

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

**AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS PAC (UROPAC)**

ADDRESS (number and street) P.O. Box 15441

(Check if address is changed)

Washington DC 20003-0441

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) info@uropac.org

Optional Second E-Mail Address outsourcing@aristotle.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) uropac.org

2. DATE 06 / 17 / 2021

3. FEC IDENTIFICATION NUMBER ▶ C C00273003

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Potretzke, Aaron, Mark, ,

Signature of Treasurer Potretzke, Aaron, Mark, , *[Electronically Filed]* Date 06 / 18 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS PAC (UROPAC)

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

American Association Of Clinical Urologists

Mailing Address

1100 E Woodfield Rd

Ste 520

Schaumburg

IL

60173-5125

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Mason, David, , ,

Mailing Address PO Box 15441

Washington

DC

20003-0441

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 202 - 543 - 8345

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Potretzke, Aaron, Mark, ,

Mailing Address 3581 Wright Rd SW

Rochester

MN

55902-1416

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number 952 - 212 - 8644

Full Name of Designated Agent: Mason, David, , ,  
Mailing Address: PO Box 15441  
Washington DC 20003-0441  
CITY STATE ZIP CODE  
Title or Position: Designated Agent  
Telephone number: 202 - 543 - 8345

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T  
Mailing Address: 317 Pennsylvania Ave. SE  
Washington DC 20003  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address:  
CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A  
Transaction ID :

This amendment is to disclose a change in Treasurer.

Form/Schedule:  
Transaction ID: