 City Dover State OH Zip Code 44622
 Date of Receipt 03 / 15 / 2010
Transaction ID: SA11AI.20323
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michael R Gigax, MD Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Richard Gilbert, MD
 Mailing Address 1111 Rollingwood St.
 City Williamsville State NY Zip Code 14221
 Date of Receipt 03 / 26 / 2010
Transaction ID: SA11AI.20362
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Richard Gilbert, MD Occupation None Indicated
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

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 41 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey R. Gingrich, MD

Mailing Address 105 Lyndhurst Circle

City State Zip Code
Wexford PA 15090

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

Name of Employer Occupation
University of Pittsburgh Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11AI.19777

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey R. Gingrich, MD

Mailing Address 105 Lyndhurst Circle

City State Zip Code
Wexford PA 15090

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

Name of Employer Occupation
University of Pittsburgh Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: SA11AI.19778

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Glaser, MD

Mailing Address 6 Chipper Rd.

City State Zip Code
Frontenac MO 63131

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

Name of Employer Occupation
Jeffrey Scott Glaser, M.D. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2010

Transaction ID: SA11AI.19929

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 42 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. William Lloyd Glover Jr., MD, FACS	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 12809 Great Oak Lane	Transaction ID: SA11AI.19798
	City State Zip Code Clifton VA 20124	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Fairfax Urology Assoc., LTD.	Occupation Urologist	
Receipt For: 2010 <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. Glenn Gmyrek, MD	Date of Receipt MM / DD / YYYY 01 / 08 / 2010
	Mailing Address 118 Park Ave	Transaction ID: SA11AI.20293
	City State Zip Code Midland Park NJ 07432	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Urology Associates	Occupation Urologist	
Receipt For: 2010 <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. Samuel F. Goldenberg, MD	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 11 Pepperbrush Lane	Transaction ID: SA11AI.20247
	City State Zip Code Moorestown NJ 08057	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Samuel F. Goldenberg, MD	Occupation Urologist	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 43 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Robert W. Goldlust, MD
 Mailing Address 7 Lynford Ct.
 City State Zip Code
 Cherry Hill NJ 08003
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 1 1 / 2 0 1 0
Transaction ID: SA11AI.19863
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Robert W. Goldlust, MD Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Christopher Michael Gonzalez, MD, MBA
 Mailing Address 2444 W Bradley Pl.
 City State Zip Code
 Chicago IL 60618
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.20167
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwestern University Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Fred Govier, MD
 Mailing Address 7707 Ridgcrest Ln.
 City State Zip Code
 Mercer Island WA 98040
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 1 0
Transaction ID: SA11AI.20189
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Virginia Mason Medical Center Urologist
 Receipt For: 2010
 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 44 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

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

Mailing Address 33 Anderson Rd.

City Pomfret Center State CT Zip Code 06259

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

Name of Employer Windham Urology Group, P.-C. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 08 / 2010
Transaction ID: SA11AI.20001
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Joseph A. Graversen, MD

Mailing Address 3849 Derbigny St.

City Metairie State LA Zip Code 70001

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

Name of Employer Oshsner Urology Institute Occupation Resident Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2010
Transaction ID: SA11AI.20259
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Joseph Greco, MD

Mailing Address 31 The Common

City Williamsville State NY Zip Code 14221

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

Name of Employer Western New York Urology Associates Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2010
Transaction ID: SA11AI.20082
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 45 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Baruch Mayer Grob, MD

Mailing Address 2032 Timbers Hill Rd., Apt. G

City State Zip Code
Richmond VA 23235

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

Name of Employer
Medical College of Virginia

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Transaction ID: SA11AI.19943

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Grossklaus, MD

Mailing Address 3229 E. Enrose Street

City State Zip Code
Mesa AZ 85213

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

Name of Employer
David Grossklaus, MD

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

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

Transaction ID: SA11AI.20267

Amount of Each Receipt this Period

535.00

C.

Full Name (Last, First, Middle Initial)

Dr. Earl Gurevitch, MD

Mailing Address 401 Neapolitan Way

City State Zip Code
Naples FL 34103

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

Name of Employer
Specialists in Urology, P.A.

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

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

Transaction ID: SA11AI.20016

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)

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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: PAGE 46 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Craig Werner Hamilton, MD

Mailing Address 11418 Leo Rd.

City State Zip Code
Fort Wayne IN 46845

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

Name of Employer Occupation
Craig Werner Hamilton, MD Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20022

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ken-ryu Han, MD

Mailing Address 27319 N 65th Ln

City State Zip Code
Phoenix AZ 85085

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

Name of Employer Occupation
Canyon State Urology Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
535.00

Date of Receipt

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

Transaction ID: SA11AI.19811

Amount of Each Receipt this Period

535.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Haren, MD

Mailing Address 1534 Hearthsides Dr.

City State Zip Code
Chambersburg PA 17201

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

Name of Employer Occupation
Urology Associates of Chambersburg, P. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
535.00

Date of Receipt

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

Transaction ID: SA11AI.19903

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 47 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. David Harold, MD

Mailing Address 2346 Walnut Lake Rd

City State Zip Code
West Bloomfield MI 48323

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

Name of Employer Occupation
David L. Harold, M.D., P.-C. Urologist

Receipt For: 2010 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 535.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: SA11AI.19876

Amount of Each Receipt this Period
535.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Harper, MD

Mailing Address 2222 E. 25th Place

City State Zip Code
Tulsa OK 74114

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

Name of Employer Occupation
Urologic Specialists of Oklahoma, Inc. Urologist

Receipt For: 2010 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: SA11AI.20112

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Gregory Harrington, MD

Mailing Address #2 Everit Pl

City State Zip Code
Smithtown NY 11787

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

Name of Employer Occupation
Thomas Gregory Harrington, MD Urologist

Receipt For: 2010 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 23 / 2010

Transaction ID: SA11AI.20202

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1285.00

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 48 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)
Dr. Mohamed Helal, MD

Mailing Address 15918 Dawson Ridge Dr.

City Tampa State FL Zip Code 33647

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

Name of Employer Tampa Urology Institute Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 10 / 2010
Transaction ID: SA11AI.19918
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Sharon Marie Hepler, MD

Mailing Address 615 Jewel Lane

City Plymouth State MN Zip Code 55447

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

Name of Employer Park Nicollet Occupation urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 23 / 2010
Transaction ID: SA11AI.19940
Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Stephen Hightower, MD

Mailing Address 632 Terraine Ave

City Long Beach State CA Zip Code 90814

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

Name of Employer Coast Urological Medical Group, Inc. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 03 / 2010
Transaction ID: SA11AI.20203
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 49 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr. Jay B. Hollander, MD

Mailing Address 4441 Cherry Hill

City Orchard Lake State MI Zip Code 48323

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

Name of Employer William Beaumont Hospital Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2010
Transaction ID: SA11AI.19869
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Stanton Honig, MD

Mailing Address 1118 Johnson Rd.

City Woodbridge State CT Zip Code 06525

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

Name of Employer The Urology Center, PC Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2010
Transaction ID: SA11AI.20089
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Scott A. Hopkins, MD

Mailing Address 2134 Cumberland Dr.

City Salt Lake City State UT Zip Code 84124

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

Name of Employer Western Urological Clinic Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt 02 / 23 / 2010
Transaction ID: SA11AI.20289
Amount of Each Receipt this Period 535.00

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 50 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Tami Housley, MD

Mailing Address 1381 Ruby Sky Ct

City State Zip Code
Henderson NV 89502

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

Name of Employer
Suhattai Gamnerdsiri, M.D-
.. Ltd.

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11AI.19905

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. David D. Howard, MD

Mailing Address 606 Monterey Trail

City State Zip Code
Dakota Dunes SD 57049

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

Name of Employer
Sioux City Urological

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.20234

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sami T Husseini, MD

Mailing Address 28 Wedgewood Dr.

City State Zip Code
Ithaca NY 14850

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

Name of Employer
Ithaca Urology

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.19867

Amount of Each Receipt this Period

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 51 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Arthur R. Israel, MD
 Mailing Address 13 Mt. Pleasant Road
 City State Zip Code
 Morristown NJ 07960
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.20125
 Amount of Each Receipt this Period
 900.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Morristown Urology Associates, P.A. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

B. Full Name (Last, First, Middle Initial)
 Dr. Herbert Isadore James, MD
 Mailing Address 6932 Old Quarry Road
 City State Zip Code
 Fayetteville NY 13066
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.20292
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Associated Medical Professionals of Ne UDS
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Michael C. James, MD
 Mailing Address 56630 192nd Lane
 City State Zip Code
 Mankato MN 56001
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 5 / 2 0 1 0
Transaction ID: SA11AI.19939
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mankato Clinic - Wickersham Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional) ► **2400.00**
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 52 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

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., Inc. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11AI.19841

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul Jones, MD

Mailing Address 1416 E A St - Ste 101

City State Zip Code
Casper WY 82601

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

Name of Employer Occupation
Central Wyoming Urological Assoc. Other

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.20356

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kamal Kant Joshi, MD

Mailing Address 8228 Creekhollow Rd.

