

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROFAC)

ADDRESS (number and street)

1111 N PLAZA DRIVE SUITE 550

Check if different than previously reported. (ACC)

SCHAUMBURG

IL

80173

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00273003

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

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)

Report for the:

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

11

02

2004

in the State of

5. Covering Period

10

14

2004

through

11

22

2004

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 J. Weiser

Signature of Treasurer

Electronically Filed by Wendy J. Weiser

Date

11

23

2004

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Report Covering the Period: From: <sup>M</sup>10 <sup>:</sup>14 <sup>Y</sup>2004 To: <sup>M</sup>11 <sup>:</sup>22 <sup>Y</sup>2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		91610.66
(b) Cash on Hand at Beginning of Reporting Period .....	45070.37	
(c) Total Receipts (from Line 19) .....	19205.00	178727.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	64275.37	270337.66
<hr/>		
7. Total Disbursements (from Line 31) .....	16512.00	222574.29
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	47763.37	47763.37
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Report Covering the Period: From: <sup>M</sup>10 <sup>D</sup>14 <sup>Y</sup>2004 To: <sup>M</sup>11 <sup>D</sup>22 <sup>Y</sup>2004

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) .....	8635.00	
(ii) Unitemized .....	10570.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	19205.00	178727.00
(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) .....	19205.00	178727.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	19205.00	178727.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19205.00	178727.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12.00	2074.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12.00	2074.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	220500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (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))..	16512.00	222574.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16512.00	222574.29

**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) .....	19205.00	178727.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19205.00	178727.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12.00	2074.29
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12.00	2074.29

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

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

FOR LINE NUMBER:          PAGE 6 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 POLITICAL ACTION COMMITTEE (UROPAC)**

Full Name (Last, First, Middle Initial) <b>A. Dr. William Bogahe, M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 8905 N. Ocean Blvd.		Transaction ID: SA11A1.10539
City	State	Zip Code
Myrtle Beach	SC	29572
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer Grand Strand Urology	Occupation Urologist	
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Dr. John Britton Jr., M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 5 Guerard Rd		Transaction ID: SA11A1.10764
City	State	Zip Code
Charleston	SC	29407
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer John J. Britton Jr., M.D.	Occupation Urologist	
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Dr. James Bruffy, M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 179 Eagle Drive, N		Transaction ID: SA11A1.10538
City	State	Zip Code
Canon City	CO	81212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer James L. Bruffy, M.D.	Occupation Urologist	
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>450.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert Bux, M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 988 Taylor School Rd.		Transaction ID: SA11A1.10566
City London	State KY	Zip Code 40741
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Laurel Med. Ctr.	Occupation Urologist	Aggregate Year-to-Date ▼ 450.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Curtis Campbell, M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 1685 Martinet Lane		Transaction ID: SA11A1.10549
City Ogden	State UT	Zip Code 84403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer C.M. Campbell, M.D., P.C.	Occupation Urologist	Aggregate Year-to-Date ▼ 350.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Joseph Cortese Jr., M.D.</b>		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 7511 Morningside Dr.		Transaction ID: SA11A1.10898
City Houston	State TX	Zip Code 77030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer MD Anderson Cancer Center	Occupation Urologist	Aggregate Year-to-Date ▼ 600.00
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>900.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Full Name (Last, First, Middle Initial) <b>A. Dr. Carolyn Coryell, M.D.</b>		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2004	
Mailing Address 418 Augusta Drive		Transaction ID: SA11A1.10574	
City State Zip Code Statesville NC 28677	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Piedmont Healthcare	Occupation Urologist		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. James Esler, M.D.</b>		Date of Receipt M / D / Y Y Y Y 11 / 18 / 2004	
Mailing Address 1463 Canoochee Dr. NE		Transaction ID: SA11A1.10773	
City State Zip Code Atlanta GA 30319	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Urology of Atlanta, LLC	Occupation Urologist		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Alexander Feigl, M.D.</b>		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004	
Mailing Address 125 E. Lark Court		Transaction ID: SA11A1.10561	
City State Zip Code Mc Allen TX 78504	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Urology Associates of S. Texas P.A.	Occupation Urologist		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **850.00**

