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Refer To File #: 501829-0001

January 24, 2017

Lisa J. Stevenson, Esq.
Acting General Counsel
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Advisory Opinion Request

Dear Ms. Stevenson:

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On behalf of the American Urological Association, Inc. (AUA), I am writing to request an advisory opinion) concerning the application of the Federal Election Campaign Act of 1971, as amended ("the Act"), and Commission regulations to the affiliation status of the American Association of Clinical Urologists PAC (UROPAC). Specifically, we seek to confirm that as a result of changes in the relationship between AUA and the American Association of Clinical Urologists (AACU), the two entities are no longer affiliated pursuant to 52 U.S.C. § 30116(a)(5) and therefore AUA is no longer a connected organization of UROPAC.

AUA and AACU have always been separate legal entities. However, at the request of the entities and in light of the relationship between the entities at the time, in Advisory Opinion 2002-15, the Commission determined that the "AACU is affiliated with AUA and both entities may therefore serve as connected organizations for the same [separate segregated fund]", i.e., UROPAC. AO 2002-15 at 4. In ensuing years, however, ties between the AUA and the AACU have diminished so that many of the factors cited by the FEC in support of affiliation no longer exist. As discussed in greater detail below, AUA does not believe that it continues to be affiliated with AACU under 52 U.S.C. § 30116(a)(5) and seeks a determination from the Commission to confirm this status.

I. Factual Background

The American Urological Association is a premier urologic association, providing invaluable support to the urologic community. Its mission – executed through a family of independent but related 501(c)(3) and 501(c)(6) entities – is to promote the highest standards of urological clinical care through education, research and the formulation of health care policy. The AUA currently has more than 22,000 members worldwide, including practicing urologists, research scientists, urologists in training, and advanced practice providers (physician assistants and advanced practice registered nurses), all of whom are united by their support for the



advancement of urology and urological professionals. In terms of its advocacy mission, the AUA proudly represents the evolving priorities of its diverse membership.

The AACU is a 501(c)(6) organization founded in 1969 to advance urologists' legislative priorities. The AACU, with approximately 3,935 physician members (see AO 2002-15), is dedicated to developing and advancing health policy as it affects urologic practice and training.

UROPAC is the political action committee organized by the AACU in 1992. In 2002, the Executive Director of UROPAC sought an advisory opinion from the Commission as to whether AACU and AUA had sufficient organizational ties to render them "affiliated organizations" under the FECA, such that both entities would be connected organizations of UROPAC. Based on the advisory opinion request and additional information sought by the Commission, the FEC applied the traditional multi-factor test for affiliation and determined that "AACU is affiliated with AUA, and thus they may both serve as connected organizations of UROPAC." AO 2002-15 at 7. In particular, the FEC focused on factors such as overlapping membership, governance structures, and Board membership between the two entities, as well as "other indicators of an ongoing commitment to joint endeavors" including coordinated lobbying efforts and a formal affiliation agreement between the entities.

Between 2002 and 2016, the AUA and the AACU executed a series of affiliation agreements between the two organizations that reflected the close relationship between the two entities. Specifically, the AUA and AACU co-sponsored and shared the administrative expenses associated with UROPAC and collaborated in sponsoring various advocacy conferences in Washington, D.C. Over time, however, the AUA and the AACU's organizational and operational agendas and priorities began to diverge and the two organizations undertook the process of unwinding many of their close connections. In 2015, the two organizations agreed that AUA would no longer provide any financial support to UROPAC. The AACU notified the FEC via an amended Form 1 that it had resumed sole sponsorship of UROPAC as of January 1, 2016. Further, the two organizations will co-sponsor their final joint advocacy conference in March 2017, and the most recent affiliation agreement between AUA and AACU will sunset at that time, with no plans to renew the agreement.

II. Question Presented

Given the structural and operational changes in terms of AUA's and AACU's governance structures, board membership, and control authority, are the two entities no longer affiliated under 52 U.S.C. § 30116(a)(5)?

III. Analysis

In the absence of certain automatically affiliated relationships such as a parent-subsidiary relationship, the FEC will examine various factors in the context of an overall relationship between entities to determine if the entities are affiliated with each other, so that their respective separate segregated funds (SSFs) would be deemed affiliated as well.

