

**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 UROLOGICAL ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AUAPAC)

ADDRESS (number and street)

1000 CORPORATE BLVD

Check if different
than previously
reported. (ACC)

LINTHICUM

MD

21090

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00691741

3. IS THIS
REPORTNEW
(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 / 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 / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
08 01 2026

through

M M / D D / Y Y Y Y Y Y
08 31 2026

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

Tarantino, Arthur, Edgar, ,

Signature of Treasurer

Tarantino, Arthur, Edgar, ,

Date

M M / D D / Y Y Y Y Y Y
09 17 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN UROLOGICAL ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AUAPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2026 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2026		243162.04
(b) Cash on Hand at Beginning of Reporting Period.....	288976.73	
(c) Total Receipts (from Line 19)	1872.67	96687.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	290849.40	339849.40
7. Total Disbursements (from Line 31)	- 1000.00	48000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	291849.40	291849.40
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICAN UROLOGICAL ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AUAPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y
08 01 2026

To:

M M / D D / Y Y Y Y
08 31 2026

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).....

1777.67

88842.68

(ii) Unitemized

95.00

7844.68

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1872.67

96687.36

(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)

1872.67

96687.36

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 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))

1872.67

96687.36

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

1872.67

96687.36

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	49000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	- 1000.00	- 1000.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	- 1000.00	- 1000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	- 1000.00	48000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 1000.00	48000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1872.67	96687.36
34. Total Contribution Refunds (from Line 28(d))	- 1000.00	- 1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2872.67	97687.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 12
(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 UROLOGICAL ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AUAPAC)

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

A. Chai, Toby, , ,

Mailing Address 144 Blue Hills Rd

City
North Haven

State
CT

Zip Code
06473

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boston University

Occupation (for Individual)
Urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
08 / 04 / 2026

Transaction ID : SA11AI.7212

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Frendl, Daniel, , ,

Mailing Address 3610 E Hazelwood St

City
Phoenix

State
AZ

Zip Code
85018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mayo Clinic

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

MM / DD / YYYY
08 / 02 / 2026

Transaction ID : SA11AI.7209

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

C. Grady, Brian, Page, ,

Mailing Address 1100 Van Ness Ave Fl 5 San Francis

City
San Francisco

State
CA

Zip Code
94109

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sutter Health

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3328.00

Date of Receipt

MM / DD / YYYY
08 / 06 / 2026

Transaction ID : SA11AI.7213

Amount of Each Receipt this Period

416.00

☐ Memo Item

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

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN UROLOGICAL ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AUAPAC)

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

A. Kaplan, Damara, Lee, ,

Mailing Address 14 Sandia Heights Dr NE

City
AlbuquerqueState
NMZip Code
87122FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NM Cancer CenterOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2026

Transaction ID : SA11AI.7224

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Kasraeian, Ali, , ,

Mailing Address 4040 Alcazar Ave

City
JacksonvilleState
FLZip Code
32207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kasraeian UrologyOccupation (for Individual)
Urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1580.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2026

Transaction ID : SA11AI.7223

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

C. Kasraeian, Ali, , ,

Mailing Address 4040 Alcazar Ave

City
JacksonvilleState
FLZip Code
32207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kasraeian UrologyOccupation (for Individual)
Urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2026

Transaction ID : SA11AI.7225

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN UROLOGICAL ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AUAPAC)

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

A. Keel, Christopher, , ,

Mailing Address PO Box 157

City
FairhopeState
ALZip Code
36533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U of S Alabama Dept of UrologyOccupation (for Individual)
Physician

Receipt For:

☐ 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
08 / 29 / 2026

Transaction ID : SA11AI.7228

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Kim, Jason, M, ,

Mailing Address 18 Indian Valley Rd

City
SetauketState
NYZip Code
11733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Stony Brook UrologyOccupation (for Individual)
Physician

Receipt For:

