

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

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

FOR LINE NUMBER: PAGE 11 OF 42

(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 PAC (UROPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Paolone, David, Ralph, ,

Mailing Address 1311 Waldorf Blvd

City
Madison

State
WI

Zip Code
53719-4455

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
David Paolone, Md

Occupation (for Individual)
Urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2019

Transaction ID : ACC6DA7717BAB46F68A3

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wadle, Ronald, W., ,

Mailing Address 4665 Dover Rd

City

Bloomfield Hills

State

MI

Zip Code

48304-3626

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tri County Urologists, P.C.

Occupation (for Individual)
Urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2019

Transaction ID : AAF3ABF1EB9C24226B2E

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Templeton, Lance, Edward, ,

Mailing Address 301 4th St
Ste 30133

City

Alexandria

State

LA

Zip Code

71301-8425

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Alexandria Urology Associates, LLP

Occupation (for Individual)
Urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2019

Transaction ID : ADBB9FD1D3E504D04AF1

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00