City State Zip Code
Blacklick OH 43004

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

Name of Employer Occupation
Metropolitan Urologists, Inc. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20235

Amount of Each Receipt this Period

535.00

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: PAGE 53 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr. Brian Michael Jumper, MD

Mailing Address 17 Hillside Avenue

City Fallmouth State ME Zip Code 04105

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

Name of Employer Maine Medical Center Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 08 / 2010
Transaction ID: SA11AI.19980
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ichabod Jung, MD

Mailing Address 3733 Crestview Dr.

City Bemus Point State NY Zip Code 14712

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

Name of Employer Jamestown Area Med. Association Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2010
Transaction ID: SA11AI.20276
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Andrei Kachala, MD

Mailing Address 7 Tara Lane

City Holmdel State NJ Zip Code 07733

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

Name of Employer Urological Surgical Associates Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt 03 / 03 / 2010
Transaction ID: SA11AI.20237
Amount of Each Receipt this Period 535.00

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: PAGE 54 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

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

Mailing Address 3 Lacerta

City Irvine State CA Zip Code 92612

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

Name of Employer Jeffrey Kaufman, M.D., FA-CS., Inc. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 01 / 11 / 2010
Transaction ID: SA11AI.19812
Amount of Each Receipt this Period 750.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ayal M. Kaynan, MD

Mailing Address 108 Eagle Ridge Drive

City West Orange State NJ Zip Code 07052

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

Name of Employer Ayal M. Kaynan, MD Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2010
Transaction ID: SA11AI.20297
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Brian M Keuer, MD

Mailing Address 211 Saddle Lane

City Fox River Grove State IL Zip Code 60021

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

Name of Employer Brian M Keuer, MD Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 26 / 2010
Transaction ID: SA11AI.20365
Amount of Each Receipt this Period 250.00

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: PAGE 55 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Houston Kimbrough Jr., MD

Mailing Address 1500 Cedar Ridge Farm Rd.

City State Zip Code
Summerfield NC 27358

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

Name of Employer Occupation
The Urology Center Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: SA11AI.20162

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Edward King, MD

Mailing Address 2713 SE 22nd Ave.

City State Zip Code
Ocala FL 34471

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

Name of Employer Occupation
Ocala Urology Specialists, P.A. urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2010

Transaction ID: SA11AI.20226

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gary Kirsh, MD

Mailing Address 9771 Carriage Run Court

City State Zip Code
Loveland OH 45140

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

Name of Employer Occupation
The Urology Group Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 04 / 2010

Transaction ID: SA11AI.19985

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

2750.00

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 56 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr. A. Scott Klein, MD

Mailing Address **W5201 Birchwood Lane**

City **LaCrosse** State **WI** Zip Code **54601**

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

Name of Employer **Gundersen Clinic, Ltd.** Occupation **Urologist**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 08 / 2010**
Transaction ID: SA11AI.19881
 Amount of Each Receipt this Period **250.00**

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

Mailing Address **6384 Lake Trail Drive**

City **Westerville** State **OH** Zip Code **43082**

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

Name of Employer **Mid-Ohio Urology, Inc.** Occupation **Urologist**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **535.00**

Date of Receipt **02 / 26 / 2010**
Transaction ID: SA11AI.20108
 Amount of Each Receipt this Period **535.00**

C. Full Name (Last, First, Middle Initial)
Dr. Kathleen C. Kobashi, MD

Mailing Address **8158 W. Mercer Way**

City **Mercer Island** State **WA** Zip Code **98040**

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

Name of Employer **Virginia Mason Medical Center** Occupation **Urologist**

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **01 / 08 / 2010**
Transaction ID: SA11AI.19790
 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 57 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Earl R. Koenig, MD

Mailing Address 4403 Forest Avenue

City State Zip Code
Waterford MI 48328

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

Name of Employer Occupation
Earl R. Koenig, MD Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2010

Transaction ID: SA11AI.19965

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Barry Allan Kogan, MD

Mailing Address 12 Newell Ct.

City State Zip Code
Menands NY 12204

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

Name of Employer Occupation
Albany Medical College Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 23 / 2010

Transaction ID: SA11AI.19856

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Kopp, MD, FACS

Mailing Address 5256 Lakeshore Road

City State Zip Code
Hamburg NY 14075

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 26 / 2010

Transaction ID: SA11AI.19970

Amount of Each Receipt this Period

1000.00

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 58 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Mitchell Kotler, MD

Mailing Address 11 Cameo Drive

City State Zip Code
Cherry Hill NJ 08003

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

Name of Employer Occupation
Associated Urologic Specialists, PA Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

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

Transaction ID: SA11AI.20193

Amount of Each Receipt this Period

535.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Charles Koukol, MD

Mailing Address 784 N. 164th St.

City State Zip Code
Omaha NE 68118

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

Name of Employer Occupation
The Urology Center, PC Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.19906

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David M. Kraebber, MD

Mailing Address 114 Grey Eagle Dr.

City State Zip Code
Shreveport LA 71115

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

Name of Employer Occupation
Western Carolinas Urological Assoc. P. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

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

Transaction ID: SA11AI.20045

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: (check only one)	PAGE 59 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Bruce A. Kyburz, MD		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 676 Kennesaw Ave.		Transaction ID: SA11AI.20118		
	City Marietta	State GA	Zip Code 30060	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Urology Enterprises, P.C.	Occupation Urologist			

Receipt For: 2010 <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. Sushil Lacy, MD		Date of Receipt MM / DD / YYYY 01 / 08 / 2010		
	Mailing Address 8800 S. 120th		Transaction ID: SA11AI.19961		
	City Lincoln	State NE	Zip Code 68526	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Urology, P.C.	Occupation Urologist			

Receipt For: 2010 <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 F. Lanchoney, MD		Date of Receipt MM / DD / YYYY 03 / 03 / 2010		
	Mailing Address 448 Glenwyth Road		Transaction ID: SA11AI.20284		
	City Wayne	State PA	Zip Code 19087	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Thomas F. Lanchoney, MD	Occupation Urologist			

Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
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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 60 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr. John Lasater, MD

Mailing Address 3602 Country Club Road

City State Zip Code
New Bern NC 28562

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

Name of Employer Occupation
New Bern Urology Clinic, Inc. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: SA11AI.19991

Amount of Each Receipt this Period
535.00

B. Full Name (Last, First, Middle Initial)
Dr. Kalyan C. Latchamsetty, MD

Mailing Address 512 N. McClurg Ct., Unit #4107

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Kalyan C. Latchamsetty, MD Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: SA11AI.20313

Amount of Each Receipt this Period
535.00

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

Mailing Address 2639 Chicago Ave.

City State Zip Code
Sebring FL 33870

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

Name of Employer Occupation
Kevin Ki-Dong Lee, MD Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11AI.20229

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 61 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

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

Mailing Address 2639 Chicago Ave.

City State Zip Code
Sebring FL 33870

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

Name of Employer Kevin Ki-Dong Lee, MD Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1535.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.20230

Amount of Each Receipt this Period
1000.00

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

Mailing Address 710 Greenhill Ave.

City State Zip Code
Wilmington DE 19805

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

Name of Employer Thomas P. Lehman, M.D. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: SA11AI.19785

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Seth P. Levine, MD

Mailing Address 107 Worcester Dr.

City State Zip Code
Wayne NJ 07470

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

Name of Employer Associates in Urology, P.-A. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: SA11AI.19979

Amount of Each Receipt this Period
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 62 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Adam W Levinson, MD	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 2639 Boston St., Apt. 307	Transaction ID: SA11AI.20367
	City State Zip Code Baltimore MD 21224	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mount Sinai Medical Center Urologist	
Receipt For: 2010 <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 C. Lin, MD	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 1654 S. Marble Street	Transaction ID: SA11AI.20282
	City State Zip Code Gilbert AZ 85295	Amount of Each Receipt this Period 535.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sunrise Urology, PC Urologist	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

C.	Full Name (Last, First, Middle Initial) Dr. Michael Lobis, MD	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 989 Baneswood Dr	Transaction ID: SA11AI.19992
	City State Zip Code Kennett Square PA 19348	Amount of Each Receipt this Period 535.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Brandywine Urology Consultants Urologist	
Receipt For: 2010 <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 63 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

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 Arkansas Urology Associates, P.A. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11AI.20065

Amount of Each Receipt this Period
535.00

B. Full Name (Last, First, Middle Initial)
Dr. Leo L. Lowentritt Jr., MD

Mailing Address 1907 White Street

City State Zip Code
Alexandria LA 71301

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

Name of Employer Leo L. Lowentritt Jr., MD Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.20127

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Roger Lubbers, MD

Mailing Address 2156 Gretchen Ct.

