

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 C00273003 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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

5. Covering Period 07 01 2010 through 09 30 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 02 23 2011

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		167966.89
(b) Cash on Hand at Beginning of Reporting Period	179055.04	
(c) Total Receipts (from Line 19)	57480.00	358354.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	236535.04	526320.89
7. Total Disbursements (from Line 31)	83134.35	372920.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	153400.69	153400.69
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - 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)	53785.00	336055.00
(ii) Unitemized	3695.00	22299.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	57480.00	358354.00
(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)	57480.00	358354.00
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))	57480.00	358354.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57480.00	358354.00

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.....	634.35	5020.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	634.35	5020.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82500.00	367900.00
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))..	83134.35	372920.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83134.35	372920.20

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)	57480.00	358354.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57480.00	358354.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	634.35	5020.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	634.35	5020.20

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 65
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Dr. Randy Brett Ackerman, MD

Mailing Address 49 Tenby Chase Dr.

City State Zip Code
Voorhees NJ 08043

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

Name of Employer Center for Urologic Care Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: SA11AI.21127

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. George Adams Jr., MD

Mailing Address 812 Caledonian Way

City State Zip Code
Vestavia Hills AL 35242

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

Name of Employer Norwood Clinic Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: SA11AI.21105

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory Steven Adey, MD

Mailing Address 10 Bridle Path

City State Zip Code
Palmouth ME 04105

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

Name of Employer Fore River Urology Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: SA11AI.21147

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 7 / 65
(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. Justin Michael Albani, MD

Mailing Address 6225 N Forest Drive

City Parkville State MO Zip Code 64152

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

Name of Employer Urology Specialists, PC Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 15 / 2010
Transaction ID: SA11AI.21140
Amount of Each Receipt this Period 250.00

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

Mailing Address 4405 3rd St., NW

City Hickory State NC Zip Code 28601

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

Name of Employer Viewmont Urology Clinic, P.A. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2010
Transaction ID: SA11AI.21048
Amount of Each Receipt this Period 250.00

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

Mailing Address 8627 Juniper Lane

City Prarie Village State KS Zip Code 66207

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 08 / 2010
Transaction ID: SA11AI.21096
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 8 / 65
(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. Mark Bradley Baker, MD

Mailing Address 3821 W Santiago Street

City Tampa State FL Zip Code 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 ▼ 500.00

Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.21145

Amount of Each Receipt this Period 250.00

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

Mailing Address 4676 Main St.

City Amherst State NY Zip Code 14226

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

Name of Employer Buffalo Urology Associates, PC Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1535.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.21029

Amount of Each Receipt this Period 535.00

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth Belkoff, DO

Mailing Address 1106 N. El Dorado Place

City Tucson State AZ Zip Code 85715

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

Name of Employer Arizona Institute of Urology Occupation None Indicated

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2010
Transaction ID: SA11AI.21168

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 9 / 65
(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. Gary Lee Berger, MD

Mailing Address PO Box 3510

City State Zip Code
Placida FL 33946

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

Name of Employer Gary L. Berger, M.D., F.A.-C.S., P.A. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11AI.21006

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Bipin N. Bhayani, MD

Mailing Address 310 Barrington Dr.

City State Zip Code
Bourbonnais IL 60914

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

Name of Employer Bipin N. Bhayani, M.D., S.C. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2010

Transaction ID: SA11AI.21083

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Vincent Mike Bivins, MD

Mailing Address 5495 Scout Trace Ln.

City State Zip Code
Hoover AL 35244

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

Name of Employer Naval Medical Center Portsmouth Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: SA11AI.21134

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 10 / 65
(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 Eric Brewer Jr., MD

Mailing Address 3221 Paige Ln.

City Vestavia State AL Zip Code 35243

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

Name of Employer Michael E. Brewer Jr., MD, PC Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.21113
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1221 W. 68th Terrace

City Kansas City State MO Zip Code 64113

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

Name of Employer Mark J. Brodkey, M.D., PC Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 16 / 2010
Transaction ID: SA11AI.21037
Amount of Each Receipt this Period: 250.00

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

Mailing Address 33 Bramley Road

City Moorestown State NJ Zip Code 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 ▼ 1535.00

Date of Receipt: 09 / 08 / 2010
Transaction ID: SA11AI.21111
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 11 / 65
(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 Richmond State VA Zip Code 23221

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

Name of Employer Virginia Urology Center Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1285.00

Date of Receipt: 09 / 22 / 2010
Transaction ID: SA11AI.21104
 Amount of Each Receipt this Period: 535.00

B. Full Name (Last, First, Middle Initial)
Dr. Charles E. Bugg Jr., MD

Mailing Address 613 Dexter Avenue

City Birmingham State AL Zip Code 35213

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

Name of Employer UAB Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.21130
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Raviender Bukkapatnam, MD

Mailing Address 92 Adriatic Ave.

City Tampa State FL Zip Code 33606

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

Name of Employer Florida Urology Partnersh- ip, LLP Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.21139
 Amount of Each Receipt this Period: 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 12 / 65
(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 Bux, MD

Mailing Address 968 Taylor School Rd.

