

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC (UROPAC)

ADDRESS (number and street) 1100 E. Woodfield Road, Suite 520
Check if different than previously reported. (ACC) SCHAUMBURG IL 60173

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00273003 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2012 through 09 / 30 / 2012

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 Wendy Weiser

Signature of Treasurer Wendy Weiser [Electronically Filed] Date 10 / 03 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="206074.87"/>	<input type="text" value="206074.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="103601.70"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="95945.00"/>	<input type="text" value="265822.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="199546.70"/>	<input type="text" value="471896.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="44937.64"/>	<input type="text" value="317287.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="154609.06"/>	<input type="text" value="154609.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 09 / 30 / 2012

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).....	92945.00	255522.00
(ii) Unitemized	2500.00	9800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	95445.00	265322.00
(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)	95445.00	265322.00
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.....	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	95945.00	265822.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	95945.00	265822.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	437.64	3037.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	437.64	3037.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44500.00	312000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2250.00
(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	2250.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	44937.64	317287.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44937.64	317287.81

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	95445.00	265322.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95445.00	263072.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	437.64	3037.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	437.64	3037.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 64
	<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 (UROPAC)

A. Dr. Paul Scott Aaronson
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 E 56th Street, Apt 8B
 City State Zip Code
 New York NY 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Paul Aaronson, MD Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2012
Transaction ID : SA11AI.23990
 Amount of Each Receipt this Period
 250.00

B. Dr. Chiledum A. Ahaghotu
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 North Portal Dr. NW
 City State Zip Code
 Washington DC 20012-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chiledum Ahaghotu, MD Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2012
Transaction ID : SA11AI.24165
 Amount of Each Receipt this Period
 1000.00

C. Dr. David M. Albala
 Full Name (Last, First, Middle Initial)
 Mailing Address 4623 Hartsfield Place
 City State Zip Code
 Manlius NY 13104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Associated Medical Professionals Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SA11AI.24091
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 64
	<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 (UROPAC)

A. Dr. Philip Joseph Aliotta
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 East Pinelake Court
 City State Zip Code
 Williamsville NY 14221-8328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Western New York Urology Associates, L Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1347.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.23968
 Amount of Each Receipt this Period
 1347.82

B. Dr. Mark Jerome Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4405 3rd St., NW
 City State Zip Code
 Hickory NC 28601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mark Anderson, MD Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.23970
 Amount of Each Receipt this Period
 535.00

C. Dr. Milton F. Armm
 Full Name (Last, First, Middle Initial)
 Mailing Address 3180 Main St., Suite 305
 City State Zip Code
 Bridgeport CT 06606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Milton Armm, MD Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.24106
 Amount of Each Receipt this Period
 535.00

SUBTOTAL of Receipts This Page (optional).....▶	2417.82
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 8 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Mark S. Austenfeld		Date of Receipt MM / DD / YYYY 09 / 05 / 2012 Transaction ID : SA11AI.24028
Mailing Address 8627 Juniper Lane		Amount of Each Receipt this Period 1000.00
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: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dr. Kevin J. Barlog		Date of Receipt MM / DD / YYYY 08 / 10 / 2012 Transaction ID : SA11AI.24087
Mailing Address 4676 Main St.		Amount of Each Receipt this Period 1347.82
City Snyder	State NY	Zip Code 14225
FEC ID number of contributing federal political committee. C	Name of Employer Western New York Urology Associates	Occupation Urologist
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1347.82	

Full Name (Last, First, Middle Initial) C. Dr. M. Brian Bauer		Date of Receipt MM / DD / YYYY 08 / 08 / 2012 Transaction ID : SA11AI.24204
Mailing Address 2441 Thornfield Dr.		Amount of Each Receipt this Period 250.00
City Lenoir	State NC	Zip Code 28645-9123
FEC ID number of contributing federal political committee. C	Name of Employer Blue Ridge Urology	Occupation Urologist
Receipt For: 2012 <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).....▶	2597.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 64
	<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 (UROPAC)

A. Dr. Louis R. Baumann
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 Buffalo Creek
 City Elma State NY Zip Code 14059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louis Baumann, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1347.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.23937
 Amount of Each Receipt this Period
 1347.82

B. Dr. Michael D. Becker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2995 Lullingstone St.
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Specialists of Nevada Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24077
 Amount of Each Receipt this Period
 1000.00

C. Dr. Jared Ross Berkowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 9036 Bush Creek Cir
 22 S. Greene Street
 City Frederick State MD Zip Code 21704-7843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Maryland Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24038
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2597.82
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 64
	<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 (UROPAC)

A. Dr. Steven Marc Berman
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Carriage Court
 City State Zip Code
 Scarsdale NY 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Steven Berman, MD Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.24124
 Amount of Each Receipt this Period
 250.00

B. Dr. Philmore A. Blake
 Full Name (Last, First, Middle Initial)
 Mailing Address 336 Timbercreek
 City State Zip Code
 Lake Jackson TX 77566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lake Jackson Urology, PA Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.23953
 Amount of Each Receipt this Period
 250.00

C. Dr. David Lawrence Bluestein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 Hidden Links Drive
 City State Zip Code
 Wausau WI 54403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Specialists of Wisconsin, S.C. Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2012
Transaction ID : SA11AI.23948
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 64
	<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 (UROPAC)

A. Dr. Jason S. Bonslaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 Tuscarora Drive
 City York State PA Zip Code 17403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer York Towne Urology Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.24217
 Amount of Each Receipt this Period
 535.00

B. Dr. Roy Alex Brandell
 Full Name (Last, First, Middle Initial)
 Mailing Address 631 3rd St., South
 City Wisconsin Rapids State WI Zip Code 54494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Specialists of Wisconsin, SC Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1177.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2012
Transaction ID : SA11AI.23955
 Amount of Each Receipt this Period
 535.00

C. Dr. Hunter L. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Watson Road
 City Sulphur Rock State AR Zip Code 72579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Batesville Surgery Specialties Clinic, Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.24079
 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: (check only one)	PAGE 12 OF 64
<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 (UROPAC)