City State Zip Code
Bettendorf IA 52722

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

Name of Employer Urological Group, Ltd. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11AI.19774

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: (check only one)	PAGE 64 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Peter Lund, MD		Date of Receipt MM / DD / YYYY 03 / 23 / 2010	
	Mailing Address 86 Beach Haven Lane		Transaction ID: SA11AI.19854	
	City	State	Zip Code	Amount of Each Receipt this Period
	Erie	PA	16509	250.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Allied Urology Associates		Occupation Urologist		
Receipt For: 2010 <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. Parvez Mahmood, MD		Date of Receipt MM / DD / YYYY 03 / 26 / 2010	
	Mailing Address 524 Woodview Rd		Transaction ID: SA11AI.19861	
	City	State	Zip Code	Amount of Each Receipt this Period
	Toms River	NJ	08755	250.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Mahmood - Schor Urology, P.A.		Occupation Urologist		
Receipt For: 2010 <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. Zahi Makhuli, MD		Date of Receipt MM / DD / YYYY 03 / 26 / 2010	
	Mailing Address 100 Holly Circle		Transaction ID: SA11AI.20047	
	City	State	Zip Code	Amount of Each Receipt this Period
	Fayetteville	NY	13066	250.00
	FEC ID number of contributing federal political committee. C			
Name of Employer University Urology Associates, Inc.		Occupation Urologist		
Receipt For: 2010 <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 65 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Mr. Neil Mariados,
Mailing Address 1226 E. Water Street
City State Zip Code
Syracuse NY 13210
Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2010
Transaction ID: SA11AI.20386
Amount of Each Receipt this Period
1000.00
FEC ID number of contributing federal political committee. **C**
Name of Employer Associated Medical Professionals Occupation Other Health Professional
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Benjamin Martin, MD
Mailing Address 111 Masters Court
City State Zip Code
Lima OH 45805
Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2010
Transaction ID: SA11AI.20307
Amount of Each Receipt this Period
535.00
FEC ID number of contributing federal political committee. **C**
Name of Employer Urology Associates of Ohio, Inc. Occupation Urologist
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
535.00

C. Full Name (Last, First, Middle Initial)
Dr. Alfred Walter Mazur, MD
Mailing Address 1102 Hampton Road
City State Zip Code
Douglas GA 31533
Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2010
Transaction ID: SA11AI.19997
Amount of Each Receipt this Period
250.00
FEC ID number of contributing federal political committee. **C**
Name of Employer Douglas Urology Center, Inc. Occupation Urologist
Receipt For: 2010
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
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: PAGE 66 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr. B. Scott McCowan, MD

Mailing Address 660 Glen Iris Drive, #402

City Atlanta State GA Zip Code 30308

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

Name of Employer Urology Associates Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2010
Transaction ID: SA11AI.20258
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Allen McCulloch, MD

Mailing Address P.O. Box 1529

City Farmington State NM Zip Code 87499

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

Name of Employer Allen W. McCulloch, M.D. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2010
Transaction ID: SA11AI.20146
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Douglas McKinney, MD

Mailing Address 636 Rivendell Dr.

City Bridgeport State WV Zip Code 26330

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

Name of Employer Douglas E. McKinney, M.D. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2010
Transaction ID: SA11AI.20035
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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 67 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Charles McWilliams, MD		Date of Receipt	
	Mailing Address 11100 Blue Stem Back		M M / D D / Y Y Y Y Y 03 / 23 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20250
	Oklahoma City	OK	73162	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Charles A. McWilliams, M.-D.		Occupation Urologist		
Receipt For: 2010 <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. Mark Memo, DO		Date of Receipt	
	Mailing Address 4018 Via Cassia		M M / D D / Y Y Y Y Y 02 / 26 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20336
	Youngstown	OH	44514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Mark Memo, DO		Occupation Urologist		
Receipt For: 2010 <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. Richard Memo, MD		Date of Receipt	
	Mailing Address 2530 Timothy Knoll		M M / D D / Y Y Y Y Y 03 / 03 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.20012
	Poland	OH	44514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1500.00	
Name of Employer Richard A. Memo, M.D., In-c.		Occupation Urologist		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
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 68 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)
Dr. Matthew M. Merrell, MD

Mailing Address 116 River Lane

City State Zip Code
Ormond Beach FL 32176

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.20290

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Oren F. Miller, MD

Mailing Address 5016 E. 104th PI

City State Zip Code
Tulsa OK 74137

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

Name of Employer Urologic Specialist of Oklahoma Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.19865

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Dr. Marc S. Milsten, MD

Mailing Address 4421 S. Zunis

City State Zip Code
Tulsa OK 74105

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

Name of Employer Urologic Specialists of Oklahoma, Inc. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2010

Transaction ID: SA11AI.20249

Amount of Each Receipt this Period
250.00

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: PAGE 69 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Joseph Mokulis, MD
 Mailing Address 307 Westbury Lane
 City State Zip Code
 Florence AL 35630
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.20188
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Florence Urological Associates, P.C. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

B. Full Name (Last, First, Middle Initial)
 Dr. William Monnig, MD
 Mailing Address 111 Crystal Lane
 City State Zip Code
 Ryland Heights KY 41015
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.20055
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Urology Group Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Robert Moore, MD
 Mailing Address 4399 Bramblewood Ct., NW
 City State Zip Code
 Albany OR 97321
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.20179
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Robert G. Moore, M.D., PC Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **2300.00**
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 70 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr. Matthew D. Munding, MD

Mailing Address 5751 Meadow Vista Dr.

City State Zip Code
Florence MT 59833

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

Name of Employer Occupation
Ravalli Urology Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.20309

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Brian P. Murphy, MD

Mailing Address 1562 Duxbury Ct.

City State Zip Code
Allentown PA 18104

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

Name of Employer Occupation
Urologic Assoc of Allentown Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2010

Transaction ID: SA11AI.19917

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark Clark Musmanno, MD

Mailing Address 2720 Brunton Court

City State Zip Code
Allison Park PA 15101

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

Name of Employer Occupation
Mark C. Musmanno, M.D. PC Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: SA11AI.20038

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 71 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. George Garner Mygatt, MD
 Mailing Address 3903 Providence jRd
 City State Zip Code
 Marietta GA 30068
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.20245
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 George Garner Mygatt, MD Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Marcella Nachmann, DO
 Mailing Address 3 Brooks Road
 City State Zip Code
 Moorestown NJ 08057
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 1 / 2 0 1 0
Transaction ID: SA11AI.20311
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Marcella Nachmann, DO Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Daniel Nachtsheim, MD
 Mailing Address P.O. Box 436
 City State Zip Code
 Rancho Santa Fe CA 92067
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.19975
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Scripps Clinic Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

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 72 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Roscoe Nelson, MD
 Mailing Address 7851 E. Hanover Way
 City State Zip Code
 Scottsdale AZ 85255
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 23 / 2010
Transaction ID: SA11AI.19840
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Canyon State Urology Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Eric R. Nicely, MD
 Mailing Address 9023 Madison Lane
 City State Zip Code
 Knoxville TN 37922
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 26 / 2010
Transaction ID: SA11AI.20032
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eric R. Nicely, MD Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

C. Full Name (Last, First, Middle Initial)
 Dr. William Niedrach, MD
 Mailing Address 11 Roxbury Drive
 City State Zip Code
 Medford NJ 08055
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 23 / 2010
Transaction ID: SA11AI.19900
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Physicians, P.A. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **2535.00**
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 73 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. James R. Noble, MD		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 2642 Alvamar		Transaction ID: SA11AI.19874		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Shreveport	LA	71106	1000.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Regional Urology LLC		Occupation Urologist			
Receipt For: 2010 <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. Gordon Michael Ortiz, MD		Date of Receipt MM / DD / YYYY 01 / 08 / 2010		
	Mailing Address 25 Rolling Brook Drive		Transaction ID: SA11AI.20077		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Saratoga Springs	NY	12866	535.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Capital District Urologic Surgeons		Occupation Urologist			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			
		535.00			

C.	Full Name (Last, First, Middle Initial) Dr. Linda S. Osborne, DO		Date of Receipt MM / DD / YYYY 02 / 26 / 2010		
	Mailing Address 4925 Hawthorne Valley Dr.		Transaction ID: SA11AI.20328		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Westerville	OH	43082	535.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer POH Medical Center		Occupation Resident Urologist			
Receipt For: 2010 <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)	▶	2070.00
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 74 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. George F. Owens, MD
 Mailing Address 345 Gramatan Ave.
 City State Zip Code
 Mount Vernon NY 10552
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2010
Transaction ID: SA11AI.20114
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 George F. Owens, MD Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Osvaldo Padron, MD
 Mailing Address 3217 W. Harbor View Ave.
 City State Zip Code
 Tampa FL 33611
 Date of Receipt
 M M / D D / Y Y Y Y
 01 / 25 / 2010
Transaction ID: SA11AI.19898
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Osvaldo Francisco Padron, M.D., PA Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. M. Painter, MD
 Mailing Address 1625 Larimer St., #2901
 City State Zip Code
 Denver CO 80202
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2010
Transaction ID: SA11AI.19931
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Physicians Reimbursement Systems, Inc. Urologist
 Receipt For: 2010
 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 75 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)
Dr. Kirtkumar M. Pandya, MD

Mailing Address 2100 Friar Court

City Wall State NJ Zip Code 07719

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

Name of Employer Kiritkumar M. Pandya, M.D. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 22 / 2010
Transaction ID: SA11AI.20090
Amount of Each Receipt this Period 300.00

B.

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

Mailing Address 1311 Waldorf Blvd

City Madison State WI Zip Code 53719

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

Name of Employer UW Health Urology Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2010
Transaction ID: SA11AI.20216
Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 7190 Fernridge Dr.