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



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

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

FOR LINE NUMBER: PAGE 9 / 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert Garrison, M.D.</b>		Date of Receipt M / D / Y 10 / 27 / 2004	
Mailing Address 140 Davis Bay Dr.		Transaction ID: SA11A1.10680	
City Beaufort	State NC	Zip Code 28516	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Carteret Surgical Association, P.C. Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Urologist Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. Kenneth Goldberg, M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004	
Mailing Address 8015 Meadowcreek Drive		Transaction ID: SA11A1.10744	
City Dallas	State TX	Zip Code 75248	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Texas Urology, P.A. Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Urologist Aggregate Year-to-Date ▼ 801.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Leo Grafstein, M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004	
Mailing Address 511 Klondike Ave.		Transaction ID: SA11A1.10743	
City Staten Island	State NY	Zip Code 10314	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Urology Associates of NENY Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Urologist Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert Hartnett, M.D.</b>		Date of Receipt M / D / Y 10 / 27 / 2004	
Mailing Address 90 Red Oak Ln.		Transaction ID: SA11A1.10689	
City West Barnstable	State MA	Zip Code 02668	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Robert R. Hartnett, M.D.	Occupation Urologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Dr. Charles King, M.D., F.A.C.S.</b>		Date of Receipt M / D / Y 10 / 28 / 2004	
Mailing Address 1238 SE 5th St		Transaction ID: SA11A1.10631	
City Ocala	State FL	Zip Code 34471	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ocala Urology Specialist, P.A.	Occupation Urologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Dr. Donald Morris, M.D.</b>		Date of Receipt M / D / Y 11 / 17 / 2004	
Mailing Address 785 Suwannee Ct.		Transaction ID: SA11A1.10598	
City St. Petersburg	State FL	Zip Code 33702	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Donald B. Morris, M.D., PA	Occupation Urologist	Aggregate Year-to-Date ▼ 600.00	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 21  
(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 POLITICAL ACTION COMMITTEE (UROPAC)**

Full Name (Last, First, Middle Initial) <b>A. Dr. Herman Panamore III, M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 312 Hunting Road		Transaction ID: SA11A1.10762
City Greenwood	State SC	Zip Code 29646
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Greenwood Urological	Occupation Urologist	
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. David Pfeffer, M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 7582 Bear Wallow Dr.		Transaction ID: SA11A1.10719
City Warrenton	State VA	Zip Code 20186
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Urological Associates of the Piedmont	Occupation Urologist	
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 785.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Donald Preate Sr., M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 430 E. Main St.		Transaction ID: SA11A1.10712
City Dalton	State PA	Zip Code 16814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Mori, Mori, Preate Assoc. Ltd.	Occupation Urologist	
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ 635.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 12 / 21

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Full Name (Last, First, Middle Initial) <b>A. Dr. David Reed, M.D.</b>		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004	
Mailing Address 384B 21st Ave., SW		Transaction ID: SA11A1.10684	
City Seattle	State WA	Zip Code 98106	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DC Reed, MD	Occupation Urologist		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. F. Rommal, M.D.</b>		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004	
Mailing Address 541 Stonehenge Dr.		Transaction ID: SA11A1.10654	
City Litz	State PA	Zip Code 17543	Amount of Each Receipt this Period 535.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Urology Associates of Lancaster, Ltd.	Occupation Urologist		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Marc Rose, M.D.</b>		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004	
Mailing Address 256 Riverway Dr.		Transaction ID: SA11A1.10753	
City Vero Beach	State FL	Zip Code 32963	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Indian River Urology Assoc., P.A.	Occupation Urologist		
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... ► **1035.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 21  
(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 POLITICAL ACTION COMMITTEE (UROPAC)**

