

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)

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☒ 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. Bryant, John, F., ,

Mailing Address 2301 House Ave
Ste 502

City
Cheyenne

State
WY

Zip Code
82001-3179

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cheyenne Urological

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
04 / 29 / 2019

Transaction ID : A0D67EACE5BEA4DA39F2

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hamilton, Blake, Douglas, ,

Mailing Address 30 N 1900 E
Rm 3B420

City

Salt Lake City

State
UT

Zip Code
84132-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Of Utah

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
05 / 02 / 2019

Transaction ID : AFE05E943298C4A55832

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

c. Polepalle, Sapan, K., , MD

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 (for Individual)
Sapan Polepalle, 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
05 / 20 / 2019

Transaction ID : ADB4EDF519B3B470DAE2

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