City New Albany State OH Zip Code 43054

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

Name of Employer Urological Associates, In-c. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt 02 / 26 / 2010
Transaction ID: SA11AI.20227
Amount of Each Receipt this Period 535.00

SUBTOTAL of Receipts This Page (optional) ► **1085.00**

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 76 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

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: Bellevue Urology Associates Inc., P.S. Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.19944

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jack Reese Pence II, MD

Mailing Address 2892 Stone Mill Ct

City State Zip Code
Dayton OH 45434

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

Name of Employer: Dayton Physicians, LLC - Urology Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11AI.19911

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 2145 Sharon Lane

City State Zip Code
Charlotte NC 28211

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

Name of Employer: Urology Specialists of The Carolinas Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt: MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.20049

Amount of Each Receipt this Period
535.00

SUBTOTAL of Receipts This Page (optional) ► **2035.00**

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 77 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Carlo M. Perfetto, MD
 Mailing Address 72 Middlebury Rd.
 City State Zip Code
 Orchard Pk. NY 14127
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2010
Transaction ID: SA11AI.19789
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Associates of WNY, P.C. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
 Ms. Jennifer C. Peters, MHS, JD
 Mailing Address 1301 W. Via Caballo
 City State Zip Code
 Tucson AZ 85704
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2010
Transaction ID: SA11AI.20306
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Jennifer C. Peters, MHS, JD ACLM
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. E. Bradley Pewitt, MD, PhD
 Mailing Address 4664 McCurdy Drive
 City State Zip Code
 New Albany OH 43054
 Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2010
Transaction ID: SA11AI.20152
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urological Associates, Inc. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

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 78 / 139 (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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

<p>A. Full Name (Last, First, Middle Initial) Dr. Christopher M. Pieczonka, MD</p> <p>Mailing Address 8374 Prestwick Drive</p> <p>City State Zip Code Manlius NY 13104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Associated Urologists of CNY, P.C. Occupation: Urologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 23 / 2010</p> <p>Transaction ID: SA11AI.20298</p> <p>Amount of Each Receipt this Period 250.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Dr. Christopher M. Pieczonka, MD</p> <p>Mailing Address 8374 Prestwick Drive</p> <p>City State Zip Code Manlius NY 13104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Associated Urologists of CNY, P.C. Occupation: Urologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 26 / 2010</p> <p>Transaction ID: SA11AI.20299</p> <p>Amount of Each Receipt this Period 750.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Dr. Curtis Ryan Powell, MD</p> <p>Mailing Address 6711 Foxbriar Dr.</p> <p>City State Zip Code Tulsa OK 74132</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Urologic Specialists of Oklahoma Occupation: Urologist</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 700.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 10 / 2010</p> <p>Transaction ID: SA11AI.19849</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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 79 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Kevin Prankoff, MD		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address 150 Greenaway Road		Transaction ID: SA11AI.20002		
	City Egbertsville	State NY	Zip Code 14226	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ. at Buffalo/State Univ. of NY	Occupation Urologist	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Lee B. Pressler, MD		Date of Receipt MM / DD / YYYY 03 / 26 / 2010		
	Mailing Address 80 Lake Road		Transaction ID: SA11AI.20206		
	City Far Hills	State NJ	Zip Code 07931	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northwest Urology Associates	Occupation Urologist	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. John C. Prince, MD		Date of Receipt MM / DD / YYYY 02 / 26 / 2010		
	Mailing Address 3622 E. Westridge		Transaction ID: SA11AI.19813		
	City Orange	State CA	Zip Code 92867	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer John C. Prince, M.D., Inc.	Occupation Urologist	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 80 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Charles R. Pritchard, MD
 Mailing Address 4803 E. 113th Place
 City State Zip Code
 Tulsa OK 74137
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2010
Transaction ID: SA11AI.20322
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urologic Specialists of Urologist
 Oklahoma
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
 Dr. Carlos E. Ramos-Robinson, MD
 Mailing Address 400 Rue La Roche
 City State Zip Code
 Lynn Haven FL 32444
 Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 11 / 2010
Transaction ID: SA11AI.20116
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Panama City Urological Ce- Urologist
 nter, PA
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

C. Full Name (Last, First, Middle Initial)
 Dr. Josh Randall, MD
 Mailing Address 16 Cellini
 City State Zip Code
 Aliso Viejo CA 92656
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 03 / 2010
Transaction ID: SA11AI.20320
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Josh M. Randall, MD Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 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 81 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Randall F. Randazzo, MD
 Mailing Address 1800 Durham Dr.
 City Inverness State IL Zip Code 60067
 Date of Receipt M M / D D / Y Y Y Y
 02 / 26 / 2010
Transaction ID: SA11AI.19950
 Amount of Each Receipt this Period
 400.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Flaster-Randazzo Partners-hip Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

B. Full Name (Last, First, Middle Initial)
 Dr. William Holland Rawls, MD
 Mailing Address 1419 Veaux Loop
 City Norfolk State VA Zip Code 23509
 Date of Receipt M M / D D / Y Y Y Y
 03 / 26 / 2010
Transaction ID: SA11AI.19792
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William Holland Rawls, MD Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

C. Full Name (Last, First, Middle Initial)
 Dr. Harold R Reeve, MD
 Mailing Address 85 Eayrestown Rd.
 City Medford State NJ Zip Code 08055
 Date of Receipt M M / D D / Y Y Y Y
 01 / 11 / 2010
Transaction ID: SA11AI.20057
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Physicians Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1935.00**
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 82 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Juan A. Reyna, MD		Date of Receipt MM / DD / YYYY 01 / 25 / 2010		
	Mailing Address 10002 Lazy J Trail		Transaction ID: SA11AI.19983		
	City Helotes	State TX	Zip Code 78023	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer Urology San Antonio, P.A.		Occupation Urologist			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Eugene Young Rhee, MD		Date of Receipt MM / DD / YYYY 02 / 26 / 2010		
	Mailing Address 4831 Sussex Drive		Transaction ID: SA11AI.19827		
	City San Diego	State CA	Zip Code 91226	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer Southern California Perma- nte Medical G		Occupation Urologist			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Eugene Young Rhee, MD		Date of Receipt MM / DD / YYYY 03 / 10 / 2010		
	Mailing Address 4831 Sussex Drive		Transaction ID: SA11AI.19828		
	City San Diego	State CA	Zip Code 91226	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Southern California Perma- nte Medical G		Occupation Urologist			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 83 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Peyton E. Rice, MD
 Mailing Address 3401 Springhill Dr., Ste. 240
 City State Zip Code
 North Little Rock AR 72117
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.20084
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology P.A. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
 Dr. Anthony Ricottone, MD
 Mailing Address 51 Braunview Way
 City State Zip Code
 Orchard Park NY 14127
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.20200
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Western New York Urology Associates Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Jerry Rittenhouse, MD
 Mailing Address 81 Converse Street
 City State Zip Code
 Stoneham MA 02180
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.20036
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mystic Valley Urological Associates, I Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

SUBTOTAL of Receipts This Page (optional) ► **2035.00**
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 84 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Brian Roberts, MD		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 8706 N. Ocean Blvd		Transaction ID: SA11AI.20009		
	City Myrtle Beach	State SC	Zip Code 29572	Amount of Each Receipt this Period 535.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Grand Strand Urology	Occupation Urologist	Aggregate Year-to-Date 535.00		

B.	Full Name (Last, First, Middle Initial) Dr. James Robertson, MD		Date of Receipt MM / DD / YYYY 01 / 08 / 2010		
	Mailing Address 205 Ridge Trail Rd.		Transaction ID: SA11AI.19829		
	City Bozeman	State MT	Zip Code 59715	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bozeman Urological Associates	Occupation Urologist	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. James Robertson, MD		Date of Receipt MM / DD / YYYY 01 / 25 / 2010		
	Mailing Address 205 Ridge Trail Rd.		Transaction ID: SA11AI.19830		
	City Bozeman	State MT	Zip Code 59715	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bozeman Urological Associates	Occupation Urologist	Aggregate Year-to-Date 350.00		

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: PAGE 85 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. James Robertson, MD
 Mailing Address 205 Ridge Trail Rd.
 City State Zip Code
 Bozeman MT 59715
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2010
Transaction ID: SA11AI.19831
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bozeman Urological Associates Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

B. Full Name (Last, First, Middle Initial)
 Dr. John M. Roehmholdt, MD
 Mailing Address 239 Village Pointe Lane
 City State Zip Code
 Williamsville NY 14221
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2010
Transaction ID: SA11AI.19981
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northern Urology Associates, PC Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Kent Lawton Rollins, MD
 Mailing Address 2220 Chalkwell Dr.
 City State Zip Code
 Midlothian VA 23113
 Date of Receipt
 M M / D D / Y Y Y Y
 01 / 08 / 2010
Transaction ID: SA11AI.19889
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Virginia Urology Center Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

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 86 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. F. Rommel, MD
 Mailing Address 541 Stonehenge Dr.
 City State Zip Code
 Lititz PA 17543
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2010
Transaction ID: SA11AI.20006
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Associates of Lancaster, Ltd. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Ronald Roper, MD
 Mailing Address 1308 Marietta Country Club Dr.
 City State Zip Code
 Kennesaw GA 30152
 Date of Receipt
 M M / D D / Y Y Y Y
 02 / 23 / 2010
Transaction ID: SA11AI.19775
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Marietta Urology Assoc., P.A. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Gene Rosenberg, MD
 Mailing Address 507 Forest Ave.
 City State Zip Code
 Teaneck NJ 07666
 Date of Receipt
 M M / D D / Y Y Y Y
 03 / 23 / 2010
Transaction ID: SA11AI.19982
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University Urology Associates Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**
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 87 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Richard A. Roy, MD	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 6933 Temperance Point St.	Transaction ID: SA11AI.20135
	City State Zip Code Westerville OH 43081	Amount of Each Receipt this Period 535.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Urology Services of Columbus, Inc. Occupation: Urologist Receipt For: 2010 <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. Kenneth Allen Rutledge, MD	Date of Receipt MM / DD / YYYY 02 / 23 / 2010
	Mailing Address 3273 Turtle Lake Drive	Transaction ID: SA11AI.20148
	City State Zip Code Marietta GA 30067	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Urology Enterprises, P.C. Occupation: Urologist Receipt For: 2010 <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. Sergio J. Rybka, MD	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 1111 Tracy PL.	Transaction ID: SA11AI.19927
	City State Zip Code Carlsbad NM 88220	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Sergio J. Rybka, M.D., P.-C. Occupation: Urologist Receipt For: 2010 <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)	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: PAGE 88 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

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

Mailing Address 1228 E 27th Place

City State Zip Code
Tulsa OK 74119

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

Name of Employer: Urological Specialists of Oklahoma, In
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.20143

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Noel Sankey, MD

Mailing Address 836 E. 17th Ave.
Apt. 3-E

City State Zip Code
Denver CO 80218

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

Name of Employer: Noel E. Sankey, M.D., P.C.
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11AI.19987

Amount of Each Receipt this Period
535.00

C.