A. Dr. John F. Bryant
 Full Name (Last, First, Middle Initial)
 Mailing Address 2643 Painted Horse Trail
 City Cheyenne State WY Zip Code 82009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Bryant, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SA11AI.24146
 Amount of Each Receipt this Period
 250.00

B. Dr. Travis Leslie Bullock
 Full Name (Last, First, Middle Initial)
 Mailing Address 336 Eugenia
 12855 North Forth Drive, Ste 375
 City St. Louis State MO Zip Code 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Consultants, Ltd. Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.24063
 Amount of Each Receipt this Period
 535.00

C. Dr. W. Cooper Buschemeyer Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 Briar Hill Rd.
 City Louisville State KY Zip Code 40206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allied Urology Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.23980
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1035.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 64
	<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	

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 (UROPAC)

A. Dr. Rajen Butani
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Fellswood Drive
 City Moorestown State NJ Zip Code 08057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delaware Valley Urology, LLC Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.24220
 Amount of Each Receipt this Period
 250.00

B. Mr. Craig Wesley Canfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 Indio Street
 City Pismo Beach State CA Zip Code 93449-2469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Craig Canfield Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.24121
 Amount of Each Receipt this Period
 250.00

c. Dr. Robert Joseph Challenger
 Full Name (Last, First, Middle Initial)
 Mailing Address 706 Weaver Court
 City Wheaton State IL Zip Code 60187-6588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Associates of DuPage Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.24114
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Dr. Mark David Chazen		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>10</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	10	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	10	/	2012								
Mailing Address 36 Timberlane Ct.		Transaction ID : SA11AI.24167										
City Williamsville	State NY	Zip Code 14221										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1347.82										
Name of Employer Main Urology Associates, P.C.	Occupation Urologist											
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1347.82											

Full Name (Last, First, Middle Initial) B. Dr. K. Kent Chevli		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>10</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	10	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	10	/	2012								
Mailing Address 6211 Genesee St.		Transaction ID : SA11AI.24015										
City Lancaster	State NY	Zip Code 14086										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1347.82										
Name of Employer Western New York Urology Associates	Occupation Urologist											
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1347.82											

Full Name (Last, First, Middle Initial) C. Dr. Randil Lee Clark		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>20</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08	/	20	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
08	/	20	/	2012								
Mailing Address 5016 E. Hayden Lake Road		Transaction ID : SA11AI.24022										
City Hayden	State ID	Zip Code 83835										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer North Idaho Urology, PLLC	Occupation Urologist											
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00											

SUBTOTAL of Receipts This Page (optional).....▶	2945.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 64
	<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 (UROPAC)

A. Dr. Daniel Jeremy Cosgrove
 Full Name (Last, First, Middle Initial)
 Mailing Address 2724 Basil Lane
 City Los Angeles State CA Zip Code 90077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Specialists of Southern Califo Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.24053
 Amount of Each Receipt this Period
 250.00

B. Dr. Jared Michael Cox
 Full Name (Last, First, Middle Initial)
 Mailing Address 4918 Reynolds Lane
 City Vestavia State AL Zip Code 35242-7417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jared Cox, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2012
Transaction ID : SA11AI.24219
 Amount of Each Receipt this Period
 250.00

C. Dr. Jeffrey William Csiszar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1388 Dominic Way
 City Hanford State CA Zip Code 93230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jeffrey Csiszar, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.24193
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 64
	<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 (UROPAC)

A. Dr. John J. Cudecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 706 Sheridan Rd
 City Evanston State IL Zip Code 60202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Uropartners Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.23950
 Amount of Each Receipt this Period
 1000.00

B. Dr. James Adler Daitch
 Full Name (Last, First, Middle Initial)
 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: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.24169
 Amount of Each Receipt this Period
 1000.00

C. Dr. George Francis Daniels Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 Eric Drive, Beaver
 City Beaver State PA Zip Code 15009-2261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer George Daniels, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24102
 Amount of Each Receipt this Period
 535.00

SUBTOTAL of Receipts This Page (optional).....▶	2535.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 64
<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 (UROPAC)

A. Dr. John Eric Danneberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Round Bay Rd.
 City Severna Park State MD Zip Code 21146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anne Arundel Urology Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.24159
 Amount of Each Receipt this Period
 250.00

B. Dr. Carlos P. De Juana
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 Zinnia
 City Mc Allen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Associates of South Texas Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SA11AI.23954
 Amount of Each Receipt this Period
 250.00

C. Dr. Edwin A. Diaz
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Equennes Drive
 City Little Rock State AR Zip Code 72223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edwin Diaz, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24190
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. Mark J. Doerr		Date of Receipt
Mailing Address 43 Edgewater Dr.		M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2012
City	State	Zip Code
Orchard Park	NY	14127-3367
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.24040
Name of Employer Mark Doerr, MD		Amount of Each Receipt this Period
Occupation Urologist		1347.82
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1347.82	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William E. Dougherty		Date of Receipt
Mailing Address 1801 Main Street		M M M / D D D / Y Y Y Y Y Y 08 / 08 / 2012
City	State	Zip Code
Quincy	IL	62301
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.24115
Name of Employer William Dougherty, MD		Amount of Each Receipt this Period
Occupation Urologist		300.00
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	300.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Martin Lawrence Dresner		Date of Receipt
Mailing Address 2902 E. Mabel Street 3601 S. 6th Ave.		M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2012
City	State	Zip Code
Tucson	AZ	85716-3848
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.23958
Name of Employer Martin Dresner, MD, FACS		Amount of Each Receipt this Period
Occupation Urologist		250.00
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	350.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1897.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 64
	<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 (UROPAC)

A. Dr. Charles W. Eckstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3821 West End Ave.
 City Nashville State TN Zip Code 37205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Associates, P.C. Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.23994
 Amount of Each Receipt this Period
 535.00

B. Dr. Mark T. Edney
 Full Name (Last, First, Middle Initial)
 Mailing Address 519 N. Pinehurst Ave.
 City Salisbury State MD Zip Code 21801-6111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peninsula Urology Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24202
 Amount of Each Receipt this Period
 1000.00