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark Rosen, M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 3205 Park Ave		Transaction ID: SA11A1.10690
City	State	Zip Code
Soquel	CA	95073
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mark Rosen, MD, PA	Occupation Urologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: 2004 Primary    X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Kenneth Son, M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 895 Richmond Hill Dr.		Transaction ID: SA11A1.10575
City	State	Zip Code
Macon	GA	31210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Kenneth A. Son, M.D.	Occupation Urologist	Aggregate Year-to-Date ▼ 401.00
Receipt For: 2004 Primary    X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Norander Sood, M.D.</b>		Date of Receipt M / D / Y 10 / 27 / 2004
Mailing Address 450B 177th Ave, S.E.		Transaction ID: SA11A1.10749
City	State	Zip Code
Bellevue	WA	98008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Eastside Urology Associates, PS	Occupation Urologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: 2004 Primary    X General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 21  
(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 POLITICAL ACTION COMMITTEE (UROPAC)**

Full Name (Last, First, Middle Initial) <b>A. Dr. Alexander Sparkuhl M.D.</b>		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 9333 Canyon Mesa Dr		Transaction ID: SA11A1.10716
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89144</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Urology Associates</b>	Occupation <b>Urologist</b>	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Obie Stalup Jr., M.D.</b>		Date of Receipt M / D / Y 10 / 27 / 2004
Mailing Address 4803 18th St		Transaction ID: SA11A1.10571
City <b>Lubbock</b>	State <b>TX</b>	Zip Code <b>79416</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>200.00</b>
Name of Employer <b>Lubbock Urology Associates</b>	Occupation <b>Urologist</b>	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>735.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Patrick Sullivan, M.D.</b>		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 1357 43rd Ave., Unit 50		Transaction ID: SA11A1.10751
City <b>Greeley</b>	State <b>CO</b>	Zip Code <b>80634</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Retired</b>	Occupation <b>Urologist</b>	
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 21  
(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 POLITICAL ACTION COMMITTEE (UROPAC)**

Full Name (Last, First, Middle Initial) <b>A. Dr. John Timmons Jr. M.D.</b>		Date of Receipt M / D / Y Y Y Y 11 / 18 / 2004	
Mailing Address <b>851 D SW 35 Way</b>		Transaction ID: SA11A1.10705	
City <b>Gainesville</b>	State <b>FL</b>	Zip Code <b>32608</b>	Amount of Each Receipt this Period <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Deardourff, Timmons, &amp; Associates</b>	Occupation <b>Urologist</b>		
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>350.00</b>		

Full Name (Last, First, Middle Initial) <b>B. Dr. Pellegrino Tozzo, M.D.</b>		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2004	
Mailing Address <b>5192 SW Bimini Cir. N</b>		Transaction ID: SA11A1.10611	
City <b>Palm City</b>	State <b>FL</b>	Zip Code <b>32909</b>	Amount of Each Receipt this Period <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>P.J. Tozzo, M.D., P.C.</b>	Occupation <b>Urologist</b>		
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>735.00</b>		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey Usher, M.D.</b>		Date of Receipt M / D / Y Y Y Y 11 / 17 / 2004	
Mailing Address <b>7501 W. York Prairie Way</b>		Transaction ID: SA11A1.10888	
City <b>Muncie</b>	State <b>IN</b>	Zip Code <b>47304</b>	Amount of Each Receipt this Period <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Urology Associates, LLC</b>	Occupation <b>Urologist</b>		
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: PAGE 16 / 21  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Weiss, M.D.		Date of Receipt 10 / 27 / 2004	
Mailing Address B1 Geraldine Dr		Transaction ID: SA11A1.10581	
City Middletown	State NY	Zip Code 11791	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Jeffrey N. Weiss, M.D.	Occupation Urologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: 2004 Primary X General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	500.00
TOTAL This Period (last page this line number only) .....	▶	8635.00



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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Full Name (Last, First, Middle Initial)  
A. Bank One

Mailing Address 111 E. Busse Avenue, 5th Floor

City Mt. Prospect State IL Zip Code 60056

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary General  
 Other (specify) ▼

Transaction ID: SB21B.1D507  
Date of Disbursement  
10 / 31 / 2004

Amount of Each Disbursement this Period  
12.00

Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....	▶	12.00
TOTAL This Period (last page this line number only) .....	▶	12.00