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

Mailing Address 174-3 Sutton Place

City State Zip Code
Bernardsville NJ 07924

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

Name of Employer: Morristown Urology Associates, P.A.
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.20177

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2035.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Paul Schellhammer, MD
 Mailing Address 1904 Lynn Cove Lane
 City State Zip Code
 Virginia Beach VA 23454
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2010
Transaction ID: SA11AI.20061
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Virginia Medcl School Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Steven M. Schlossberg, MD
 Mailing Address PO Box 2236
 City State Zip Code
 Norfolk VA 23501
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 23 / 2010
Transaction ID: SA11AI.19960
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology of Virginia, P.C. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. David M. Schmidt, MD
 Mailing Address 851 Colston Rd. SW
 City State Zip Code
 Marietta GA 30064
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 23 / 2010
Transaction ID: SA11AI.20042
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Enterprises, P.C. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Roger Schultz, MD
 Mailing Address 6413 Conservancy
 City Williamsburg State VA Zip Code 23185
 Date of Receipt 03 / 23 / 2010
Transaction ID: SA11AI.19999
 Amount of Each Receipt this Period 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology of Virginia, P.C. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

B. Full Name (Last, First, Middle Initial)
 Dr. Christine Sears, MD
 Mailing Address 518 Beall Ave.
 City Rockville State MD Zip Code 20850
 Date of Receipt 03 / 03 / 2010
Transaction ID: SA11AI.20377
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Naval Medical Center Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Phillip J. Seereiter, MD
 Mailing Address 16 Highpoint Ct
 City Orchard Park State NY Zip Code 14127
 Date of Receipt 03 / 26 / 2010
Transaction ID: SA11AI.20372
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Phillip J. Seereiter, MD Occupation Resident Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Robert Harris Shapiro, MD
 Mailing Address 11207 E. Palomino Road
 City State Zip Code
 Scottsdale AZ 85259
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2010
Transaction ID: SA11AI.20067
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Scottsdale Urology & Reproductive Spec
 Occupation: Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

B. Full Name (Last, First, Middle Initial)
 Dr. Neal D. Shore, MD
 Mailing Address 4 Nelson Ct.
 City State Zip Code
 Myrtle Beach SC 29572
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 22 / 2010
Transaction ID: SA11AI.19915
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Atlantic Urology Clinics
 Occupation: Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

C. Full Name (Last, First, Middle Initial)
 Mr. Sanford Siegel, MD
 Mailing Address 9 Bellchase Court
 City State Zip Code
 Baltimore MD 21208
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 26 / 2010
Transaction ID: SA11AI.19963
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Chesapeake Urology Associates
 Occupation: Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

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)
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Detailed Summary Page

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(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Steven Siegel, MD
 Mailing Address 17 North Oaks Road
 City State Zip Code
 North Oaks MN 55127
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2010
Transaction ID: SA11AI.20005
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metropolitan Urologic Specialist, PA Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Mark Sigman, MD
 Mailing Address 30 Kristen Ct
 City State Zip Code
 Warwick RI 02888
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 15 / 2010
Transaction ID: SA11AI.19913
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Urological Associates, Inc. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

C. Full Name (Last, First, Middle Initial)
 Dr. Demetrios Simopoulos, MD
 Mailing Address 1633 Terracina Dr.
 City State Zip Code
 El Dorado Hills CA 95762
 Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 08 / 2010
Transaction ID: SA11AI.20272
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Christopher Skomra, MD
 Mailing Address 8372 Black Walnut Drive
 City East Amherst State NY Zip Code 14051
 Date of Receipt 03 / 26 / 2010
Transaction ID: SA11AI.20105
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amherst Urology, P.C. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Sam Spigelman, MD
 Mailing Address 3182 West Adirondack Court
 City Westlake Village State CA Zip Code 91362
 Date of Receipt 03 / 15 / 2010
Transaction ID: SA11AI.19772
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sam Spigelman, M.D., P.C. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Ernesto A. Spinazze, MD
 Mailing Address 8352 E Wilderness Way
 City Shreveport State LA Zip Code 71106
 Date of Receipt 01 / 08 / 2010
Transaction ID: SA11AI.20102
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ernesto A. Spinazze, MD Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

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 94 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Aaron Spitz, MD

Mailing Address 657 Thalia St.

City State Zip Code
Laguna Beach CA 92651

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

Name of Employer Occupation
South Orange County Urological Urologist

Receipt For: 2010 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 535.00

Date of Receipt

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

Transaction ID: SA11AI.19825

Amount of Each Receipt this Period

535.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frank Splann Jr., MD

Mailing Address 4409 Edmondson Ave.

City State Zip Code
Dallas TX 75205

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

Name of Employer Occupation
Urology Associates Urologist

Receipt For: 2010 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.20181

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. W. Patrick Springhart, MD

Mailing Address 116 Waters Edge Drive

City State Zip Code
Shreveport LA 71106

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

Name of Employer Occupation
W. Patrick Springhart, MD Urologist

Receipt For: 2010 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20285

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

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(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. W. Patrick Springhart, MD
 Mailing Address 116 Waters Edge Drive
 City State Zip Code
 Shreveport LA 71106
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 26 / 2010
Transaction ID: SA11AI.20286
 Amount of Each Receipt this Period
 750.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 W. Patrick Springhart, MD Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Adam Christopher Stage, MD
 Mailing Address 583 Demery Blvd.
 City State Zip Code
 Shreveport LA 71115
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 23 / 2010
Transaction ID: SA11AI.20331
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Adam Christopher Stage, MD Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

C. Full Name (Last, First, Middle Initial)
 Dr. Charles Steiger, MD
 Mailing Address 118 Windy Point
 City State Zip Code
 Marietta OH 45750
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 03 / 2010
Transaction ID: SA11AI.20225
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Marietta Urology, Inc. Urologist
 Receipt For: 2010
 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: (check only one)	PAGE 96 / 139
	<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Mark Stein, MD	Date of Receipt MM / DD / YYYY 02 / 26 / 2010
	Mailing Address 151 Mildred Parkway	Transaction ID: SA11AI.20239
	City State Zip Code New Rochelle NY 10804	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Advanced Urology Urologist	
Receipt For: 2010 <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. Joseph Steinberg, MD	Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address 4 Patrey Court	Transaction ID: SA11AI.20145
	City State Zip Code Chester NJ 07930	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Joseph Steinberg, MD Urologist	
Receipt For: 2010 <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. Steven Sterzer, MD	Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address 621 Langel Ct.	Transaction ID: SA11AI.20115
	City State Zip Code Chico CA 95973	Amount of Each Receipt this Period 535.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Steven Kent Sterzer, M.D., Inc. Urologist	
Receipt For: 2010 <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)	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: PAGE 97 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Christopher Scott Stewart, MD
 Mailing Address 5239 E. Turquoise Ave.
 City State Zip Code
 Paradise Valley AZ 85253
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.20273
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Canyon State Urology Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Steven C. Stewart, MD
 Mailing Address 16 W. Highland
 City State Zip Code
 Redlands CA 92373
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 5 / 2 0 1 0
Transaction ID: SA11AI.20241
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loma Linda Univ., Urology Medcl. Goup. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Christopher Stiff, MD
 Mailing Address 752 Highland Avenue
 City State Zip Code
 Salem OH 44460
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.20196
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEO Urological Surgeons Occupation Urologist
 Receipt For: 2010
 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 98 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)
Dr. Bruce Stoesser, MD

Mailing Address 3107 E. 58th St.

City State Zip Code
Tulsa OK 74105

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

Name of Employer: Urologic Specialists of Oklahoma
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.20153

Amount of Each Receipt this Period
250.00

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: Urologic Associates, LTD
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: SA11AI.20074

Amount of Each Receipt this Period
535.00

C.

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

Mailing Address 4265 S. Paddock Pt.

City State Zip Code
Inverness FL 34450

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

Name of Employer: Citrus Urology Associates, P.A.
Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2010

Transaction ID: SA11AI.20242

Amount of Each Receipt this Period
1000.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Ronald S. Suh, MD
 Mailing Address 7956 Thistle Finch
 City State Zip Code
 Brownsburg IN 46112
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 03 / 2010
Transaction ID: SA11AI.20314
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Michigan Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

B. Full Name (Last, First, Middle Initial)
 Dr. Chandru P. Sundaram, MD
 Mailing Address 10554 Coppergate
 City State Zip Code
 Carmel IN 46032
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 26 / 2010
Transaction ID: SA11AI.20161
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Washington Univ. in St. Louis/Schl. Of Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Perry Sutaria, MD
 Mailing Address 39 Buckingham Court
 City State Zip Code
 Randolph NJ 07869
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 26 / 2010
Transaction ID: SA11AI.20208
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Morristown Urology Associates, P.A. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

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: PAGE 100 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr Herme O. Sylora, MD

Mailing Address 608 Prestwick Drive

City State Zip Code
Frankfort IL 60423

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

Name of Employer: Herme O. Sylora, M.D., Lt. d. Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 03 / 10 / 2010
Transaction ID: SA11AI.19895
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Nikolas P. Symbas, MD

Mailing Address 2991 Sequoyah Dr NW

City State Zip Code
Atlanta GA 30327

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

Name of Employer: Urology Associates Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 02 / 23 / 2010
Transaction ID: SA11AI.20266
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Howard Pakho Tay, MD

Mailing Address 8216 N 62nd Pl

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer: Canyon State Urology, P.C. Occupation: urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 03 / 10 / 2010
Transaction ID: SA11AI.20164
Amount of Each Receipt this Period: 1000.00

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 101 / 139
	(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)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. David L. Taylor, MD		Date of Receipt
	Mailing Address 11 Hampshire Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 30 / 2010
	City	State	Zip Code
	Mendham	NJ	07945
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Adult & Pediatric Urology Group		Occupation Urologist	Transaction ID: SA11AI.20243
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1000.00	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Dr. Sanford P. Temes, MD		Date of Receipt
	Mailing Address 4857 Troop R Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 23 / 2010
	City	State	Zip Code
	Manlius	NY	13104
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Syracuse Urology Associates, P.C.		Occupation Urologist	Transaction ID: SA11AI.19803
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1000.00	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Dr. Lance Templeton, MD		Date of Receipt
	Mailing Address 6302 Grand Oak Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 30 / 2010
	City	State	Zip Code
	Alexandria	LA	71301
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Lance E. Templeton, MD		Occupation Urologist	Transaction ID: SA11AI.19836
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 535.00	<input type="text"/> 535.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2535.00
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 102 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Christopher D. Tessier, MD
 Mailing Address 281 Main Street
 City State Zip Code
 Hopkinton NH 03229
 Date of Receipt
 M M / D D / Y Y Y Y
 0 1 / 2 5 / 2 0 1 0
Transaction ID: SA11AI.20110
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christopher D. Tessier, MD Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

B. Full Name (Last, First, Middle Initial)
 Dr. Christopher Thacker, MD
 Mailing Address 341 Stonewood Drive, NW
 City State Zip Code
 Cleveland TN 37311
 Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.20094
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tennessee Valley Urology Center Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Deena H Theiss, MD
 Mailing Address 55 Whitcner Street
 55 Whitcner Street
 City State Zip Code
 Marietta GA 30060
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.20383
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Enterprises Occupation None Indicated
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

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: PAGE 103 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Paul C Thur, MD

Mailing Address 49 Penarth Rd

City State Zip Code
Bala Cynwyd PA 19004

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

Name of Employer Occupation
University of PA Medical Center Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 05 / 2010

Transaction ID: SA11AI.20350

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Murphy Townsend III, MD

Mailing Address 140 Westminster Dr NE

City State Zip Code
Atlanta GA 30309

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

Name of Employer Occupation
Urology Associates Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 23 / 2010

Transaction ID: SA11AI.20100

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Edouard John Trabulsi, MD

Mailing Address 520 Lombard St. Apt. F

City State Zip Code
Philadelphia PA 19147

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

Name of Employer Occupation
Thomas Jefferson University Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 26 / 2010

Transaction ID: SA11AI.20277

Amount of Each Receipt this Period

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 104 / 139
(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
							17

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NAME OF COMMITTEE (In Full)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)
Dr. Brett Andrew Trockman, MD

Mailing Address 133 Carrol Gate

City State Zip Code
Wheaton IL 60187

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

Name of Employer Occupation
Urology Associates of DuPage S.C. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.20224

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 3878 Idlewild Dr.

City State Zip Code
Rocky River OH 44116

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

Name of Employer Occupation
Cleveland Clinic Foundation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.20215

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 7501 W. York Prairie Way

City State Zip Code
Muncie IN 47304

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

Name of Employer Occupation
Urology Associates, LLC Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2010

Transaction ID: SA11AI.20058

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 105 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr. Stephen Roth Vijan, MD

Mailing Address 2150 Strathshire Hall Lane

City Powell State OH Zip Code 43065

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

Name of Employer Stephen Roth Vijan, MD Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 26 / 2010
Transaction ID: SA11AI.20132
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Stanley Wade Jr., MD

Mailing Address 5400 Overbrook Ln.

City Meridian State MS Zip Code 39305

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

Name of Employer Rush Medical Group, P.A. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 08 / 2010
Transaction ID: SA11AI.19784
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert W. Wake, MD

Mailing Address 3053 Wetherby

City Germantown State TN Zip Code 38139

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

Name of Employer Robert W. Wake, MD Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 03 / 2010
Transaction ID: SA11AI.20183
Amount of Each Receipt this Period: 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 106 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)
Dr. Peter Walter, MD

Mailing Address 3723 Crestview Rd.

City State Zip Code
Bemus Point NY 14712

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

Name of Employer Occupation
Jamestown Medical Associates Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.20139

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Eric S Ward, MD

Mailing Address 941 Chatham Ln., Suite 110

City State Zip Code
Columbus OH 43221

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

Name of Employer Occupation
Ohio Urology, Inc. urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: SA11AI.20220

Amount of Each Receipt this Period
535.00

C.

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

Mailing Address 148 Lookout Rd.

City State Zip Code
Mountain Lakes NJ 07046

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

Name of Employer Occupation
Steven Merritt Ware, MD Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: SA11AI.19873

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2535.00**

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 107 / 139

(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Robert L. Waterhouse Jr., MD

Mailing Address 2110 Sharon Ave.

City State Zip Code
Charlotte NC 28211

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

Name of Employer
Piedmont Urology Associates
P.A.

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.20030

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Wilfred Watkins, MD

Mailing Address 1616 Primrose Ln.

City State Zip Code
Nampa ID 83686

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

Name of Employer
Idaho Urology Clinic, P.A.

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

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

Transaction ID: SA11AI.19815

Amount of Each Receipt this Period

1250.00

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
The Urology Group, PLLC

Occupation
Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

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

Transaction ID: SA11AI.20169

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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: PAGE 108 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Whisnant, MD

Mailing Address 5201 Archer Dr., SW

City State Zip Code
Roanoke VA 24014

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

Name of Employer Occupation
Urology Associates, LTD Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2010

Transaction ID: SA11AI.20059

Amount of Each Receipt this Period

535.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ryan G. White, MD

Mailing Address 991 Briarwood Drive

City State Zip Code
Lakewood NY 14750

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

Name of Employer Occupation
Jamestown Area Medical Association Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 26 / 2010

Transaction ID: SA11AI.20343

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. David M Wilhelm, MD

Mailing Address 8008 Monticello Court

City State Zip Code
Amarillo TX 79119

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

Name of Employer Occupation
Amarillo Urology Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 25 / 2010

Transaction ID: SA11AI.20353

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1835.00

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 109 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
Dr. Michael Wilkin, MD

Mailing Address 5723 E. 102nd Street

City State Zip Code
Tulsa OK 74137

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

Name of Employer Occupation
Urology Specialists Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.20347

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Howard J. Williams, MD

Mailing Address 7485 Armstrong Rd

City State Zip Code
Manlius NY 13104

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2010

Transaction ID: SA11AI.19838

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. James D. Williams, MD

Mailing Address 2463 Legends Way

City State Zip Code
Crestview Hills KY 41017

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

Name of Employer Occupation
James D. Williams, MD Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: SA11AI.19837

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 110 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
 Dr. Joseph Howard Williams, MD
 Mailing Address 1922 N 22nd Street
 City State Zip Code
 Boise ID 83702
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 1 0
Transaction ID: SA11AI.19844
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Boise Urology, P.A. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Phillip G. Wise, MD, FACS
 Mailing Address 8694 Wallinwood Farms Ave.
 City State Zip Code
 Jenison MI 49428
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 2 5 / 2 0 1 0
Transaction ID: SA11AI.19973
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advanced Urology Grand Rapids, PLLC Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

C. Full Name (Last, First, Middle Initial)
 Dr. Phillip G. Wise, MD, FACS
 Mailing Address 8694 Wallinwood Farms Ave.
 City State Zip Code
 Jenison MI 49428
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 3 / 2 0 1 0
Transaction ID: SA11AI.19974
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advanced Urology Grand Rapids, PLLC Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 635.00

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: PAGE 111 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph C. Wood, MD

Mailing Address 1305 9th Avenue

City State Zip Code
Conway NC 29526

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

Name of Employer Occupation
Coastal Urology, P.A. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: SA11AI.20223

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Jeffries Wrenn, MD

Mailing Address 407 Cross Vine Lane

City State Zip Code
Greensboro NC 27455

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 26 / 2010

Transaction ID: SA11AI.20079

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew D. Wright, MD

Mailing Address 2403 S. St. Louis Ave.