Included in these factors are (A) whether a sponsoring organization owns a controlling interest in the voting stock or securities of another sponsoring organization; (B) whether a sponsoring organization has the authority or ability to direct or participate in the governance of



another sponsoring organization through provisions of constitutions, by-laws, contracts or other rules, or through formal or informal practices or procedures; (C) whether a sponsoring organization has the authority or ability to hire, appoint, demote or otherwise control the officers, or other decision-making employees of another sponsoring organization; (D) whether a sponsoring organization has a common or overlapping membership with another sponsoring organization which indicates a formal or ongoing relationship between the organizations; (E) whether a sponsoring organization has common or overlapping officers or employees with another sponsoring organization which indicates a formal or ongoing relationship between the organizations; (F) whether a sponsoring organization has any members, officers, or employees who previously were members, officers, or employees of another sponsoring organization which indicates a formal or ongoing relationship between the organizations; (G) whether a sponsoring organization provides funds or goods in significant amount or on an ongoing basis to another sponsoring organization; (H) whether a sponsoring organization causes or arranges for funds in a significant amount or on an ongoing basis to be provided to another sponsoring organization; (I) whether a sponsoring organization had an active or significant role in the formation of another sponsoring organization; and (J) whether the [PACs operated by the sponsoring organizations] have similar patterns of contributions which indicates a formal or ongoing relationship between the [PACs]. 11 CFR 110.3(a)(3)(ii)(A)-(J). As the Commission has noted, this list of circumstantial factors is not an exclusive list, and “the Commission does not have a formula whereby the presence of a specific number of factors is sufficient or insufficient for continued affiliation.” AO 2012-21; see also AO 2002-15, AO 1995-36.

A review of the relationship between AUA and AACU through this multi-factor lens indicates that the two organizations operate entirely independently from one another, thus supporting a conclusion that the AUA and AACU are disaffiliated under the FECA.

A. As of May 2017, the AUA and AACU will have no overlapping current or former Board members.

The AUA and AACU are (and have always been) separately incorporated organizations, with separate by-laws, boards of directors, missions, headquarters, and operational activities. That said, the Commission relied in its 2003 Advisory Opinion on the fact that the two organizations shared a number of current or former board members as evidence of an ongoing governance relationship between the AUA and AACU. However, these commonalities have diminished over time, and as of May 2017, no AUA board member will also be a current (or former) board member of the AACU. See 11 CFR 110.3(a)(3)(ii)(E) and (F).¹

¹ As was the case in 2003, the AUA and AACU continue to share a fair number of common members, although AACU membership is not a prerequisite for AUA membership, and AUA membership is only a (waiveable) requirement for certain categories of AACU members. More importantly, in a relatively small, but well-organized medical specialty such as urology, overlapping membership is likely to be a characteristic shared by virtually any urology-based organization in the country. According to the AUA’s 2015 Census, there are fewer than 11,000 practicing urologists in the United States. (American Urological Association, *The State of the Urology Workforce and Practice in the United States 2015*. Linthicum, Maryland, USA, April 6, 2016, available at <https://www.auanet.org/common/pdf/research/census/AUA-Census-2015-State-of-the-Urology-Workforce-and-Practice-in-the-United-States.pdf>). AUA estimates conservatively that more than 80% of those urologists are AUA members. Thus, there would inevitably be substantial overlapping



B. The AUA and AACU do not share common staff, contract consultants, or “key contact network”.

In 2003, the Commission cited “[t]he fact that AACU and AUA coordinate their national lobbying efforts, including the continued collaboration on the Joint Key Contact [list] and the employment of the same lobbyist to provide joint representation for the two groups” as “indicative of a close, ongoing relationship between the two entities.” AO 2002-15 at 7. Today, these indicia of close collaboration no longer exist. Specifically, AUA and AACU do not employ any common staff members, nor do they employ a contract lobbyist to provide joint representation. See 11 CFR 110.3(a)(3)(ii)(E). Moreover, the AUA and AACU no longer collaborate to maintain any type of “key contact” network, once developed as a shared network of politically active urologists in each state. Today, each organization maintains its own grassroots contact list independently from the other. Similarly, the organizations no longer maintain a process to develop a mutual legislative agenda.