C. Dr. William M. Figlesthler
 Full Name (Last, First, Middle Initial)
 Mailing Address 26548 Hickory Blvd.
 City Bonita Springs State FL Zip Code 34134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Specialists in Urology, PA Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24032
 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: (check only one)	PAGE 20 OF 64
	<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 (UROPAC)

A. Dr. Michael Paul Finkelstein
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 370070
 City Las Vegas State NV Zip Code 89137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Specialists of Nevada Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24191
 Amount of Each Receipt this Period
 1000.00

B. Dr. Peter Charles Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 8255 Creek Hollow Cv
 City Sandy State UT Zip Code 64093-4003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Urological Clinic Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2012
Transaction ID : SA11AI.24197
 Amount of Each Receipt this Period
 300.00

C. Dr. Michael J. Flanagan
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 Scuppo Rd.
 City Woodbury State CT Zip Code 06798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Specialists, P.C. Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.23943
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 64
	<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 (UROPAC)

A. Dr. Robert C. Flanigan
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 Harris Ave.
 2160 S. 1st Avenue, Bldg. 54, Rm.
 City Clarendon Hills State IL Zip Code 60514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loyola University Medical Center Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2012
Transaction ID : SA11AI.23986
 Amount of Each Receipt this Period
 535.00

B. Dr. Steven N. Gange
 Full Name (Last, First, Middle Initial)
 Mailing Address 14729 Draper Woods Cove
 City Draper State UT Zip Code 84020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Urological Clinic, P.C. Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.23952
 Amount of Each Receipt this Period
 1000.00

C. Dr. Richard N. Gilbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Rollingwood St.
 Suite #240
 City Williamsville State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Richard Gilbert, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1347.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24065
 Amount of Each Receipt this Period
 1347.82

SUBTOTAL of Receipts This Page (optional).....▶	2882.82
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 OF 64
	<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 (UROPAC)

A. Dr. Robert Wilkins Given
 Full Name (Last, First, Middle Initial)
 Mailing Address 1411 Eleanor Court
 225 Clearfield Ave.
 City Norfolk State VA Zip Code 23508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Virginia Medical School Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SA11AI.24011
 Amount of Each Receipt this Period
 250.00

B. Dr. Brian Kenneth Golden
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 Wellworth Ln
 City Sacramento State CA Zip Code 95864-5300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RAS Urology Associates of Northern Cal Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SA11AI.24059
 Amount of Each Receipt this Period
 250.00

C. Dr. Joseph M. Greco
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 The Common
 City Williamsville State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western New York Urology Associates Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1347.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24019
 Amount of Each Receipt this Period
 1347.82

SUBTOTAL of Receipts This Page (optional).....▶	1847.82
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Joseph M. Greco		Date of Receipt MM / DD / YYYY 08 / 20 / 2012 Transaction ID : SA11AI.24136
Mailing Address 31 The Common		Amount of Each Receipt this Period 2000.00
City Williamsville	State NY	Zip Code 14221
FEC ID number of contributing federal political committee. C		
Name of Employer Western New York Urology Associates	Occupation Urologist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3347.82	

Full Name (Last, First, Middle Initial) B. Dr. Pasquale A. Greco		Date of Receipt MM / DD / YYYY 08 / 10 / 2012 Transaction ID : SA11AI.24139
Mailing Address 291 Nottingham Terrace		Amount of Each Receipt this Period 1347.82
City Buffalo	State NY	Zip Code 14216
FEC ID number of contributing federal political committee. C		
Name of Employer Western NY Urology Associates, LLC	Occupation Urologist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1347.82	

Full Name (Last, First, Middle Initial) C. Dr. Tricia Danielle Greene		Date of Receipt MM / DD / YYYY 08 / 20 / 2012 Transaction ID : SA11AI.24062
Mailing Address 300 Main Street, Apt 211		Amount of Each Receipt this Period 250.00
City Little Falls	State NJ	Zip Code 07424-1358
FEC ID number of contributing federal political committee. C		
Name of Employer Tricia Greene, MD	Occupation Urologist	
Receipt For: 2012 <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).....▶	3597.82
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 24 OF 64
<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 (UROPAC)

A. Dr. Robert T. Grissom
 Full Name (Last, First, Middle Initial)
 Mailing Address 419 Woodgate Blvd.
 City Baton Rouge State LA Zip Code 70808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louisiana Urology LLC Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.24089
 Amount of Each Receipt this Period
 250.00

B. Dr. Blake Douglas Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2426 E. Bramble Way
 50 N. Medical Drive, Rm 3B-420
 City Holladay State UT Zip Code 84117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer School of Medicine, Div. Of Urology Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.23988
 Amount of Each Receipt this Period
 250.00

C. Dr. Keith Andrew Harmon
 Full Name (Last, First, Middle Initial)
 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: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.24172
 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 25 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. William Richard Helfrich Jr.		Date of Receipt
Mailing Address 67 Regatta Rd		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
North Weymouth	MA	02191-1919
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.23929
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
William Helfrich, MD	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. H. Tamiko Housley		Date of Receipt
Mailing Address 1381 Ruby Sky Ct		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Henderson	NV	89502-3137
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.23963
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Urology Specialists of Nevada	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth Chin-Kuo Hsiao		Date of Receipt
Mailing Address 675 Dolphin Drive		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Denville	CA	94526
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24055
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Norcal Urology Medical Group	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 64
<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 (UROPAC)

A. Dr. James S Iwakiri
 Full Name (Last, First, Middle Initial)
 Mailing Address S9034 Stonebrook Drive
 City State Zip Code
 Eleva WI 54738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Western Wisconsin Urology, SC Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24123
 Amount of Each Receipt this Period
 250.00

B. Dr. David C. Jacks
 Full Name (Last, First, Middle Initial)
 Mailing Address 5606 Brinkley Road
 City State Zip Code
 Pine Bluff AR 71603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Arkansas Urology Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2012
Transaction ID : SA11AI.24137
 Amount of Each Receipt this Period
 250.00