City State Zip Code
Tulsa OK 74114

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

Name of Employer Occupation
Andrew D. Wright, MD Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2010

Transaction ID: SA11AI.20355

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 112 / 139
(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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

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

Mailing Address 809 Greentree Arch

City State Zip Code
Virginia Beach VA 23451

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

Name of Employer Occupation
James Douglas Young, MD urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
03 / 03 / 2010

Transaction ID: SA11AI.19880

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Eric J. Zeidman, MD

Mailing Address 3500 E. Lincoln Dr., Unit 11

City State Zip Code
Phoenix AZ 85018

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

Name of Employer Occupation
Urology Associates, LTD. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.19998

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael M. Ziegelbaum, MD

Mailing Address 11 Old Colony Lane

City State Zip Code
Great Neck NY 11023

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

Name of Employer Occupation
Lake Success Urological Associates - # Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: SA11AI.20178

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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 113 / 139	
	(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"/> 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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) Dr. Gregg Zimmerman, MD		Date of Receipt																					
	Mailing Address 6 Judy Resnik 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>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	6		2	0	1	0														
	City	State	Zip Code	Transaction ID: SA11AI.20319																				
	Randolph	NJ	07869	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	1000.00																					
Name of Employer Gregg Zimmerman, MD		Occupation Urologist																						
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	1000.00																					

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	184715.00

**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 114 / 139

<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

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.19770

Date of Disbursement

03 / 31 / 2010

Amount of Each Disbursement this Period

1636.82

SUBTOTAL of Disbursements This Page (optional)

1636.82

TOTAL This Period (last page this line number only)

1636.82

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 115 / 139

<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) AYOTTE, KELLY A	Transaction ID: SB23.19720 Date of Disbursement 03 / 02 / 2010
	Mailing Address 4 TUCKERWOOD CT	Amount of Each Disbursement this Period 1000.00
	City NASHUA State NH Zip Code 03064	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) AYOTTE, KELLY A	Transaction ID: SB23.19756 Date of Disbursement 03 / 30 / 2010
	Mailing Address 4 TUCKERWOOD CT	Amount of Each Disbursement this Period 1000.00
	City NASHUA State NH Zip Code 03064	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE	Transaction ID: SB23.19714 Date of Disbursement 02 / 18 / 2010
	Mailing Address 6849 Old Dominion Drive Suite 222	Amount of Each Disbursement this Period 5000.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input 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)

PAGE 116 / 139

<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) BLUMENTHAL, RICHARD	Transaction ID: SB23.19742 Date of Disbursement 03 / 18 / 2010
	Mailing Address 45 CLAPBOARD RIDGE RD	Amount of Each Disbursement this Period 2500.00
	City GREENWICH State CT Zip Code 06830	
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B.	Full Name (Last, First, Middle Initial) BOUSTANY, CHARLES DR. JR.	Transaction ID: SB23.19660 Date of Disbursement 01 / 26 / 2010
	Mailing Address PO Box 80125	Amount of Each Disbursement this Period 1500.00
	City Lafayette State LA Zip Code 70598	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C.	Full Name (Last, First, Middle Initial) BROUN, PAUL COLLINS	Transaction ID: SB23.19708 Date of Disbursement 02 / 18 / 2010
	Mailing Address 1221 Knob Creek Drive	Amount of Each Disbursement this Period 1000.00
	City Athens State GA Zip Code 30606	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

5000.00

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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) BURGESS, MICHAEL C. DR.	Transaction ID: SB23.19644 Date of Disbursement 01 / 18 / 2010
	Mailing Address PO Box 2334	Amount of Each Disbursement this Period 1500.00
	City Denton State TX Zip Code 76202	Category/ Type
	Purpose of Disbursement Redesignate from Primary to General 2010 Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) CASEY, ROBERT P JR	Transaction ID: SB23.19688 Date of Disbursement 02 / 08 / 2010
	Mailing Address PO BOX 58746	Amount of Each Disbursement this Period 1000.00
	City PHILADELPHIA State PA Zip Code 19102	Category/ Type
	Purpose of Disbursement	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) CHABOT, STEVE	Transaction ID: SB23.19744 Date of Disbursement 03 / 18 / 2010
	Mailing Address 3030 Harrison Ave.	Amount of Each Disbursement this Period 1000.00
	City Cincinnati State OH Zip Code 45211	Category/ Type
	Purpose of Disbursement	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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(check only one)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

<p>A. Full Name (Last, First, Middle Initial) CHABOT, STEVE</p> <p>Mailing Address 3030 Harrison Ave.</p> <p>City Cincinnati State OH Zip Code 45211</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 State: OH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19766 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010</p> <p>Mailing Address POST OFFICE BOX 977</p> <p>City MUSKOGEE State OK Zip Code 74402</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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19611 Date of Disbursement 01 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010</p> <p>Mailing Address POST OFFICE BOX 977</p> <p>City MUSKOGEE State OK Zip Code 74402</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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19764 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) COULSON FOR CONGRESS	Transaction ID: SB23.19634 Date of Disbursement 01 / 13 / 2010
	Mailing Address PO BOX 2354	Amount of Each Disbursement this Period 1000.00
	City GLENVIEW State IL Zip Code 60025	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) DAVIS, GEOFFREY C.	Transaction ID: SB23.19638 Date of Disbursement 01 / 15 / 2010
	Mailing Address PO Box 17192	Amount of Each Disbursement this Period 5000.00
	City Ft Mitchell State KY Zip Code 41017	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) DEMINT, JAMES W	Transaction ID: SB23.19748 Date of Disbursement 03 / 30 / 2010
	Mailing Address PO BOX 12425	Amount of Each Disbursement this Period 1000.00
	City COLUMBIA State SC Zip Code 29211	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input 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)
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Detailed Summary Page

FOR LINE NUMBER:
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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial)
DEMINT FOR SENATE COMMITTEE INC

Mailing Address PO BOX 12425

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: SC District: 00

Transaction ID: SB23.19664
Date of Disbursement

01 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

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

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: SB23.19614
Date of Disbursement

01 / 08 / 2010

Amount of Each Disbursement this Period

5000.00

C. 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

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: District:

Transaction ID: SB23.19658
Date of Disbursement

01 / 21 / 2010

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) ►

16000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE Mailing Address 120 MARYLAND AVE NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19654 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 15000.00 Category/Type
B. Full Name (Last, First, Middle Initial) FISHER FOR OHIO Mailing Address PO BOX 1418 City COLUMBUS State OH Zip Code 43216 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19690 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type
C. Full Name (Last, First, Middle Initial) FUDGE, MARCIA L Mailing Address 26910 EMERY RD City WARRENSVILLE HTS State OH Zip Code 44128 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19652 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

17500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) GERLACH, JIM	Transaction ID: SB23.19630 Date of Disbursement 01 / 13 / 2010
	Mailing Address 649 DEEP HOLLOW LANE	Amount of Each Disbursement this Period 1000.00
	City CHESTER SPRINGS State PA Zip Code 19425	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS	Transaction ID: SB23.19628 Date of Disbursement 01 / 13 / 2010
	Mailing Address PO Box U	Amount of Each Disbursement this Period 1000.00
	City Marietta State GA Zip Code 30060	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS	Transaction ID: SB23.19752 Date of Disbursement 03 / 30 / 2010
	Mailing Address PO Box U	Amount of Each Disbursement this Period 1000.00
	City Marietta State GA Zip Code 30060	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

<p>A. Full Name (Last, First, Middle Initial) GONZALEZ, CHARLES A.</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</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 State: TX District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19768 Date of Disbursement 03 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) HASTINGS, DOC</p> <p>Mailing Address PO BOX 2926</p> <p>City PASCO State WA Zip Code 99302</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 State: WA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19636 Date of Disbursement 01 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) HECK, JOE</p> <p>Mailing Address PO BOX 750114</p> <p>City LAS VEGAS State NV Zip Code 89136</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 State: NV District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19710 Date of Disbursement 02 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) HERSETH SANDLIN, STEPHANIE M	Transaction ID: SB23.19662 Date of Disbursement 01 / 26 / 2010
	Mailing Address PO Box 2009	
	City Sioux Falls State SD Zip Code 57101	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: SD District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) HIGGINS, BRIAN	Transaction ID: SB23.19622 Date of Disbursement 01 / 11 / 2010
	Mailing Address PO Box 28	
	City Buffalo State NY Zip Code 14220	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: NY District: 27	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) HUNTER, DUNCAN	Transaction ID: SB23.19730 Date of Disbursement 03 / 08 / 2010
	Mailing Address 9340 FUERTE DRIVE SUITE 302	
	City LA MESA State CA Zip Code 91941	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: 52	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input 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)
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Detailed Summary Page