☐ 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
08 / 15 / 2026

Transaction ID : SA11AI.7217

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Maroni, Paul, Daniel, ,Mailing Address 6160 S Olathe St
PO Box C319City
CentennialState
COZip Code
80016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Physician

Receipt For:

☐ 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
08 / 04 / 2026

Transaction ID : SA11AI.7211

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 9 OF 12
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐ 17			

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NAME OF COMMITTEE (In Full)

AMERICAN UROLOGICAL ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AUAPAC)

A. Pike, Sheldon, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 350 E 79th St City New York State NY Zip Code 10075 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) NY Health Occupation (for Individual) Physician Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 3328.00		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2026 Transaction ID : SA11AI.7214 Amount of Each Receipt this Period 416.00 ☐ Memo Item
B. Sadeghi-Nejad, Hossein, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 222 E 41st St FI 12 New York City New York State NY Zip Code 10017 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) NYU Grossman School of Med Occupation (for Individual) Surgeon Receipt For: ☐ 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 08 / 15 / 2026 Transaction ID : SA11AI.7215 Amount of Each Receipt this Period 50.00 ☐ Memo Item
C. Shtainer, Alfred, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 255 E 74th St apt 27A City New York State NY Zip Code 10021 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician Receipt For: ☐ 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 08 / 15 / 2026 Transaction ID : SA11AI.7216 Amount of Each Receipt this Period 50.00 ☐ Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶		516.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN UROLOGICAL ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AUAPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Swords, Kelly, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 03 / 2026 Transaction ID : SA11AI.7210	
Mailing Address 821 West Montecito Way			Amount of Each Receipt this Period 85.00	
City San Diego	State CA	Zip Code 92103	☐ Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) UCSD		Occupation (for Individual) Physician		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 680.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Thatcher, Jacob, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 23 / 2026 Transaction ID : SA11AI.7222	
Mailing Address 1124 Barney Dairy Rd			Amount of Each Receipt this Period 50.00	
City Rexburg	State ID	Zip Code 83440	☐ Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Doctor		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Webster, Joshua, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 28 / 2026 Transaction ID : SA11AI.7226	
Mailing Address 7524 Eastern Ave NW			Amount of Each Receipt this Period 41.67	
City Washington	State DC	Zip Code 20012	☐ Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) American Urological Assoc		Occupation (for Individual) Healthcare Advocate		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)		Aggregate Year-to-Date ▼ 333.36		
SUBTOTAL of Receipts This Page (optional).....▶			176.67	
TOTAL This Period (last page this line number only).....▶				

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

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

FOR LINE NUMBER: PAGE 11 OF 12
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
☐	☐	☐	☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN UROLOGICAL ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AUAPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Wysock, James, S, , Mailing Address 30 Barclay Rd City Scarsdale State NY Zip Code 10583 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) NYU Lagone Health Occupation (for Individual) Doctor Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt 08 / 19 / 2026 Transaction ID : SA11AI.7220 Amount of Each Receipt this Period 50.00 ☐ Memo Item
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt Amount of Each Receipt this Period ☐ Memo Item
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: ☐ Primary ☐ General ☐ Other (specify) Aggregate Year-to-Date ▼		Date of Receipt Amount of Each Receipt this Period ☐ Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶ TOTAL This Period (last page this line number only)..... ▶		50.00 1777.67

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☒ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN UROLOGICAL ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AUAPAC)

Full Name (Last, First, Middle Initial)

A. BILL CASSIDY FOR US SENATE

Mailing Address PO BOX 80505

City
BATON ROUGEState
LAZip Code
70898

Purpose of Disbursement

010

Category/
Type

Candidate Name

CASSIDY, WILLIAM M., , ,

Office Sought:

☐	House
☒	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: LA

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	2	6		

FEC Identification Number

C C00543983

Transaction ID : SB28B.7234

Amount of Each Disbursement this Period

- 1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

- 1000.00

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

- 1000.00