C. Dr. Morris Brooks Jackson II
 Full Name (Last, First, Middle Initial)
 Mailing Address 9770 Shelbyville Rd.
 City State Zip Code
 Simpsonville KY 40067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Urology Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.24174
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Karny Jacoby		Date of Receipt
Mailing Address 13047 12th Ave NW		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Seattle	WA	98177
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24024
Name of Employer	Occupation	Amount of Each Receipt this Period
Urology Northwest, P.S.	Urologist	<input type="text" value="250.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Brian Michael Jumper		Date of Receipt
Mailing Address 17 Hillside Avenue		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fallmouth	ME	04105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.23939
Name of Employer	Occupation	Amount of Each Receipt this Period
Brian Jumper, MD	Urologist	<input type="text" value="1000.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Dr. Ichabod Jung		Date of Receipt
Mailing Address 3733 Crestview Dr.		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bemus Point	NY	14712
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24042
Name of Employer	Occupation	Amount of Each Receipt this Period
Jamestown Area Med. Association	Urologist	<input type="text" value="1347.83"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1347.83"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2597.83"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 28 OF 64
	<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 (UROPAC)

A. Dr. Robert I. Kahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 6139 California St.
 City San Francisco State CA Zip Code 94121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pan Pacific Urology Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.23984
 Amount of Each Receipt this Period
 250.00

B. Dr. Adnan Kaleli
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Follett Street
 City Marblehead State MA Zip Code 01945-3814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adnan Kaleli, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.24081
 Amount of Each Receipt this Period
 250.00

C. Dr. Angelo W. Kanellos
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Pronghorn Court
 City Reno State NV Zip Code 89519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Nevada, Ltd. Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.23992
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 64
	<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 (UROPAC)

A. Dr. George W. Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 6134 Del Paso Ave.
 City San Diego State CA Zip Code 92120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatric Urologic Associates Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.24083
 Amount of Each Receipt this Period
 250.00

B. Dr. Mulugeta Dessie Kassahun
 Full Name (Last, First, Middle Initial)
 Mailing Address 8382 Jeeves Circle
 City Las Vegas State NV Zip Code 89149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Specialists of Nevada Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24199
 Amount of Each Receipt this Period
 1000.00

C. Dr. Demetrios Argyrios Katsikas
 Full Name (Last, First, Middle Initial)
 Mailing Address 923 Far Oaks Drive
 City Caseyville State IL Zip Code 62232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anderson Hospital Medical Bldg Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.24100
 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 30 OF 64
	<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 (UROPAC)

A. Dr. Ronald I. Kaye
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Woodstock Ct.
 City New Hartford State NY Zip Code 13413-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mohawk Valley Urology, P.C. Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.24180
 Amount of Each Receipt this Period
 250.00

B. Dr. David William Keetch
 Full Name (Last, First, Middle Initial)
 Mailing Address 9852 Lebanon Greens
 12855 North Forty Drive, Ste 375
 City St. Louis State MO Zip Code 63127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Consultants, Ltd. Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.24135
 Amount of Each Receipt this Period
 535.00

C. Mr. David Lee Killion
 Full Name (Last, First, Middle Initial)
 Mailing Address 6438 Santa Elena
 City Tucson State AZ Zip Code 85715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urologic Assoc. of Southern Arizona Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SA11AI.24131
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1035.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 64
	<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 (UROPAC)

A. Dr. Thomas E. Koerner
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 Wakefield Village Blvd.
 City State Zip Code
 Kendellville IN 46755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northeast Indiana Urology, P.C. Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.24142
 Amount of Each Receipt this Period
 250.00

B. Dr. Christopher F. Kopp
 Full Name (Last, First, Middle Initial)
 Mailing Address 5256 Lakeshore Road
 City State Zip Code
 Hamburg NY 14075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Associates of Western NY, P.C. Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1347.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.23972
 Amount of Each Receipt this Period
 1347.83

C. Dr. Mitchell N. Kotler
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Cameo Drive
 City State Zip Code
 Cherry Hill NJ 08003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Associated Urologic Specialists, PA Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SA11AI.24027
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2597.83
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 32 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Robert G. Kupper		Date of Receipt 08 / 08 / 2012 Transaction ID : SA11AI.23979
Mailing Address 27 Meadow Link Drive		Amount of Each Receipt this Period 250.00
City Paducah	State KY	Zip Code 42001
FEC ID number of contributing federal political committee.	C	
Name of Employer Urology Group of Paducah	Occupation Urologist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark Everett Leo		Date of Receipt 08 / 10 / 2012 Transaction ID : SA11AI.23982
Mailing Address 2017 Redbird Drive		Amount of Each Receipt this Period 1000.00
City Las Vegas	State NV	Zip Code 89134
FEC ID number of contributing federal political committee.	C	
Name of Employer Urology Specialists of Nevada	Occupation Urologist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Lawrence John Litscher		Date of Receipt 08 / 10 / 2012 Transaction ID : SA11AI.24128
Mailing Address 5264 Split Rail		Amount of Each Receipt this Period 535.00
City Dayton	State OH	Zip Code 45429
FEC ID number of contributing federal political committee.	C	
Name of Employer Dayton Physicians - Urology Division	Occupation Urologist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: (check only one)	PAGE 33 OF 64
	<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 (UROPAC)

A. Dr. Michael R. Lobis
 Full Name (Last, First, Middle Initial)
 Mailing Address 989 Baneswood Dr
 City Kennett Square State PA Zip Code 19348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brandywine Urology Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SA11AI.24009
 Amount of Each Receipt this Period
 250.00

B. Dr. Benjamin Hugh Lowentritt
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Joel Ct.
 City Reisterstown State MD Zip Code 21136-5643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benjamin Lowentritt, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SA11AI.24051
 Amount of Each Receipt this Period
 250.00

C. Dr. Leo L. Lowentritt Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1907 White Street
 City Alexandria State LA Zip Code 71301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Leo Lowentritt, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24151
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Kin W. Lui		Date of Receipt
Mailing Address 420 E 51st Stret		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10022
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.23964
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Kin Lui, MD	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Benjamin James Martin		Date of Receipt
Mailing Address 7305 Stone Gate Dr.		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
New Albany	OH	43054
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24205
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="535.00"/>
Name of Employer	Occupation	
Central Ohio Urology Group	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1075.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert Byron McBeath		Date of Receipt
Mailing Address 9600 Grand Isle Lane		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Las Vegas	NV	89144
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24127
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Urology Specialists of Nevada	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1785.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 64
	<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 (UROPAC)