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) HUNTER, DUNCAN	Transaction ID: SB23.19754 Date of Disbursement 03 / 30 / 2010
	Mailing Address 9340 FUERTE DRIVE SUITE 302	Amount of Each Disbursement this Period 1000.00
	City LA MESA State CA Zip Code 91941	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) KAGEN, STEVEN L	Transaction ID: SB23.19758 Date of Disbursement 03 / 30 / 2010
	Mailing Address 1712 S. Mason St.	Amount of Each Disbursement this Period 4000.00
	City Appleton State WI Zip Code 54914	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) KIRK, MARK STEVEN	Transaction ID: SB23.19740 Date of Disbursement 03 / 15 / 2010
	Mailing Address 275 WHISTLER ROAD	Amount of Each Disbursement this Period 1000.00
	City HIGHLAND PARK State IL Zip Code 60035	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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)
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Detailed Summary Page

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(check only one)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) KRATOVIL, FRANK M MR. JR	Transaction ID: SB23.19646 Date of Disbursement 01 / 18 / 2010
	Mailing Address 222 Main Sail PO Box 518	Amount of Each Disbursement this Period 2500.00
	City Stevensville State MD Zip Code 21666	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) LARSON, JOHN B	Transaction ID: SB23.19670 Date of Disbursement 01 / 28 / 2010
	Mailing Address 1887 OLD MAIN STREET	Amount of Each Disbursement this Period 5000.00
	City EAST HARTFORD State CT Zip Code 06108	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) LEE, CHRISTOPHER J.	Transaction ID: SB23.19678 Date of Disbursement 01 / 28 / 2010
	Mailing Address 6347 Everwood Ct N.	Amount of Each Disbursement this Period 1000.00
	City East Amherst State NY Zip Code 14051	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) LEWIS, JOHN R.	Transaction ID: SB23.19692 Date of Disbursement 02 / 08 / 2010
	Mailing Address 2015 Wallace Rd.	Amount of Each Disbursement this Period 1500.00
	City Atlanta State GA Zip Code 30331	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) MCCOTTER, THADDEUS G. MR.	Transaction ID: SB23.19632 Date of Disbursement 01 / 13 / 2010
	Mailing Address 18430 Golfview Street	Amount of Each Disbursement this Period 1000.00
	City Livonia State MI Zip Code 48152	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) MCINTYRE, MIKE	Transaction ID: SB23.19726 Date of Disbursement 03 / 08 / 2010
	Mailing Address 1701 North Chestnut Street	Amount of Each Disbursement this Period 1000.00
	City Lumberton State NC Zip Code 28358	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3500.00

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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS	Transaction ID: SB23.19674 Date of Disbursement 01 / 28 / 2010	
	Mailing Address 6520 Village Parkway Second Floor		
	City Dublin State CA Zip Code 94568	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) MEEHAN, PATRICK L	Transaction ID: SB23.19728 Date of Disbursement 03 / 08 / 2010	
	Mailing Address PO BOX 308		
	City DREXEL HILL State PA Zip Code 19026	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) MEEK, KENDRICK B	Transaction ID: SB23.19712 Date of Disbursement 02 / 18 / 2010	
	Mailing Address 111 NW 183RD STREET SUITE 325		
	City MIAMI State FL Zip Code 33169	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) MIKULSKI, BARBARA A	Transaction ID: SB23.19722 Date of Disbursement
	Mailing Address PO BOX 13147	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City BALTIMORE State MD Zip Code 21203	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE	Transaction ID: SB23.19616 Date of Disbursement
	Mailing Address P O B 13147	<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City BALTIMORE State MD Zip Code 21203	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS	Transaction ID: SB23.19734 Date of Disbursement
	Mailing Address P O Box 288	<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City MERIDIAN State ID Zip Code 83642	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4400.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

<p>A. Full Name (Last, First, Middle Initial) MURPHY, TIM</p> <p>Mailing Address 221 Brookside Blvd.</p> <p>City Pittsburgh State PA Zip Code 15241</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19642 Date of Disbursement 01 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Mailing Address 320 FIRST STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19696 Date of Disbursement 02 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 10000.00</p>
<p>C. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Mailing Address 320 FIRST STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19736 Date of Disbursement 03 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

16000.00

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)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

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

Transaction ID: SB23.19672

Date of Disbursement

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

Mailing Address 425 SECOND STREET NE

Amount of Each Disbursement this Period

500.00

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

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

Transaction ID: SB23.19698

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	0

Mailing Address 425 SECOND STREET NE

Amount of Each Disbursement this Period

10000.00

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
POMEROY, EARL R.

Transaction ID: SB23.19706

Date of Disbursement

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

Mailing Address Post Office Box 9336

Amount of Each Disbursement this Period

1000.00

City Fargo State ND Zip Code 58106

Purpose of Disbursement
Redesignate from Primary to General 2010

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: ND District: 00

SUBTOTAL of Disbursements This Page (optional)

11500.00

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)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A. Full Name (Last, First, Middle Initial) PORTMAN, ROB <hr/> Mailing Address 8331 LITTLE HARBOR DRIVE <hr/> City CINCINNATI State OH Zip Code 45244 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00	Transaction ID: SB23.19724 Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2010	
	Amount of Each Disbursement this Period <input type="text"/> 2000.00	
	Full Name (Last, First, Middle Initial) PRICE, THOMAS EDMUNDS <hr/> Mailing Address P.O. Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06	Transaction ID: SB23.19700 Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2010
	Amount of Each Disbursement this Period <input type="text"/> 1000.00	
C. Full Name (Last, First, Middle Initial) REID, HARRY <hr/> Mailing Address PO BOX 19163 <hr/> City LAS VEGAS State NV Zip Code 89132 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 00	Transaction ID: SB23.19648 Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2010	
Amount of Each Disbursement this Period <input type="text"/> 1000.00		

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) RODRIGUEZ, CIRO D.	Transaction ID: SB23.19760 Date of Disbursement 03 / 30 / 2010
	Mailing Address PO Box 14528	
	City San Antonio State TX Zip Code 78214	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Redesignate from Primary to General 2010	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) ROGERS, MICHAEL J	Transaction ID: SB23.19640 Date of Disbursement 01 / 18 / 2010
	Mailing Address 6899 CORRIGAN DRIVE	
	City BRIGHTON State MI Zip Code 48116	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: MI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) ROGERS, MICHAEL J	Transaction ID: SB23.19716 Date of Disbursement 03 / 02 / 2010
	Mailing Address 6899 CORRIGAN DRIVE	
	City BRIGHTON State MI Zip Code 48116	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SCHIFF, ADAM</p> <p>Mailing Address 777 S. Figueroa St., Ste. 4050 Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</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 State: CA District: 29</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19624</p> <p>Date of Disbursement MM / DD / YYYY 01 / 11 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SCHMIDT, JEANNETTE H</p> <p>Mailing Address 771 WARDS CORNER RD</p> <p>City LOVELAND State OH Zip Code 45140</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 State: OH District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19718</p> <p>Date of Disbursement MM / DD / YYYY 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SCHRADER, KURT</p> <p>Mailing Address 2525 N BAKER DRIVE</p> <p>City CANBY State OR Zip Code 97013</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 State: OR District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19682</p> <p>Date of Disbursement MM / DD / YYYY 01 / 28 / 2010</p> <p>Amount of Each Disbursement this Period <input type="text" value="1500.00"/></p>

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)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) SCHUMER, CHARLES E	Transaction ID: SB23.19680 Date of Disbursement 01 / 28 / 2010
	Mailing Address 509 MADISON AVE	Amount of Each Disbursement this Period 1000.00
	City NEW YORK State NY Zip Code 10022	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) SHELBY, RICHARD C	Transaction ID: SB23.19738 Date of Disbursement 03 / 15 / 2010
	Mailing Address PO BOX 1091	Amount of Each Disbursement this Period 1000.00
	City TUSCALOOSA State AL Zip Code 35403	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) SHELBY FOR U S SENATE	Transaction ID: SB23.19668 Date of Disbursement 01 / 26 / 2010
	Mailing Address POST OFFICE BOX 1091	Amount of Each Disbursement this Period 2000.00
	City TUSCALOOSA State AL Zip Code 35403	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.</p> <p>Mailing Address P.O. BOX 40233 P.O. BOX 40233</p> <p>City FORT WAYNE State IN Zip Code 46804</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 State: IN District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19676</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SPACE, ZACHARY T</p> <p>Mailing Address 4 PARKVIEW DRIVE</p> <p>City DOVER State OH Zip Code 44622</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 State: OH District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19694</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SPECTER, ARLEN</p> <p>Mailing Address 4111 TIMBER LANE</p> <p>City PHILADELPHIA State PA Zip Code 19122</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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19702</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

SPECTER, ARLEN

Mailing Address 4111 TIMBER LANE

City PHILADELPHIA State PA Zip Code 19122

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.19704

Date of Disbursement

02 / 16 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.19686

Date of Disbursement

02 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address P. O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.19618

Date of Disbursement

01 / 08 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.	Full Name (Last, First, Middle Initial) VITTER, DAVID Mailing Address 238 HELICE AVENUE City METAIRIE State LA Zip Code 70005 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19746 Date of Disbursement 03 / 29 / 2010 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address PO Box 5458 PO BOX 5458 City Springfield State IL Zip Code 62705 Purpose of Disbursement Changed to 2010 Primary Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19626 Date of Disbursement 01 / 13 / 2010 Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address PO Box 5458 PO BOX 5458 City Springfield State IL Zip Code 62705 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19750 Date of Disbursement 03 / 30 / 2010 Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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)

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<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 - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPA)

A.

Full Name (Last, First, Middle Initial)

WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: KY District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.19650

Date of Disbursement

01 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

166400.00