City London State KY Zip Code 40741

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

Name of Employer Laurel Med. Ctr. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.21000
Amount of Each Receipt this Period 250.00

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

Mailing Address 535 Dahlia Street

City Denver State CO Zip Code 80220

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

Name of Employer Foot Hills Urology Occupation urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1070.00

Date of Receipt: 09 / 22 / 2010
Transaction ID: SA11AI.21098
Amount of Each Receipt this Period 535.00

C. Full Name (Last, First, Middle Initial)
Dr. Anthony Cantwell, MD

Mailing Address 1103 Oxbridge Lane

City Ormond Beach State FL Zip Code 32174

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 ▼ 535.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.21044
Amount of Each Receipt this Period 535.00

SUBTOTAL of Receipts This Page (optional) ► **1320.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 65
(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 Challenger, MD
 Mailing Address 706 Weaver Court
 City State Zip Code
 Wheaton IL 60187
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 08 / 2010
Transaction ID: SA11AI.21051
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Associates of DuPage Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
 Dr. Brian S. Christine, MD
 Mailing Address 506 Dexter Ave.
 City State Zip Code
 Birmingham AL 35213
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 31 / 2010
Transaction ID: SA11AI.21076
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Centers of Alabama, P.C. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 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
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 11 / 2010
Transaction ID: SA11AI.21073
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Seven Hills Urology Center, Inc. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 65
(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 Cook, MD

Mailing Address 1304 Langhore Road

City Lynchburg State VA Zip Code 24503

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

Name of Employer Seven Hills Urology Center Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 27 / 2010
Transaction ID: SA11AI.21018
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey T. Cooper, MD

Mailing Address 4033 Talbot Road S, #350

City Renton State WA Zip Code 98055

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

Name of Employer Valley Urology Center Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 08 / 2010
Transaction ID: SA11AI.21169
Amount of Each Receipt this Period 250.00

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

Mailing Address 6061 E. Barz Lane

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Urology Associates Ltd. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 06 / 2010
Transaction ID: SA11AI.21102
Amount of Each Receipt this Period 1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 65
	<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. Mark S. DeGuenther, MD		Date of Receipt MM / DD / YYYY 08 / 31 / 2010	
	Mailing Address 4148 Sharpsburg Dr.		Transaction ID: SA11AI.21125	
	City	State	Zip Code	Amount of Each Receipt this Period
	Birmingham	AL	35213	1000.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Urology Centers of Alabama, 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. Rodney Lowell Dennis, MD		Date of Receipt MM / DD / YYYY 08 / 31 / 2010	
	Mailing Address 2600 Highland Ave S, Apt 703		Transaction ID: SA11AI.21026	
	City	State	Zip Code	Amount of Each Receipt this Period
	Birmingham	AL	35205	1000.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Urology Centers of Alabama, 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. Steven J. DiBiase, MD		Date of Receipt MM / DD / YYYY 07 / 14 / 2010	
	Mailing Address 840 Matlack Dr.		Transaction ID: SA11AI.21152	
	City	State	Zip Code	Amount of Each Receipt this Period
	Moorestown	NJ	08057	1000.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Delaware Valley Urology, LLC		Occupation SBUR		
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: (check only one)	PAGE 16 / 65
	<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. Timothy Duffin, MD		Date of Receipt MM / DD / YYYY 09 / 03 / 2010		
	Mailing Address 407 Bentbrook Dr.		Transaction ID: SA11AI.21053		
	City Clarksville	State TN	Zip Code 37043	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Timothy K. Duffin, 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 ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. Matthew D. DuMont, MD		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 9716 Gunston Hall Rd.		Transaction ID: SA11AI.21136		
	City Fredericksburg	State VA	Zip Code 22408	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Urology Associates of Fredericksburg	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. Robert Dwyer, MD		Date of Receipt MM / DD / YYYY 09 / 08 / 2010		
	Mailing Address 76 Ingham Hill Rd.		Transaction ID: SA11AI.21016		
	City Essex	State CT	Zip Code 06426	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Middlesex Urology, PC	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 17 / 65
(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 Eaton, MD

Mailing Address 1463 Canoochee Dr. NE

City Atlanta State GA Zip Code 30319

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 ▼ 1535.00

Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.21133
Amount of Each Receipt this Period 535.00

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

Mailing Address 519 N. Pinehurst Ave.

City Salisbury State MD Zip Code 21801

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 ▼ 1070.00

Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.21135
Amount of Each Receipt this Period 535.00

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

Mailing Address 711 Woodmont Circle

City Batesville State AR Zip Code 72501

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 ▼ 500.00

Date of Receipt 09 / 03 / 2010
Transaction ID: SA11AI.21062
Amount of Each Receipt this Period 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 65
(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. Gregg Eure, MD
 Mailing Address 1301 Kildeer Ct.
 City State Zip Code
 Virginia Beach VA 23451
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 1 0
Transaction ID: SA11AI.21082
 Amount of Each Receipt this Period
 100.00
 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 ▼
 350.00

B. 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
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 1 0
Transaction ID: SA11AI.21149
 Amount of Each Receipt this Period
 250.00
 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 ▼
 500.00

C. Full Name (Last, First, Middle Initial)
 Dr. Cynthia Ann Fairfax, MD
 Mailing Address 4350 Hill Road
 City State Zip Code
 Boise ID 83703
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.21117
 Amount of Each Receipt this Period
 250.00
 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

SUBTOTAL of Receipts This Page (optional) ► **600.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 65
	<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 Flanigan, MD		Date of Receipt
	Mailing Address 323 Harris Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2010
	City	State	Zip Code
	Clarendon Hills	IL	60514
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21094
Name of Employer Loyola Univ. Medical School		Occupation Meeting	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

B.	Full Name (Last, First, Middle Initial) Dr. Mark D. Fritzier, MD		Date of Receipt
	Mailing Address 740 Rebecca Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2010
	City	State	Zip Code
	Chico	CA	95973
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21084
Name of Employer Mark D. Fritzier, MD		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"/> 500.00

C.	Full Name (Last, First, Middle Initial) Dr. Ruben Luis Garcia Jr., MD		Date of Receipt
	Mailing Address 5665 Impala South		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 08 / 2010
	City	State	Zip Code
	Athens	TX	75751
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21047
Name of Employer Urology Center of East Texas, P.A.		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"/> 750.00
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 20 / 65
(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. Clifford D. Gluck, MD

Mailing Address 78 Morton Road

City State Zip Code
Milton MA 02186

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

Name of Employer: Mass Bay Urologic Associates, P.C. Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 09 / 08 / 2010
Transaction ID: SA11AI.21070
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Christopher W. Graham, MD

Mailing Address 110 Kennedy Ave., Apt 2

City State Zip Code
San Antonio TX 78209

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

Name of Employer: Urology San Antonio, P.A. Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt: 09 / 22 / 2010
Transaction ID: SA11AI.21060
Amount of Each Receipt this Period: 535.00

C. Full Name (Last, First, Middle Initial)
Dr. Jason Michael Greenfield, MD

Mailing Address 600 Columbus Ave, #13L

City State Zip Code
New York NY 10024

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

Name of Employer: Columbia University Medical Center Occupation: Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 08 / 2010
Transaction ID: SA11AI.21148
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 65

(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 T. Grissom, MD

Mailing Address 419 Woodgate Blvd.