C. The AUA has terminated its financial support of UROPAC, and AUA and AACU have no plans to extend or renew the expiring Affiliation Agreement that once enumerated and governed many collaborative activities among the two organizations.

In its 2003 Advisory Opinion, the Commission noted that “AACU and AUA entered into a formal affiliation agreement setting forth procedures for collaboration between the two groups and addressing . . . the proposed joint governance and operation of a political action committee, UROPAC” as well as other ongoing advocacy and policy-related activities. AO 2002-15 at 3. From 2002 through 2015, the AUA and AACU shared the administrative expenses for UROPAC and co-sponsored an annual advocacy conference in Washington, D.C., but AUA’s financial support for UROPAC ended in December 2015. Moreover, the organizations’ final “joint advocacy conference” will be held in March 2017. As of that time, the organizations will no longer provide – or cause or arrange for – significant funds or in-kind support to each other on a regular basis. See 11 CFR 110.3(a)(3)(ii)(H). In fact, the current Affiliation Agreement between AUA and AACU will lapse in its entirety in March, and there are no plans to extend or renew that agreement.

IV. Conclusion

Although the relationship and interaction between AUA and AACU may, at the time of the 2002 Advisory Opinion request, have supported a determination that the two entities were affiliated, based on the facts set forth above, it is apparent that these key factors of affiliation (common control, structural ties, overlapping officers or employees, significant operational activities, or significant financial or other resources) no longer exist. The mere fact that many

membership between AUA and each of the many independent organizations comprised of urologists (e.g., the Society for Pediatric Urology, the Society of Government Service Urologists, the Endourological Society, the Geriatric Urological Society, the Society for Urodynamics and Female Urology, the Society for Basic Urologic Research, the Society for Infection and Inflammation in Urology, the Society for Academic Urologists, the Society for Women in Urology). AUA collaborates with many of these urologic organizations in some capacity, but, just as with AACU, it has no authority to control these independent organizations’ boards, officers, employees, or operations. Thus, the overlapping membership factor should not be determinative.



members of the relatively small urologist community happen to belong to both the AUA and AACU certainly does not “indicate a formal or ongoing relationship between the organizations.” For all of the foregoing reasons, the AUA respectfully requests that the Commission determine that AUA and AACU are no longer affiliated under 52 U.S.C. § 30116(a)(5), and that AUA is no longer a connected organization to UROPAC.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kate A. Belinski', with a long, sweeping horizontal flourish extending to the right.

Kate A. Belinski
for Nossaman LLP

KAB:

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ARTICLE I: GENERAL PROVISIONS

SECTION 1. Mission and Vision. The mission of the American Urological Association, Incorporated (hereinafter referred to as the AUA or the Association) is at all times to promote the highest standards of urological clinical care through education, research and in the formulation of health care policy. AUA's vision is to be the premier professional association for the advancement of professional urologic patient care.

SECTION 2. Purposes. The primary purpose of the Association is to organize urologists and urology practice professionals in order to advance the legitimate professional interests of its members, as well as the medical needs of the public. The subsidiary purposes, pursued in conjunction with American Urological Association Education and Research, Inc., and other affiliated entities, are as follows:

- 1) to encourage research, experimentation, investigation and analysis of diseases, abnormalities and other conditions of the genitourinary tract, their treatments and corrections, and to make the results known to physicians and the public;
- 2) to develop, and assist in developing, scientific methods for the diagnosis, prevention and treatment of such diseases, and to make the results known to physicians and the public;
- 3) to benefit the general public by encouraging the study and maintaining the highest possible standards of urological education, practice and research, and
- 4) to promote the publication of, and encourage contributions to, medical and scientific literature pertaining to the specialty of urology.

SECTION 3. Management. Management and control of the Association shall at all times be vested in its Board of Directors, pursuant to Article IV of these Bylaws, acting through the officers having the powers described in that Article. The Officers and Board of Directors of the Association, including the Section representatives to the Board, shall at all times be the same individuals serving in a similar capacity for the American Urological Association Education and Research, Inc. (AUAER).