A. Dr. Kevin M. McEvoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 SW Palentine Hill Rd.
 City Portland State OR Zip Code 97219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kevin McEvoy, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2012
Transaction ID : SA11AI.24006
 Amount of Each Receipt this Period 250.00

B. Dr. Douglas E. McKinney
 Full Name (Last, First, Middle Initial)
 Mailing Address 636 Rivendell Dr.
 City Bridgeport State WV Zip Code 26330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Douglas McKinney, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2012
Transaction ID : SA11AI.24132
 Amount of Each Receipt this Period 1000.00

C. Dr. Donald Thomas McKnight Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 123 Redfield
 City Jackson State TN Zip Code 38305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackson Urological Associates, PC Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 08 / 08 / 2012
Transaction ID : SA11AI.24149
 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 36 OF 64
	<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 (UROPAC)

A. Dr. Vance Frederick Merhoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Oak Road
 City Salisbury State NC Zip Code 28144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vance Merhoff, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012
Transaction ID : SA11AI.24043
 Amount of Each Receipt this Period
 535.00

B. Dr. Oren F. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 5016 E. 104th PI
 City Tulsa State OK Zip Code 74137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urologic Specialist of Oklahoma Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24007
 Amount of Each Receipt this Period
 535.00

C. Dr. Donald Bruce Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 785 Suwannee Ct. NE
 City St. Petersburg State FL Zip Code 33702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Donald Morris, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.23959
 Amount of Each Receipt this Period
 535.00

SUBTOTAL of Receipts This Page (optional).....	1605.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Osvaldo Francisco Padron		Date of Receipt
Mailing Address 3217 W. Harbor View Ave.		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Tampa	FL	33611
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.23935
Name of Employer	Occupation	Amount of Each Receipt this Period
Florida Urology Partners	Urologist	<input type="text" value="1000.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David Ralph Paolone		Date of Receipt
Mailing Address 1311 Waldorf Blvd		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Madison	WI	53719-4455
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.23991
Name of Employer	Occupation	Amount of Each Receipt this Period
David Paolone, MD	Urologist	<input type="text" value="250.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Sijo J. Parekattil		Date of Receipt
Mailing Address 2215 Rickover Place		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Winter Garden	FL	34787
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24201
Name of Employer	Occupation	Amount of Each Receipt this Period
Winter Haven Hospital & Univ. of Flori	Urologist	<input type="text" value="535.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="535.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1785.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 64
	<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 (UROPAC)

A. Dr. Jeffrey A. Parres
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 Stifel Woods Ct.
 12855 N. Forty Drive, Ste 375
 City State Zip Code
 Town & Country MO 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urology Consultants, Ltd Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.24098
 Amount of Each Receipt this Period
 535.00

B. Dr. J. Kellogg Parsons
 Full Name (Last, First, Middle Initial)
 Mailing Address 1477 Calle Vaquero
 200 West Arbor Drive #8897
 City State Zip Code
 La Jolla CA 92037-7130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCSD Medical Center Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.24047
 Amount of Each Receipt this Period
 250.00

C. Dr. David F. Penson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1944 Edenbridge Way
 City State Zip Code
 Nashville TN 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Vanderbilt University Medical Center Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.24117
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1785.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Carlo M. Perfetto		Date of Receipt
Mailing Address 72 Middlebury Rd.		M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2012
City	State	Zip Code
Orchard Pk.	NY	14127
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Urology Associates of WNY, P.C.	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1347.83	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : SA11AI.23996
		Amount of Each Receipt this Period
		1347.83

Full Name (Last, First, Middle Initial) B. Dr. David M. Pfeffer		Date of Receipt
Mailing Address 7582 Bear Wallow Dr.		M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2012
City	State	Zip Code
Warrenton	VA	20186
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Urological Assoc. Of The Piedmont	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1000.00	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : SA11AI.24145
		Amount of Each Receipt this Period
		1000.00

Full Name (Last, First, Middle Initial) C. Dr. John V. Pinski		Date of Receipt
Mailing Address 304 Paramount Pkwy		M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2012
City	State	Zip Code
Tonawanda	NY	14223-1080
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Main Urology Associates, P.C.	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	1347.83	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : SA11AI.24134
		Amount of Each Receipt this Period
		1347.83

SUBTOTAL of Receipts This Page (optional).....▶	3695.66
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 40 OF 64
	<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 (UROPAC)

A. Dr. Sapan K Polepalle
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Oak Way
 City Scarsdale State NY Zip Code 10583-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sapan Polepalle, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2012
Transaction ID : SA11AI.24057
 Amount of Each Receipt this Period
 300.00

B. Dr. Marty Lewis Prah
 Full Name (Last, First, Middle Initial)
 Mailing Address 5845 W Evergreen Ct
 City Visalia State CA Zip Code 93277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Visalia Medical Clinic Inc. Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SA11AI.24155
 Amount of Each Receipt this Period
 250.00

C. Dr. Brian D. Rambarran
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Saint Davids Rd
 City Lancaster State NY Zip Code 14086-4420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brian Rambarran, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1347.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24073
 Amount of Each Receipt this Period
 1347.83

SUBTOTAL of Receipts This Page (optional).....▶	1897.83
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 41 OF 64
(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 (UROPAC)

A. Dr. Pravin Rao
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 Ryan Street
 City Baltimore State MD Zip Code 21230-2122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Cleveland Clinic Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.24213
 Amount of Each Receipt this Period
 250.00

B. Dr. Churphena Andrea Reid
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 N Indianhill Lane
 City Peoria State IL Zip Code 61615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Churphena Reid, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.23966
 Amount of Each Receipt this Period
 250.00

C. Dr. Anthony R. Ricottone
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 Braunview Way
 City Orchard Park State NY Zip Code 14127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western New York Urology Associates Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1347.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24030
 Amount of Each Receipt this Period
 1347.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 1847.83
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 64
	<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 (UROPAC)

A. Dr. John M. Roehmholdt
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Village Pointe Lane
 City State Zip Code
 Williamsville NY 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 John Roehmholdt, MD Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1347.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.23974
 Amount of Each Receipt this Period
 1347.83