City State Zip Code
Baton Rouge LA 70808

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

Name of Employer Occupation
Louisiana Urology, LLC 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
09 / 15 / 2010

Transaction ID: SA11AI.21032

Amount of Each Receipt this Period

250.00

B.

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 Occupation
Specialists in Urology, P.A. Urologist

Receipt For: 2010 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 785.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2010

Transaction ID: SA11AI.21067

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lee N. Hammontree, MD

Mailing Address 4923 Spring Rock Road

City State Zip Code
Birmingham AL 35223

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) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2010

Transaction ID: SA11AI.21081

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 65
	<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. Keith Andrew Harmon, MD

Mailing Address 30 Cobble Lane

City Basking Ridge State NJ Zip Code 07920

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

Name of Employer Somerset Urological Associates Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2010
Transaction ID: SA11AI.21103
 Amount of Each Receipt this Period 1000.00

B.

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 ▼ 1535.00

Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.21034
 Amount of Each Receipt this Period 535.00

C.

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

Mailing Address 9 Montevallo Ln.

City Birmingham State AL Zip Code 35213

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

Name of Employer Urology Centers of Alabama Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.21162
 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 23 / 65
(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 Kabalin, MD, FACS

Mailing Address 1214 Meadowlark Dr.

City State Zip Code
Scottsbluff NE 69361

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

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

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2010

Transaction ID: SA11AI.21118

Amount of Each Receipt this Period
535.00

B.

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

Mailing Address 6139 California St.

City State Zip Code
San Francisco CA 94121

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

Name of Employer: Pan Pacific Urology/Surgical Associate 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 Y
09 / 08 / 2010

Transaction ID: SA11AI.21092

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Iver Kasenetz, MD

Mailing Address 4028 Elliott St.

City State Zip Code
Alexandria VA 22304

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

Name of Employer: Iver Kasenetz, M.D. 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
08 / 25 / 2010

Transaction ID: SA11AI.20997

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 24 / 65
(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. Jae Hong Kim, MD

Mailing Address 1039 Sean Circle

City State Zip Code
Darien IL 60561

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: SA11AI.21095

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Matthew C Kincade, MD

Mailing Address 2315 Pinehurst Street

City State Zip Code
Tyler TX 75703

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

Name of Employer Matthew C Kincade, MD Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2010

Transaction ID: SA11AI.21163

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1238 SE 5th St.

City State Zip Code
Ocala FL 34471

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

Name of Employer Ocala Urology Specialist, P.A. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2010

Transaction ID: SA11AI.21049

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 25 / 65
(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 McRae Kitchens, MD
 Mailing Address 3501 Cliff Road S.
 City Birmingham State AL Zip Code 35205
 Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.21142
 Amount of Each Receipt this Period 1000.00
 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 ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Alfred Kopecky, MD
 Mailing Address 112 Hollywood
 City Victoria State TX Zip Code 77904
 Date of Receipt 09 / 08 / 2010
Transaction ID: SA11AI.21004
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alfred A. Kopecky M.D. P.-A. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial)
 Dr. Brian J Larson, MD
 Mailing Address 3485 Independence Drive
 City Homewood State AL Zip Code 35209
 Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.21171
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Centers of Alabama Occupation Radiology
 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 26 / 65
(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. John Lasater, MD
 Mailing Address 3602 Country Club Road
 City State Zip Code
 New Bern NC 28562
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 15 / 2010
Transaction ID: SA11AI.21057
 Amount of Each Receipt this Period
 535.00
 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 ▼
 1070.00

B. Full Name (Last, First, Middle Initial)
 Dr. John C. Lin, MD
 Mailing Address 1654 S. Marble Street
 City State Zip Code
 Gilbert AZ 85295
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 08 / 2010
Transaction ID: SA11AI.21128
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sunrise Urology, PC Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1535.00

C. Full Name (Last, First, Middle Initial)
 Dr. Nancy Little, MD
 Mailing Address 1471 E. Peltier Rd.
 City State Zip Code
 Acampo CA 95220
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 08 / 2010
Transaction ID: SA11AI.21072
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lodi Medical Group, Inc. 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: (check only one)	PAGE 27 / 65
	<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. Leo L. Lowentritt Jr., MD		Date of Receipt
	Mailing Address 1907 White Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2010
	City	State	Zip Code
	Alexandria	LA	71301
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21090
Name of Employer Leo L. Lowentritt Jr., MD		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
		<input type="text"/> 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Roger Lubbers, MD		Date of Receipt
	Mailing Address 2156 Gretchen Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 08 / 2010
	City	State	Zip Code
	Bettendorf	IA	52722
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20995
Name of Employer Urological Group, Ltd.		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
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Kin W. Lui, MD		Date of Receipt
	Mailing Address 420 E 51st Stret		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 31 / 2010
	City	State	Zip Code
	New York	NY	10022
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.21035
Name of Employer Kin W. Lui, MD		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
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
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 28 / 65
(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. Zahi Makhuli, MD
 Mailing Address 100 Holly Circle
 City Fayetteville State NY Zip Code 13066
 Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.21078
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Urology Associates, Inc. Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date 500.00