SECTION 4. Territorial Scope. The Association shall consist of urologic surgeons, physicians of affiliated disciplines and urology practice professionals. Voting members must reside and practice their professions in the United States of America and its territorial dependencies, or in the Dominion of Canada, the Republic of Mexico, the Republic of Panama, and the Central American Republics of Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Belize.

SECTION 5. Fiscal Year. The fiscal year of the Association shall date from January first to December thirty-first.

SECTION 6. Amendments. These Bylaws may be amended by a two-thirds (2/3) vote of the members present and voting at any Annual Business Meeting. The proposed amendment(s) shall be provided at least thirty (30) days in advance of the meeting.

SECTION 7. Seal of Corporation. The Corporate Seal shall have inscribed thereon the name of the Corporation and the words, "Corporate Seal - Baltimore, Maryland." Said Seal may be altered at the pleasure of the Association and may be used by causing it, or a facsimile thereof, to be impressed or affixed or otherwise used.

SECTION 8. Rules of Order. Sturgis Standard Code of Parliamentary Procedure, current edition, shall govern the proceedings of the Association unless otherwise provided for in these Bylaws.

ARTICLE II: CHARTERED SECTIONS

SECTION 1. Separate Entities. The total geographic area of North and Central America served by the AUA has been divided into eight geographic regions, each region represented by a separate entity known as a "Section." Each Section of the AUA is entrusted to and managed by a Section corporation; a tax-exempt entity approved by Internal Revenue Service as a charitable and educational entity, or professional society, chartered by the Association and empowered to provide educational and related services to AUA members in the region.

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SECTION 2. Boundaries. The geographic boundaries of the Sections are as existing on January 1, 2000, and as defined from time to time between them. The Section names and boundaries are further defined and prescribed as follows:

NEW ENGLAND SECTION comprises the States of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

NEW YORK SECTION comprises the southeastern part of the State of New York, including Long Island, and the northern part of the State of New Jersey. The northern boundary shall be a line starting from the junction of the eastern line of the State of New York with the east-west State lines of the States of Vermont and Massachusetts, and extending southwest across the State of New York to a point 42 degrees North and 75 degrees West near the New York-Pennsylvania State line. The southern boundary, in the State of New Jersey, shall be a straight line at about 40.5 degrees North, which is north of and does not include the City of Trenton. This boundary line shall extend east and west from 40.5 degrees North to the east and west State boundaries of the State of New Jersey.

NORTHEASTERN SECTION comprises the State of New York except the southeastern portion, the western portion of the State of Pennsylvania, and the eastern section of Canada, including the Provinces of Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Manitoba. The eastern boundary of the Northeastern Section shall be the eastern State line of the State of New York, extending from the Province of Quebec in Canada on the north to the junction of the east-west State lines of Vermont, and Massachusetts on the south. The southeastern boundary shall be a line starting from the eastern State line of the State of New York where it joins the east-west lines of the States of Vermont and Massachusetts, and extending across the State of New York in a southwest direction to a point at the intersection of 75 degrees West and 42 degrees North near the New York-Pennsylvania State line. The line then continues into the State of Pennsylvania in a southwestern direction, south of Scranton and north of Wilkes-Barre, Pennsylvania, to a point just north and west of the city limits of the City of Harrisburg, Pennsylvania. This line then turns directly south to a point 77 degrees West on the Maryland-

Pennsylvania State line to end the eastern border of this Section. The southern border shall extend along the southern Pennsylvania State line from a point 77 degrees West directly westward to the end of the southern State line of Pennsylvania. The western border shall extend along the western State line of the State of Pennsylvania up to the southern border of Lake Erie. From this point, the line shall cross Lake Erie westward to the junction of the western Province line of the Province of Ontario and the southeastern State of Michigan. The line then runs along the US-Canadian border to the western border of Manitoba where it extends north.

MID-ATLANTIC SECTION comprises the eastern portion of Pennsylvania, the southern portion of New Jersey, and the States of Delaware, Maryland, Virginia and West Virginia, and the District of Columbia. The northwestern border of the Pennsylvania portion is a line previously described as the southeastern border of the Northeastern Section, starting from a point 42 degrees North and 75 degrees West near the Pennsylvania-New York State line and extending southwest to a point just north and west of the City of Harrisburg, including Wilkes-Barre, and then extending directly south to the Pennsylvania-Maryland State line at 77 degrees West. The northern border of the New Jersey portion is a line extending across the State of New Jersey at 40.5 degrees North, which is north of and including Trenton, from the coast to the Pennsylvania-New Jersey State line.