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Full Name (Last, First, Middle Initial) <b>A. BOUSTANY, CHARLES W JR</b>		Transaction ID: SB23.10534 Date of Disbursement 10 / 27 / 2004	
Mailing Address 331 BEVERLY DRIVE		Amount of Each Disbursement this Period 4500.00	
City LAFAYETTE State LA Zip Code 70503	Purpose of Disbursement	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA      District: D7	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. BROWN, SHERROD</b>		Transaction ID: SB23.10524 Date of Disbursement 10 / 22 / 2004	
Mailing Address 2625 East Erie		Amount of Each Disbursement this Period 2500.00	
City Lorrain State OH Zip Code 44052	Purpose of Disbursement	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH      District: 13	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. CRANE FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.10514 Date of Disbursement 10 / 22 / 2004	
Mailing Address P.O. Box 8534		Amount of Each Disbursement this Period 1000.00	
City Rolling Meadows State IL Zip Code 60008	Purpose of Disbursement	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL      District: 08	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Full Name (Last, First, Middle Initial) <b>A. DEAL, NATHAN</b>		Transaction ID: SB23.1052B Date of Disbursement 10 / 22 / 2004	
Mailing Address PO BOX 902		Amount of Each Disbursement this Period 1000.00	
City GAINESVILLE State GA Zip Code 30503	Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA      District: 10	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. HAMEL FOR CONGRESS</b>		Transaction ID: SB23.10522 Date of Disbursement 10 / 22 / 2004	
Mailing Address PO BOX 270		Amount of Each Disbursement this Period 1000.00	
City PRESQUE ISLE State ME Zip Code 04760	Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME      District: 02	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KINGSTON, JOHN HEDDENS</b>		Transaction ID: SB23.10512 Date of Disbursement 10 / 22 / 2004	
Mailing Address 207 Fiddlers Bend		Amount of Each Disbursement this Period 500.00	
City Savannah State GA Zip Code 31406	Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA      District: 01	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Full Name (Last, First, Middle Initial)  
**A. KIRK FOR CONGRESS**

Mailing Address P.O. Box 8

City State Zip Code  
Winnetka IL 60093

Purpose of Disbursement

Candidate Name

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

State: IL District: 10

Transaction ID: SB23.10526  
Date of Disbursement  
10 / 22 / 2004

Amount of Each Disbursement this Period  
500.00

Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. LINDER FOR CONGRESS**

Mailing Address P.O. Box 4026

City State Zip Code  
Duluth GA 30006

Purpose of Disbursement

Candidate Name

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

State: GA District: 07

Transaction ID: SB23.10530  
Date of Disbursement  
10 / 22 / 2004

Amount of Each Disbursement this Period  
1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. MARSHALL, JIM**

Mailing Address P.O. Box 125

City State Zip Code  
Macon GA 31201

Purpose of Disbursement

Candidate Name

Office Sought:  House  
Senate  
President

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

State: GA District: 03

Transaction ID: SB23.10532  
Date of Disbursement  
10 / 22 / 2004

Amount of Each Disbursement this Period  
500.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **2000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS POLITICAL ACTION COMMITTEE (UROPAC)

Full Name (Last, First, Middle Initial) <b>A. MATHESON FOR CONGRESS</b>		Transaction ID: SB23.1051D Date of Disbursement 10 / 20 / 2004	
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00	
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT      District: D2	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MUSGRAVE FOR CONGRESS</b>		Transaction ID: SB23.1051B Date of Disbursement 10 / 22 / 2004	
Mailing Address 5401 STONE CREEK CIRCLE SUITE 777		Amount of Each Disbursement this Period 1000.00	
City LOVELAND State CO Zip Code 80538	Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO      District: D4	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. STENHOLM FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.10520 Date of Disbursement 10 / 22 / 2004	
Mailing Address Po Box 5848		Amount of Each Disbursement this Period 2000.00	
City Abilene State TX Zip Code 79608	Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX      District: 17	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	▶	4000.00
TOTAL This Period (last page this line number only) .....	▶	16500.00