B. Full Name (Last, First, Middle Initial)
 Dr. Nicolisa De Souza Massie, MD
 Mailing Address 324 La Prado Cir.
 City Birmingham State AL Zip Code 35209
 Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.21077
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Centers of Alabama PC Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Alfred Walter Mazur, MD
 Mailing Address 1102 Hampton Road
 City Douglas State GA Zip Code 31533
 Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.21061
 Amount of Each Receipt this Period 535.00
 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 785.00

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 / 65
(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. Kevin M. McEvoy, MD
 Mailing Address 901 SW Palentine Hill Rd.
 City State Zip Code
 Portland OR 97219
 Date of Receipt
 M M / D D / Y Y Y Y
 09 22 / 2010
Transaction ID: SA11AI.21015
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Urology Clinic, P.C. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Douglas McKinney, MD
 Mailing Address 636 Rivendell Dr.
 City State Zip Code
 Bridgeport WV 26330
 Date of Receipt
 M M / D D / Y Y Y Y
 08 31 / 2010
Transaction ID: SA11AI.21074
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Douglas E. McKinney, M.D. Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Vance Frederick Merhoff, MD
 Mailing Address 11 Oak Road
 City State Zip Code
 Salisbury NC 28144
 Date of Receipt
 M M / D D / Y Y Y Y
 08 31 / 2010
Transaction ID: SA11AI.21123
 Amount of Each Receipt this Period
 535.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Salisbury Urology 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 30 / 65
(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 Griffin Merriam, MD
 Mailing Address 106 Walnut Street
 City State Zip Code
 Wayne PA 19087
 Date of Receipt
 M M / D D / Y Y Y Y
 07 14 2010
Transaction ID: SA11AI.21154
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Center of Chester Urologist
 County
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Hamayun Mian, MD
 Mailing Address 1541 Mesa Dr.
 City State Zip Code
 Green Bay WI 54313
 Date of Receipt
 M M / D D / Y Y Y Y
 09 22 2010
Transaction ID: SA11AI.21122
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Associates of Green Bay Urologist
 County
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. James Robert Monroe Jr., MD
 Mailing Address 320 Riverside Dr
 City State Zip Code
 Greenville SC 29605
 Date of Receipt
 M M / D D / Y Y Y Y
 09 22 2010
Transaction ID: SA11AI.21024
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Greenville Urology, P.A. Urologist
 County
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 65
	<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. Thomas Moody, MD		Date of Receipt																					
	Mailing Address 801 Euclid Ave.		<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>8</td><td></td><td>3</td><td>1</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	8		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		3	1		2	0	1	0														
	City State Zip Code Birmingham AL 35213		Transaction ID: SA11AI.21040																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																						
Name of Employer Thomas E. Moody, 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. Judd W. Moul, MD, FACS		Date of Receipt																					
	Mailing Address 224 Galway 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>9</td><td></td><td>0</td><td>3</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	9		0	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		0	3		2	0	1	0														
	City State Zip Code Chapel Hill NC 27517		Transaction ID: SA11AI.21055																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer CTR. Prostate Dis. Research		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. Brian Patrick Murray, MD		Date of Receipt																					
	Mailing Address 41 St. Agnes Lane		<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>9</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	9		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	5		2	0	1	0														
	City State Zip Code Loudonville NY 12211		Transaction ID: SA11AI.21121																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 535.00																						
Name of Employer Capital Region Urological 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																						

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 32 / 65
(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. Donald Mykulak, MD

Mailing Address 1200 Cowperthwaite Rd

City State Zip Code
Bedminster NJ 07921

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

Name of Employer Skylands Urology Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **535.00**

Date of Receipt **08 / 23 / 2010**

Transaction ID: SA11AI.21124

Amount of Each Receipt this Period **535.00**

B. Full Name (Last, First, Middle Initial)
Dr. Dennis A. Pessis, MD

Mailing Address 362 Whistler

City State Zip Code
Highland Park IL 60035

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

Name of Employer Affiliated Urologists, LT-D. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 08 / 2010**

Transaction ID: SA11AI.21063

Amount of Each Receipt this Period **250.00**

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

Mailing Address 5 Tunbridge Turn

City State Zip Code
Bourbonnais IL 60914

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

Name of Employer Joseph Benedict Pigato, MD Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 08 / 2010**

Transaction ID: SA11AI.21101

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 33 / 65
(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. Stephen H. Ponas, MD
 Mailing Address 6526 E. Gelding
 City State Zip Code
 Scottsdale AZ 85254
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 22 / 2010
Transaction ID: SA11AI.21106
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Urologists Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Bryant Emory Poole, MD
 Mailing Address 3500 Westchester Rd.
 City State Zip Code
 Birmingham AL 35223
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 31 / 2010
Transaction ID: SA11AI.21080
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Healthsouth Medical Center Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Bartholomew Radolinski, MD
 Mailing Address 412 Nature Lane
 City State Zip Code
 Rockville MD 20850
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 08 / 2010
Transaction ID: SA11AI.21166
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urological Consultants, PA 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 34 / 65
(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. Josh M. Randall, MD

Mailing Address 30552 La Vue

City Laguna Niguel State CA Zip Code 92677

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

Name of Employer Josh M. Randall, MD Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt: 09 / 15 / 2010
Transaction ID: SA11AI.21144
Amount of Each Receipt this Period: 535.00

B. Full Name (Last, First, Middle Initial)
Dr. F. Rommel, MD

Mailing Address 541 Stonehenge Dr.

City Lititz State PA Zip Code 17543

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

Name of Employer Urology Associates of Lancaster, Ltd. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 09 / 08 / 2010
Transaction ID: SA11AI.21064
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Sergio J. Rybka, MD

Mailing Address 1111 Tracy PL.

City Carlsbad State NM Zip Code 88220

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

Name of Employer Sergio J. Rybka, M.D., P.-C. Occupation Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 15 / 2010
Transaction ID: SA11AI.21036
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 35 / 65
(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. Kevin Sanders, MD
 Mailing Address 102 Nottoway Turn
 City Yorktown State VA Zip Code 23693
 Date of Receipt 08 / 27 / 2010
Transaction ID: SA11AI.21108
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology of Virginia Occupation Other Mental Health Professional
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Francis Schanne, MD
 Mailing Address 632 Olympia Hills Cir.
 City Berwyn State PA Zip Code 19312
 Date of Receipt 09 / 08 / 2010
Transaction ID: SA11AI.21010
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US Army Occupation Urologist
 Receipt For: 2010
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Joseph M. Schultz, MD
 Mailing Address 20 Croydon Road
 City Mobile State AL Zip Code 36608
 Date of Receipt 08 / 31 / 2010
Transaction ID: SA11AI.21087
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mobile Urology Group, P.A. Occupation 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 36 / 65
(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. J. Shaheen, MD

Mailing Address 25541 Halienda Pl

City State Zip Code
Carmel CA 93923

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

Name of Employer Occupation
Monterey 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 Y
 0 8 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.21052

Amount of Each Receipt this Period
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

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

Name of Employer Occupation
University Urological Associates, Inc. Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1535.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.21033

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Herbert Sohn, MD, JD

Mailing Address 5244 W. Farwell

City State Zip Code
Skokie IL 60077

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

Name of Employer Occupation
Strauss Surgical Group Assoc., S.C. 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 Y
 0 9 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.21031

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: (check only one)	PAGE 37 / 65
	<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. Frank Splann Jr., MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2010		
	Mailing Address 4409 Edmondson Ave.		Transaction ID: SA11AI.21093		
	City Dallas	State TX	Zip Code 75205	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 ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Dr. Christopher Stiff, MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2010		
	Mailing Address 752 Highland Avenue		Transaction ID: SA11AI.21097		
	City Salem	State OH	Zip Code 44460	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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. Charles Streit, MD		Date of Receipt M M / D D / Y Y Y Y Y 09 / 03 / 2010		
	Mailing Address 21065 Ridge Park Dr		Transaction ID: SA11AI.21156		
	City Yorba Linda	State CA	Zip Code 92886	Amount of Each Receipt this Period 535.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Urological Medical Ctr of N. Orange Co	Occupation Other			
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)	▶	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 38 / 65
	<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		Date of Receipt MM / DD / YYYY 08 / 27 / 2010
	Mailing Address 608 Prestwick Drive		Transaction ID: SA11AI.21028
	City	State	Zip Code
	Frankfort	IL	60423
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Herme O. Sylora, M.D., Lt-d.		Occupation Urologist	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Dr. Erik Lang Torgerson, MD		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 3935 51st Ave NE		Transaction ID: SA11AI.21009
	City	State	Zip Code
	Seattle	WA	98105
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Swedish Urology Group		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. Jeffrey Toubin, MD		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 6223 Prestonsire Ln		Transaction ID: SA11AI.21088
	City	State	Zip Code
	Dallas	TX	75225
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southwest Urology		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)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 65
(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 Traub, MD

Mailing Address 4 Twin Pine Ct.

City State Zip Code
Pittsburgh PA 15215

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 ▼
535.00

Date of Receipt: 07 / 06 / 2010
Transaction ID: SA11AI.21129
Amount of Each Receipt this Period: 535.00

B. Full Name (Last, First, Middle Initial)
Dr. Albert Tully Jr., MD

Mailing Address 3253 Rockledge Rd.

City State Zip Code
Birmingham AL 35213

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

Name of Employer: Urology Centers of Alabama Occupation: Urologist

Receipt For: 2010
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.21014
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Donald A. Urban, MD

Mailing Address 1133 Willowind Trail

City State Zip Code
Ft. Wayne IN 46845

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

Name of Employer: Urology Associates, Inc. Occupation: Urologist

Receipt For: 2010
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 08 / 17 / 2010
Transaction ID: SA11AI.21042
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 65
(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. Heather Carol Wargo, MD

Mailing Address 55 Cardinal Court

City State Zip Code
Medford NJ 08055

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
MM / DD / YYYY
08 / 17 / 2010

Transaction ID: SA11AI.21013

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 7300 Bellingham Drive, SW

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
University of Tennessee Medical Center Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: SA11AI.21085

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 7408 St. Clair Dr.

City State Zip Code
Charlotte NC 28270

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

Name of Employer Occupation
Urology Specialist of the Carolinas, P Urologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: SA11AI.21007

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: (check only one)	PAGE 41 / 65
	<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. Steven P. Wiehle, MD		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 97 San Clemente Circle		Transaction ID: SA11AI.21020		
	City Odessa	State TX	Zip Code 79765	Amount of Each Receipt this Period 535.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Steven P. Wiehle, MD	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. Charles Stephen Woolums, MD		Date of Receipt MM / DD / YYYY 09 / 15 / 2010		
	Mailing Address 303 Snow White Ln		Transaction ID: SA11AI.21131		
	City Corbin	State KY	Zip Code 40701	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cumberland 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 ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. Wen T. Yap, MD, FACS		Date of Receipt MM / DD / YYYY 09 / 22 / 2010		
	Mailing Address 4348 Hilton Head Dr		Transaction ID: SA11AI.21075		
	City Oneida	State WI	Zip Code 54155	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Urology Associates of Green Bay SC	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)	▶	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 42 / 65
	(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. Scott Yeaw, MD		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 403 Georgetown Rd		Transaction ID: SA11AI.21008
City Nazareth	State PA	Zip Code 18064
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Easton Warren Urology	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. Jeffrey Warren Zipkin, MD		Date of Receipt MM / DD / YYYY 08 / 27 / 2010
Mailing Address 2690 Section Road		Transaction ID: SA11AI.21002
City Cincinnati	State OH	Zip Code 45237
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer The Urology Group	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)	500.00
TOTAL This Period (last page this line number only)	53785.00

**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)

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<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 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: SB21B.20994 Date of Disbursement 08 / 31 / 2010
	Amount of Each Disbursement this Period 583.83
B. 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 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: SB21B.21172 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 50.52