B. Dr. Gene S. Rosenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 Forest Ave.
 City State Zip Code
 Teaneck NJ 07666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gene Rosenberg, MD Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.23977
 Amount of Each Receipt this Period
 535.00

C. Dr. Randolph J. Ross
 Full Name (Last, First, Middle Initial)
 Mailing Address #2 Morgan's Landing
 415 S. 28th Ave.
 City State Zip Code
 Hattiesburg MS 39402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hattiesburg Clinic Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2012
Transaction ID : SA11AI.24108
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2132.83
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 43 OF 64
	<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 (URO PAC)

A. Dr. Robert R. Ross Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 450 Anchorage Cr.

City Nokomis	State FL	Zip Code 34275-3201
-----------------	-------------	------------------------

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

Name of Employer RTR Urology	Occupation Urologist
---------------------------------	-------------------------

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.24034

Amount of Each Receipt this Period
250.00

B. Dr. John Michael Rutkowski
Full Name (Last, First, Middle Initial)

Mailing Address 800 W. Ferry Street, Apt 2DD

City Buffalo	State NY	Zip Code 14222-2403
-----------------	-------------	------------------------

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

Name of Employer John Rutkowski, MD	Occupation Urologist
--	-------------------------

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1347.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24075

Amount of Each Receipt this Period
1347.83

c. Dr. Mark S. Samberg
Full Name (Last, First, Middle Initial)

Mailing Address 1214 Catalina Dr

City Merced	State CA	Zip Code 95348
----------------	-------------	-------------------

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

Name of Employer Mark Samberg, MD	Occupation Urologist
--------------------------------------	-------------------------

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.24129

Amount of Each Receipt this Period
180.00

SUBTOTAL of Receipts This Page (optional).....▶	1777.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Christopher K. Schreiber		Date of Receipt
Mailing Address 4405 Night Hawk Road		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Billings	MT	59106-9549
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.23927
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Christopher Schreiber, MD	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Terrence Donald Schuhrke		Date of Receipt
Mailing Address 23022 Bering Sea Dr.		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Monarch Beach	CA	92629
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.23938
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Orange County Urology Associates	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="635.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Phillip J. Seereiter		Date of Receipt
Mailing Address 16 Highpoint Ct		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Orchard Park	NY	14127
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24215
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1347.83"/>
Name of Employer	Occupation	
Phillip Seereiter, MD	Urologist	
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1347.83"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1697.83"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Scott Michael Sell		Date of Receipt
Mailing Address 7 Hunters Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 09 / 06 / 2012
City	State	Zip Code
Fredericksburg	VA	22405-3351
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.24021
Scott Sell, MD	Urologist	
Receipt For: 2012	Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Courtney Shands II		Date of Receipt
Mailing Address 507 N. Taylor 12855 North Forty Drive, Ste 375		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 09 / 26 / 2012
City	State	Zip Code
Kirkwood	MO	63122
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.24148
Urology Consultants, LTD.	Urologist	
Receipt For: 2012	Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 535.00	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 535.00	

Full Name (Last, First, Middle Initial) C. Dr. Steven W. Siegel		Date of Receipt
Mailing Address 17 N. Oaks Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 09 / 28 / 2012
City	State	Zip Code
N. Oaks	MN	55127
FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	
Name of Employer	Occupation	Transaction ID : SA11AI.24125
Metro Urology	Urologist	
Receipt For: 2012	Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text"/> 535.00	
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 1535.00	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 1320.00
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 64
	<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 (UROPAC)

A. Dr. Demetrios N. Simopoulos
 Full Name (Last, First, Middle Initial)
 Mailing Address 1633 Terracina Dr.
 City El Dorado Hills State CA Zip Code 95762-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Demetrios Simopoulos, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.24188
 Amount of Each Receipt this Period
 250.00

B. Dr. Christopher J. Skomra
 Full Name (Last, First, Middle Initial)
 Mailing Address 8372 Black Walnut Drive
 City East Amherst State NY Zip Code 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christopher Skomra, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1347.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24144
 Amount of Each Receipt this Period
 1347.83

C. Dr. Howard M. Snyder III
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 Laurel Lane
 34th Street and Civic Center Blvd.
 City Haverford State PA Zip Code 19041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Children's Hospital Philadelphia Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.24175
 Amount of Each Receipt this Period
 535.00

SUBTOTAL of Receipts This Page (optional).....▶	2132.83
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 47 OF 64
	<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 (UROPAC)

A. Dr. Pramod C. Sogani
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Kennedy Rd.
 353 E 68th Street, Suite 521
 City Cresskill State NJ Zip Code 07626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Sloan-Kettering/Cancer Center Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.24001
 Amount of Each Receipt this Period
 1000.00

B. Dr. Matthew Joseph Spellman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 Hampton Park Dr.
 City Richmond Heights State MO Zip Code 63117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Consultants Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.24203
 Amount of Each Receipt this Period
 535.00

C. Dr. Mark Stein
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 Mildred Parkway
 City New Rochelle State NY Zip Code 10804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Advanced Urology Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24176
 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: (check only one)	PAGE 48 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Kevan Sternberg		Date of Receipt
Mailing Address 240 Maeck Farm Rd.		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Shelburne	VT	05482-6967
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24069
Name of Employer	Occupation	Amount of Each Receipt this Period
Kevan Sternberg, MD	Urologist	<input type="text" value="1347.83"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1347.83"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas F. Stringer		Date of Receipt
Mailing Address 13503 NW 8th Road 1600 SW Archer Road, PO Box 100247		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Newberry	FL	32669
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24036
Name of Employer	Occupation	Amount of Each Receipt this Period
University of Florida	Urologist	<input type="text" value="250.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Chandru P. Sundaram		Date of Receipt
Mailing Address 10554 Coppergate		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Carmel	IN	46032-9203
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24156
Name of Employer	Occupation	Amount of Each Receipt this Period
Indiana University School of Medicine	Urologist	<input type="text" value="250.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1847.83"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 64
	<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 (UROPAC)

A. Dr. Ernest M. Sussman
 Full Name (Last, First, Middle Initial)
 Mailing Address 9805 Mountain Grove Ct.
 City Las Vegas State NV Zip Code 89134-6722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ernest Sussman, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.24140
 Amount of Each Receipt this Period
 250.00

B. Dr. Herme O. Sylora
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Prestwick Drive
 City Frankfort State IL Zip Code 60423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Herme Sylora, MD Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2012
Transaction ID : SA11AI.23933
 Amount of Each Receipt this Period
 250.00

C. Dr. Hugh J. Talton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9821 Old National Pike
 City Hagerstown State MD Zip Code 21740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Urological Center Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.24110
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Arthur Edgar Tarantino			Date of Receipt <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>2</td><td>6</td><td></td> <td>2</td><td>0</td><td>1</td><td>2</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	1	2
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	6		2	0	1	2														
Mailing Address 11 Norwood Rd.			Transaction ID : SA11AI.23983																				
City West Hartford	State CT	Zip Code 06117	Amount of Each Receipt this Period <table border="1"> <tr> <td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	0	0	0	0	0	0	0	0	0										
1	0	0	0	0	0	0	0	0	0														
FEC ID number of contributing federal political committee. C																							
Name of Employer Hartford Clinical Associates	Occupation Urologist																						
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	2	2	0	0	0	0	0	0	0	0												
2	2	0	0	0	0	0	0	0	0														

Full Name (Last, First, Middle Initial) B. Dr. Stephen P. Taylor			Date of Receipt <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>4</td><td></td> <td>2</td><td>0</td><td>1</td><td>2</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	1	2
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	4		2	0	1	2														
Mailing Address 46 Sanders Ranch Rd.			Transaction ID : SA11AI.24178																				
City Moraga	State CA	Zip Code 94556	Amount of Each Receipt this Period <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	2	5	0	0	0	0	0	0	0	0										
2	5	0	0	0	0	0	0	0	0														
FEC ID number of contributing federal political committee. C																							
Name of Employer Pacific Urology	Occupation Urologist																						
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	2	5	0	0	0	0	0	0	0	0												
2	5	0	0	0	0	0	0	0	0														

Full Name (Last, First, Middle Initial) c. Dr. Christopher Charles Thacker			Date of Receipt <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>4</td><td></td> <td>2</td><td>0</td><td>1</td><td>2</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	1	2
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	4		2	0	1	2														
Mailing Address 341 Stonewood Drive, NW			Transaction ID : SA11AI.24141																				
City Cleveland	State TN	Zip Code 37311	Amount of Each Receipt this Period <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	2	5	0	0	0	0	0	0	0	0										
2	5	0	0	0	0	0	0	0	0														
FEC ID number of contributing federal political committee. C																							
Name of Employer Tennessee Valley Urology Center	Occupation Urologist																						
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	5	0	0	0	0	0	0	0	0	0												
5	0	0	0	0	0	0	0	0	0														

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>1</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	1	5	0	0	0	0	0	0	0	0										
1	5	0	0	0	0	0	0	0	0												
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				

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 51 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Erik Lang Torgerson		Date of Receipt
Mailing Address 3935 51st Ave NE		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Seattle	WA	98105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.23925
Name of Employer	Occupation	Amount of Each Receipt this Period
Swedish Urology Group	Urologist	<input type="text" value="250.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard M. Vise		Date of Receipt
Mailing Address 1473 Lake Mailande Dr.		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Meridian	MS	39301
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24088
Name of Employer	Occupation	Amount of Each Receipt this Period
Rush Medical Group, P.A.	Urologist	<input type="text" value="250.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Christopher Leonard Vulin		Date of Receipt
Mailing Address 1540 Breezbridge Drive 12855 North Forty Drive, Ste 375		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
St. Louis	MO	63131
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24208
Name of Employer	Occupation	Amount of Each Receipt this Period
Urology Consultants, Ltd.	Urologist	<input type="text" value="535.00"/>
Receipt For: 2012	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="535.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1035.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 52 OF 64
	<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 (UROPAC)

A. Dr. Merle Lindy Wade Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Country Club Place
 City Gadsden State AL Zip Code 35901-8202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clinical Urology Associates Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.24060
 Amount of Each Receipt this Period
 1000.00

B. Dr. Datta Wagle
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Troy View Lane
 City Williamsville State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Main Urology Associates, P.C Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1347.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24104
 Amount of Each Receipt this Period
 1347.83

C. Dr. Konstantin Walmsley
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 E 16th Street, Apt. 9E
 City New York State NY Zip Code 10021-1808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montclair Urological Group Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.24195
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2597.83
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 53 OF 64
	<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 (UROPAC)

A. Dr. Peter J. Walter
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 602
 City Bemus Point State NY Zip Code 14712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western NY Urology Associates, LLC Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1347.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24153
 Amount of Each Receipt this Period
 1347.83

B. Dr. Bradley Kent Weisner
 Full Name (Last, First, Middle Initial)
 Mailing Address 7408 St. Clair Dr.
 City Charlotte State NC Zip Code 28270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Specialist of the Carolinas, P Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.23924
 Amount of Each Receipt this Period
 535.00

C. Dr. Avi Chaim Weiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 2981 Hammerwood Dr.
 City Las Vegas State NV Zip Code 89135-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Specialists of Nevada Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24182
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2882.83
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 54 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Jeffrey Neil Weiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Geralind Dr
 City Muttontown State NY Zip Code 11791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Integrated Medical Professionals Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.23957
 Amount of Each Receipt this Period
 535.00

B. Dr. James R Wendelken
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 Camden Way
 City Oklahoma City State OK Zip Code 73116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Centers of OK Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.24157
 Amount of Each Receipt this Period
 535.00

c. Dr. Brad Christopher White
 Full Name (Last, First, Middle Initial)
 Mailing Address 16305 Wilson Farm Dr.
 12855 North Forty Drive, Ste 375
 City Chesterfield State MO Zip Code 63005-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Consultants, Ltd. Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2012
Transaction ID : SA11AI.23944
 Amount of Each Receipt this Period
 535.00