SUBTOTAL of Disbursements This Page (optional) ▶

634.35

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

634.35

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 65

<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) ARCURI, MICHAEL A.	Transaction ID: SB23.20883 Date of Disbursement 07 / 15 / 2010
	Mailing Address PO Box 8508	Amount of Each Disbursement this Period 1500.00
	City Utica State NY Zip Code 13505	
	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: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) ARCURI, MICHAEL A.	Transaction ID: SB23.20919 Date of Disbursement 08 / 20 / 2010
	Mailing Address PO Box 8508	Amount of Each Disbursement this Period 2500.00
	City Utica State NY Zip Code 13505	
	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: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) AYOTTE, KELLY A	Transaction ID: SB23.20937 Date of Disbursement 09 / 07 / 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 type="checkbox"/> Primary <input checked="" 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)

PAGE 45 / 65

<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) BALDWIN, TAMMY <hr/> Mailing Address PO BOX 696 <hr/> City MADISON State WI Zip Code 53701 <hr/> Purpose of Disbursement void check from 4/29/10 - ck 2463 Candidate Name	Transaction ID: SB23.20897 Date of Disbursement 08 / 09 / 2010 <hr/> Amount of Each Disbursement this Period -2500.00		
		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type	
		Category/Type	
B. Full Name (Last, First, Middle Initial) BENISHEK, DANIEL J <hr/> Mailing Address 802 PENTOGA TRAIL <hr/> City CRYSTAL FALLS State MI Zip Code 49920 <hr/> Purpose of Disbursement Candidate Name	Transaction ID: SB23.20925 Date of Disbursement 08 / 20 / 2010 <hr/> Amount of Each Disbursement this Period 1500.00		
		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type	
		Category/Type	
C. Full Name (Last, First, Middle Initial) BINGAMAN, JEFF <hr/> Mailing Address PO BOX 16210 <hr/> City ALBUQUERQUE State NM Zip Code 87191 <hr/> Purpose of Disbursement Candidate Name	Transaction ID: SB23.20867 Date of Disbursement 07 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00		
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type	
		Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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) BOREN, DAVID DANIEL <hr/> Mailing Address PO Box 1924 <hr/> City Muskogee State OK Zip Code 74402 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20957 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) BRIGHT, BOBBY NEAL MR. SR. <hr/> Mailing Address 246 North Court Street Unit G <hr/> City Montgomery State AL Zip Code 36104 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20913 Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) BROUN, PAUL COLLINS <hr/> Mailing Address 1221 Knob Creek Drive <hr/> City Athens State GA Zip Code 30606 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> 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) ▼	Transaction ID: SB23.20977 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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) BUCSHON, LARRY D	Transaction ID: SB23.20915 Date of Disbursement 08 / 16 / 2010
	Mailing Address PO Box 250	Amount of Each Disbursement this Period 5000.00
	City Newburgh State IN Zip Code 47629	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) BURR, RICHARD	Transaction ID: SB23.20891 Date of Disbursement 07 / 20 / 2010
	Mailing Address POST OFFICE BOX 5928	Amount of Each Disbursement this Period 1000.00
	City WINSTON-SALEM State NC Zip Code 27113	
	Purpose of Disbursement Redesignated from Primary to General	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) CAMP, DAVID LEE	Transaction ID: SB23.20983 Date of Disbursement 09 / 20 / 2010
	Mailing Address 5905 Wimbledon Court	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48642	
	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: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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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) CAMPBELL, JOHN BT III	Transaction ID: SB23.20959 Date of Disbursement 09 / 07 / 2010
	Mailing Address 57 Blue Heron	Amount of Each Disbursement this Period 1000.00
	City Irvine State CA Zip Code 92603	
	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: 48	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CASSIDY, WILLIAM	Transaction ID: SB23.20887 Date of Disbursement 07 / 19 / 2010
	Mailing Address 3115 DALRYMPLE DRIVE SUITE 1	Amount of Each Disbursement this Period 2000.00
	City BATON ROUGE State LA Zip Code 70802	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHABOT, STEVE	Transaction ID: SB23.20869 Date of Disbursement 07 / 09 / 2010
	Mailing Address 3030 Harrison Ave.	Amount of Each Disbursement this Period 2500.00
	City Cincinnati State OH Zip Code 45211	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5500.00
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) CHANDLER, A.B. III	Transaction ID: SB23.20907 Date of Disbursement 08 / 16 / 2010
	Mailing Address P. O. Box 12678	Amount of Each Disbursement this Period 1000.00
	City Lexington State KY Zip Code 40583	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHILDERS, TRAVIS W	Transaction ID: SB23.20967 Date of Disbursement 09 / 15 / 2010
	Mailing Address 201 HIDDEN HILLS	Amount of Each Disbursement this Period 1000.00
	City BOONEVILLE State MS Zip Code 38829	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS 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) COATS, DANIEL R	Transaction ID: SB23.20961 Date of Disbursement 09 / 07 / 2010
	Mailing Address 5946 N NEW JERSEY STREET	Amount of Each Disbursement this Period 2500.00
	City INDIANAPOLIS State IN Zip Code 46220	
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN 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)	4500.00
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) COBURN, THOMAS A	Transaction ID: SB23.20901 Date of Disbursement 08 / 16 / 2010
	Mailing Address 5409 ROLLING OAKS	Amount of Each Disbursement this Period 2000.00
	City MUSKOGEE State OK Zip Code 74401	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK 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) COONS, CHRISTOPHER A	Transaction ID: SB23.20991 Date of Disbursement 09 / 24 / 2010
	Mailing Address 2301 DELAWARE AVENUE	Amount of Each Disbursement this Period 1000.00
	City WILMINGTON State DE Zip Code 19806	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) CRAPO, MICHAEL D	Transaction ID: SB23.20873 Date of Disbursement 07 / 15 / 2010
	Mailing Address 239 DIRKSEN SENATE OFFICE BLDG	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20510	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID 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)

<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, JAMES W	Transaction ID: SB23.20971 Date of Disbursement 09 / 15 / 2010
	Mailing Address PO BOX 12425	Amount of Each Disbursement this Period 1000.00
	City COLUMBIA State SC Zip Code 29211	
	Purpose of Disbursement 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) EDWARDS, CHET	Transaction ID: SB23.20909 Date of Disbursement 08 / 16 / 2010
	Mailing Address PO Box 23273	Amount of Each Disbursement this Period 1000.00
	City Waco State TX Zip Code 76702	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 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) GINGREY FOR CONGRESS	Transaction ID: SB23.20877 Date of Disbursement 07 / 15 / 2010
	Mailing Address PO Box U	Amount of Each Disbursement this Period 500.00
	City Marietta State GA Zip Code 30060	
	Purpose of Disbursement 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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) GINGREY FOR CONGRESS		Transaction ID: SB23.20903		
	Mailing Address PO Box U		Date of Disbursement 08 / 16 / 2010		
	City Marietta	State GA	Zip Code 30060	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement		Category/ Type		
	Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: GA District: 11					
B.	Full Name (Last, First, Middle Initial) GONZALEZ, CHARLES A.		Transaction ID: SB23.20965		
	Mailing Address PO Box 12612		Date of Disbursement 09 / 07 / 2010		
	City San Antonio	State TX	Zip Code 78212	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		Category/ Type		
	Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: TX District: 20					
C.	Full Name (Last, First, Middle Initial) GOYLE, RAJ		Transaction ID: SB23.20893		
	Mailing Address PO BOX 780791		Date of Disbursement 08 / 03 / 2010		
	City WICHITA	State KS	Zip Code 67278	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement		Category/ Type		
	Candidate Name				
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: KS District: 04					

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)
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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) GRASSLEY COMMITTEE INC	Transaction ID: SB23.20905 Date of Disbursement 08 / 16 / 2010
	Mailing Address PO BOX 1000	Amount of Each Disbursement this Period 1500.00
	City DES MOINES State IA Zip Code 50304	Category/ Type
	Purpose of Disbursement Redesignated from Primary to General Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA 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) HERSETH SANDLIN, STEPHANIE M	Transaction ID: SB23.20899 Date of Disbursement 08 / 16 / 2010
	Mailing Address PO Box 2009	Amount of Each Disbursement this Period 1000.00
	City Sioux Falls State SD Zip Code 57101	Category/ Type
	Purpose of Disbursement Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) HOLDEN, T. TIMOTHY	Transaction ID: SB23.20921 Date of Disbursement 08 / 20 / 2010
	Mailing Address 31 Pearl Street	Amount of Each Disbursement this Period 2500.00
	City SAINT CLAIR State PA Zip Code 17970	Category/ Type
	Purpose of Disbursement Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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)

A.	Full Name (Last, First, Middle Initial) HUNTER, DUNCAN	Transaction ID: SB23.20875 Date of Disbursement 07 / 15 / 2010
	Mailing Address 9340 FUERTE DRIVE SUITE 302	Amount of Each Disbursement this Period 1000.00
	City LA MESA State CA Zip Code 91941	Category/ Type
	Purpose of Disbursement Redesignated from Primary to General 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) HUNTER, DUNCAN	Transaction ID: SB23.20935 Date of Disbursement 09 / 07 / 2010
	Mailing Address 9340 FUERTE DRIVE SUITE 302	Amount of Each Disbursement this Period 1000.00
	City LA MESA State CA Zip Code 91941	Category/ Type
	Purpose of Disbursement	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) KINZINGER, ADAM	Transaction ID: SB23.20963 Date of Disbursement 09 / 07 / 2010
	Mailing Address 250 Raven Drive Apt. GB	Amount of Each Disbursement this Period 1500.00
	City Manteno State IL Zip Code 60950	Category/ Type
	Purpose of Disbursement	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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) KIRK FOR SENATE	Transaction ID: SB23.20871 Date of Disbursement 07 / 13 / 2010
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 2000.00
	City Winnetka State IL Zip Code 60093	
	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: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) LEE, CHRISTOPHER J.	Transaction ID: SB23.20951 Date of Disbursement 09 / 07 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC	Transaction ID: SB23.20975 Date of Disbursement 09 / 15 / 2010
	Mailing Address 7315 Wisconsin Avenue Suite 310 East	Amount of Each Disbursement this Period 1500.00
	City Bethesda State MD Zip Code 20814	
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
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) LUJAN, BEN	Transaction ID: SB23.20927 Date of Disbursement 08 / 24 / 2010
	Mailing Address 05 Entrada Celedon Y Nestora	Amount of Each Disbursement this Period 500.00
	City Santa Fe State NM Zip Code 87506	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) MANCHIN, JOE, III	Transaction ID: SB23.20895 Date of Disbursement 08 / 03 / 2010
	Mailing Address 1668 FAIRMONT AVENUE	Amount of Each Disbursement this Period 1000.00
	City FAIRMONT State WV Zip Code 26554	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV 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) MCINTYRE, MIKE	Transaction ID: SB23.20939 Date of Disbursement 09 / 07 / 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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, JERRY	Transaction ID: SB23.20945 Date of Disbursement 09 / 07 / 2010
	Mailing Address 6769 MENLO CT	
	City PLEASANTON State CA Zip Code 94588	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: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) MEEHAN, PATRICK L	Transaction ID: SB23.20979 Date of Disbursement 09 / 20 / 2010
	Mailing Address 50 S PROVIDENCE ROAD	
	City MEDIA State PA Zip Code 19063	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) MOORE, STEPHENE ANN	Transaction ID: SB23.20889 Date of Disbursement 07 / 20 / 2010
	Mailing Address 8319 MULLEN	
	City LENEXA State KS Zip Code 66215	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
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) MURPHY, CHRISTOPHER <hr/> Mailing Address 145 PAUL NEY ROAD <hr/> City CHESHIRE State CT Zip Code 06410 <hr/> Purpose of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Candidate Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05	Transaction ID: SB23.20989 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text"/> 500.00
B.	Full Name (Last, First, Middle Initial) MURPHY, TIM <hr/> Mailing Address 221 Brookside Blvd. <hr/> City Pittsburgh State PA Zip Code 15241 <hr/> Purpose of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Candidate Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18	Transaction ID: SB23.20947 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text"/> 1000.00
C.	Full Name (Last, First, Middle Initial) NEW HAMPSHIRE DEMOCRATIC PARTY <hr/> Mailing Address 105 NORTH STATE STREET <hr/> City CONCORD State NH Zip Code 03301 <hr/> Purpose of Disbursement <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Candidate Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.20923 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text"/> 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text"/> 3500.00
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)

PAGE 59 / 65

<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) POMEROY, EARL R. <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <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 State: ND District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20973 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
B.	Full Name (Last, First, Middle Initial) RANGER POLITICAL ACTION COMMITTEE A.K.A. RANGER PAC <hr/> Mailing Address PO Box 2485 <hr/> City Springfield State VA Zip Code 22152 <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 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) ▼	Transaction ID: SB23.20865 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
C.	Full Name (Last, First, Middle Initial) RICHARDSON, LAURA <hr/> Mailing Address 1212 S VICTORY BLVD <hr/> City BURBANK State CA Zip Code 91502 <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 State: CA District: 37 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20981 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="3000.00"/>
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)

<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: SB23.20943 Date of Disbursement 09 / 07 / 2010
	Mailing Address PO Box 14528	Amount of Each Disbursement this Period 1000.00
	City San Antonio State TX Zip Code 78214	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	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: SB23.20949 Date of Disbursement 09 / 07 / 2010
	Mailing Address 6899 CORRIGAN DRIVE	Amount of Each Disbursement this Period 1000.00
	City BRIGHTON State MI Zip Code 48116	
	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: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) ROKITA, THEODORE EDWARD	Transaction ID: SB23.20931 Date of Disbursement 08 / 30 / 2010
	Mailing Address 7643 EAST US 36	Amount of Each Disbursement this Period 2500.00
	City AVON State IN Zip Code 46123	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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) ROSS, MICHAEL AVERY	Transaction ID: SB23.20955 Date of Disbursement 09 / 07 / 2010
	Mailing Address PO Box 360 PO BOX 374	Amount of Each Disbursement this Period 2000.00
	City Prescott State AR Zip Code 71857	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RUSH, BOBBY L	Transaction ID: SB23.20911 Date of Disbursement 08 / 16 / 2010
	Mailing Address 3534 SOUTH CALUMET AVENUE	Amount of Each Disbursement this Period 1000.00
	City CHICAGO State IL Zip Code 60653	
	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: 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) SANGISETTY, RAVI	Transaction ID: SB23.20929 Date of Disbursement 08 / 30 / 2010
	Mailing Address PO BOX 7051	Amount of Each Disbursement this Period 1500.00
	City HOUMA State LA Zip Code 70361	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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)
SCHMIDT, JEANNETTE H

Transaction ID: SB23.20933
Date of Disbursement

Mailing Address 771 WARDS CORNER RD

09 / 07 / 2010

City LOVELAND State OH Zip Code 45140

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 02

B.

Full Name (Last, First, Middle Initial)
SHELBY, RICHARD C

Transaction ID: SB23.20881
Date of Disbursement

Mailing Address PO BOX 1091

07 / 15 / 2010

City TUSCALOOSA State AL Zip Code 35403

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Redesignated from Primary to General

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AL District: 00

C.

Full Name (Last, First, Middle Initial)
SHELBY, RICHARD C

Transaction ID: SB23.20953
Date of Disbursement

Mailing Address PO BOX 1091

09 / 07 / 2010

City TUSCALOOSA State AL Zip Code 35403

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AL District: 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)

<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) SKELTON, IKE	Transaction ID: SB23.20885 Date of Disbursement 07 / 15 / 2010
	Mailing Address 1814 Franklin Avenue	Amount of Each Disbursement this Period 1000.00
	City Lexington State MO Zip Code 64067	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) SKELTON, IKE	Transaction ID: SB23.20987 Date of Disbursement 09 / 24 / 2010
	Mailing Address 1814 Franklin Avenue	Amount of Each Disbursement this Period 1000.00
	City Lexington State MO Zip Code 64067	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO 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) SPACE, ZACHARY T	Transaction ID: SB23.20879 Date of Disbursement 07 / 15 / 2010
	Mailing Address 4 PARKVIEW DRIVE	Amount of Each Disbursement this Period 1000.00
	City DOVER State OH Zip Code 44622	
	Purpose of Disbursement Redesignated from Primary to General	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	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)

<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)

SPACE, ZACHARY T

Mailing Address 4 PARKVIEW DRIVE

City DOVER State OH Zip Code 44622

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 18

Transaction ID: SB23.20969

Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

SPECTER, ARLEN

Mailing Address 4111 TIMBER LANE

City PHILADELPHIA State PA Zip Code 19122

Purpose of Disbursement
Refunded money - lost primary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.20917

Date of Disbursement

07 / 17 / 2010

Amount of Each Disbursement this Period

-2500.00

C.

Full Name (Last, First, Middle Initial)

UPTON, FREDERICK STEPHEN

Mailing Address 285 Ridgeway
P O BOX 900

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 06

Transaction ID: SB23.20985

Date of Disbursement

09 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

-500.00

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 65 / 65

<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, ED

Mailing Address 108 ALUMNI AVENUE

City State Zip Code
HOPKINSVILLE KY 42240

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: SB23.20941

Date of Disbursement

09 / 07 / 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)

82500.00