SUBTOTAL of Receipts This Page (optional).....▶	1605.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 64
	<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. John Henry White			Date of Receipt
Mailing Address 203 Woodridge			<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.24045
Victoria	TX	77904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
John White, MD	Urologist		
Receipt For: 2012	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Ryan G. White			Date of Receipt
Mailing Address 991 Briarwood Drive			<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.24210
Lakewood	NY	14750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="1347.83"/>
Name of Employer	Occupation		
WNY Urology Associates, LLC	Urologist		
Receipt For: 2012	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1347.83"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Elizabeth Anne Williams			Date of Receipt
Mailing Address 1031 Highlands Plaza Dr W., Apt 40			<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.24184
St. Louis	MO	63110-1346	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="535.00"/>
Name of Employer	Occupation		
Urology Consultants, LTD	Urologist		
Receipt For: 2012	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="535.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2132.83"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 56 OF 64
	<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 (UROPAC)

A. Dr. Howard Neil Winfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 1953 Nottingham Place
 City Tuscaloosa State AL Zip Code 35406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer West Alabama Urology Associates Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.23976
 Amount of Each Receipt this Period
 250.00

B. Dr. Jaime Alan Wong
 Full Name (Last, First, Middle Initial)
 Mailing Address 1347 Berwick Avenue NE
 City Atlanta State GA Zip Code 30306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jenkins Clinic Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : SA11AI.24071
 Amount of Each Receipt this Period
 250.00

c. Dr. Joseph C. Wood
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 9th Avenue
 City Conway State NC Zip Code 29526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlantic Urology Clinics Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012
Transaction ID : SA11AI.24171
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 64
	<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 (UROPAC)

A. Dr. Charles Stephen Woolums
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 Snow White Ln
 City Corbin State KY Zip Code 40701-9649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baptist Healthcare System Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2012
Transaction ID : SA11AI.24196
 Amount of Each Receipt this Period
 250.00

B. Dr. Paulos Yohannes
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 S. 85th Street
 City Omaha State NE Zip Code 68114-4252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urrobotics, PC Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24186
 Amount of Each Receipt this Period
 250.00

C. Dr. Jason Noel Zommick
 Full Name (Last, First, Middle Initial)
 Mailing Address 11361 Lago Augustine Way
 City Las Vegas State NV Zip Code 89141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Urology Specialists of Nevada Occupation Urologist
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : SA11AI.24005
 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).....▶	92945.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 64
<input 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 checked="" 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 (UROPAC)

A. DAVIS, GEOFFREY C.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 17192
 City FT MITCHELL State KY Zip Code 41017
 FEC ID number of contributing federal political committee. **C** C00369470
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : SA16.24229
 Amount of Each Receipt this Period
 500.00
 Partial Refund of \$2000 donation made 7/27/11

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

**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)

<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 (UROPAC)

Full Name (Last, First, Middle Initial)

A. Bank One

Mailing Address 111 E. Busse Avenue, 5th Floor

City State Zip Code
Mt. Prospect IL 60056

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : SB21B.23907

Amount of Each Disbursement this Period

437.64

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

437.64

437.64

**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 (UROPAC)

Full Name (Last, First, Middle Initial)

A. BARROW, JOHN J.

Mailing Address PO BOX 8166

City SAVANNAH State GA Zip Code 31412

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: GA District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	2

Transaction ID : **SB23.23877**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BROOKS, MO

Mailing Address 7610 FOXFIRE DR.

City HUNTSVILLE State AL Zip Code 35802

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: AL District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	2

Transaction ID : **SB23.23881**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. BURGESS, MICHAEL C. DR.

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23.23891**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 (UROPAC)

Full Name (Last, First, Middle Initial)

A. DEFEND AMERICA PAC

Mailing Address P.O. BOX 2626

City TUSCALOOSA State AL Zip Code 35403

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	20	/	2012

Transaction ID : SB23.23889

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. GRIFFIN, JOHN TIMOTHY

Mailing Address P.O. BOX 7526

City LITTLE ROCK State AR Zip Code 72217

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	07	/	2012

Transaction ID : SB23.23887

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. HECK, DENNIS

Mailing Address PO BOX 253

City OLYMPIA State WA Zip Code 98507

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	19	/	2012

Transaction ID : SB23.23883

Amount of Each Disbursement this Period

1000.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

<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 (UROPAC)

Full Name (Last, First, Middle Initial)

A. KISSELL FOR CONGRESS

Mailing Address P.O. BOX 1530

City BISCOE State NC Zip Code 27209

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : SB23.23879

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)

Mailing Address PO BOX 680063

City FRANKLIN State TN Zip Code 37068

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2012

Transaction ID : SB23.23905

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PAUL, RAND

Mailing Address 1019 STATE STREET

City Newport State KY Zip Code 42101

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: KY District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : SB23.23895

Amount of Each Disbursement this Period

1000.00

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

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

8500.00

**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)

<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 (UROPAC)

Full Name (Last, First, Middle Initial) A. ROGERS, MICHAEL J		Date of Disbursement MM / DD / YYYY 07 / 29 / 2012
Mailing Address 802 MEADOWLARK LANE		Transaction ID : SB23.23885
City HOWELL	State MI	
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 08		

Full Name (Last, First, Middle Initial) B. TAVAGLIONE, JOHN F		Date of Disbursement MM / DD / YYYY 09 / 19 / 2012
Mailing Address 3825 WESTWOOD DR		Transaction ID : SB23.23899
City RIVERSIDE	State CA	
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 41		

Full Name (Last, First, Middle Initial) C. THOMPSON, TOMMY G		Date of Disbursement MM / DD / YYYY 08 / 20 / 2012
Mailing Address 1313 MANASSAS TRAIL		Transaction ID : SB23.23893
City MADISON	State WI	
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
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 (UROPAC)

Full Name (Last, First, Middle Initial)

A. VOTE TO ELECT REPUBLICANS NOW PAC (VERN PAC)

Mailing Address 22780 INDIAN CREEK DRIVE, STE 100

City DULLES State VA Zip Code 20166

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2012

Transaction ID : SB23.23903

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. WHITFIELD, WAYNE EDWARD

Mailing Address 108 ALUMNI AVENUE

City HOPKINSVILLE State KY Zip Code 42240

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SB23.23897

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

10000.00

44500.00