SOUTHEASTERN SECTION comprises the States of Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee, and Puerto Rico, the Virgin Islands, and the Republic of Panama.

NORTH CENTRAL SECTION comprises the States of Illinois, Indiana, Iowa, Michigan, Minnesota, North Dakota, Ohio, South Dakota and Wisconsin.

SOUTH CENTRAL SECTION comprises the States of Arkansas, Colorado, Kansas, Missouri, Nebraska, New Mexico, Oklahoma and Texas, the Republic of Mexico, the Central American Republics of Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Belize.

WESTERN SECTION comprises the States of Alaska, Arizona, California, Hawaii, Idaho,

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Montana, Nevada, Oregon, Utah, Washington and Wyoming, the Provinces of Alberta, British Columbia and Saskatchewan in Canada, and the island possessions of the United States in the Pacific Ocean.

SECTION 3. Changes. The geographic boundaries of the Sections shall continue as described in Section 2 unless changed pursuant to the following procedures. Any issue of interpretation of these geographic limits shall be submitted to and decided by the AUA Board of Directors.

Section 3.1 Petition and Approvals. Any proposed changes of these geographic boundaries shall be made by petition of the Section (or Sections) involved to the Board of Directors of the AUA. Such change must receive the approval of the AUA Board of Directors and the Board of Directors of any Section affected.

Section 3.2 Proportional Representation. It is a stated goal of AUA to seek to achieve proportional representation among the Sections.

Section 3.3 New Sections. A new Section may be chartered by the Association only if its boundaries have been approved by the Board of Directors of the Association, following approval by the Boards of Directors of each existing Section whose boundaries would be changed by the formation of a new Section.

SECTION 4. Conditions of Charter. To be chartered by the AUA, it is expected that each Section:

- 1) conform its Bylaws, including membership categories and criteria, to be consistent with those of AUA;
- 2) conform all policies and objectives to be compatible with those of AUA, and submit all new policies for review to the AUA Secretary;
- 3) submit annually, for informational purposes only, its financial statements to the AUA Treasurer; its meeting schedules, minutes and reports to the AUA Secretary; and the schedule and proposed agenda of its educational meetings to the Director of the AUA Office of Education.

ARTICLE III: MEMBERSHIP

SECTION 1. Member Categories. The Association membership shall include: Active Members, Senior Members, Associate Members, Affiliate Members, Research Scientist Members, Honorary Members, International Members, International Residents-in-Training Members, Allied Members, Advanced Practice Provider Members, Resident/Fellow Members and Medical/Graduate Student Members.

SECTION 2. Application Fees and Payment of Dues. All appropriate member categories shall be assessed application fees and dues as determined by the Board of Directors. Any member who after appropriate notification does not pay membership dues shall, after appropriate review, be removed from the membership rolls and have their benefits revoked.

SECTION 3. Voting Status and Rights. Only Active and Senior members shall be eligible to vote in elections and at the Annual Business Meeting. Active and Senior members who are elected to Honorary Membership shall retain their voting status. Voting is a fundamental right retained by rebuked members (Article IX Section 3).

All members shall be entitled to copies of Association Bylaws, and benefits (publications, products and services) pursuant to their category of membership.

SECTION 4. Mandatory Section Membership. The AUA maintains a mandatory reciprocal membership requirement with members residing within the geographic boundaries of its Sections. Individuals in the AUA Active, Associate, Senior and Honorary (previously active) categories must be members of a Section and vice-versa.

Individuals who initially join the Section in which they practice, and then at a future date relocate to another Section, may retain membership in the original Section or join the new Section.

SECTION 5. Election/Approval of Membership. All membership applicants and membership category changes are approved by the Section Secretaries/Membership Council (SS/MC) periodically throughout the year. First-time nominees for Active or Associate membership who

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have been approved by an AUA Section may be immediately admitted to AUA membership and subsequently reported to the SS/MC for formal admission. A report of new members by category admitted during the past twelve months is available on AUA's website.

SECTION 6. Active Members. Active voting membership in a chartered Section shall qualify physicians for Active Membership in the Association, under uniform membership requirements applicable to both. Requirements for urologists are as follows:

- 1) Possession of an unlimited license to practice medicine and surgery in the State, Province or Country of the applicant's practice.
- 2) Practice in the geographical boundaries of the AUA listed in Article II.
- 3) Possession of an M.D. or D.O. degree (or United States Medical Licensure equivalent), AND completion of a urology residency program accredited by ACGME (or equivalent accreditation organization) or the certifying Board for Urology in the country where practicing.
- 4) Limitation of practice to the specialty of Urology.
- 5) Certification by the American Board of Urology (ABU) or the certifying Board for Urology in the country where practicing.

An individual who has been an Active U.S. Member for 20 or more years and elects not to recertify may remain in the Active Member category for five years. All other Active members must recertify as required by the ABU (or other certifying Board) or they shall be transferred to Associate Member status.

Active members that are decertified by the ABU, or other urologic certifying board, are automatically dropped for non-compliance with AUA Bylaws, pursuant to Expulsion and Reinstatement policies.

SECTION 7. Senior Members. Active or International Members are eligible for Senior status if they:

- 1) have been Active or International members for 20 years and are retired, or
- 2) are permanently disabled.

SECTION 8. Associate Members. Requirements for Associate membership are the same as Active membership, except for Board certification.

Section 8.1 Resident/Fellow Members Eligible for Fast Track Associate Status. Associate Membership in the AUA and appropriate chartered section will be offered to all Resident members who have passed the qualifying examination (Part I) of the American Board of Urology.

Section 8.2 Eligibility for Associate Status. Associate Membership is available to urologists who are practicing within the geographic boundaries of a chartered AUA Section, but are not certified by the American Board of Urology. Doctors of Osteopathy who complete American Osteopathic Association (AOA) approved urology residency programs and are certified by the American Osteopathic Board of Surgery are eligible for Associate member status.

Section 8.3 Waiver of First-Year Dues. Associate Members who have passed the ABU certifying exam (Part II) will be transferred to Active membership in both the Section and the AUA, and notified that AUA active membership dues are waived for the first year.

SECTION 9. Affiliate Members. Affiliate Membership is available to non-urologist MDs or Doctors of Osteopathy who are significantly contributing to the field of urology through clinical practice.

SECTION 10. Research Scientist Members. Research Scientist Membership is available for independent investigators with PhDs or equivalent degrees, DVMs, non-practicing MDs and related professionals who have demonstrated achievements in the field of urology through research or who have made substantial contributions to urologic research in an administrative capacity.

SECTION 11. Honorary Members. Honorary Members shall be scientists who have achieved outstanding prominence in a field of medicine related to Urology, Officers of the Association, and/or distinguished urologists. The Immediate Past President shall be responsible for nominating up to

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six individuals for Honorary Membership, to be approved by the Board of Directors.

SECTION 12. International Members.

International Membership is available to urologists who practice in countries beyond the geographic boundaries of the AUA. The applicant shall be a member of the local or national urological organization in his country. If a national organization does not exist within the applicant's country, a waiver of this requirement may be considered. The applicant's practice must be limited entirely to the specialty of urology. The applicant must be a graduate of an acceptable medical school who has received a Doctor of Medicine or equivalent degree.

SECTION 13. International Residents-In-Training Members.

International Residents-in-Training Membership is established to extend AUA educational and professional advantages to Urological Residents-in-Training who reside outside the geographic boundaries of the AUA. These members must be enrolled in a residency program approved by the European Board of Urology (EBU) Residency Review Committee for Urology or the appropriate credentialing body in a country other than the United States. Eligibility for this member status shall be for a period of ten (10) years from the member's date of completion of medical school.

SECTION 14. Allied Members. Allied Membership is available to non-physician professionals, including nurses (e.g., RN, LPN, LVN), medical technicians, and medical assistants, specializing or concentrating in urology for at least one year.

SECTION 15. Advanced Practice Provider Members.

Advanced Practice Provider Membership is available to physician assistants, or advanced practice registered nurses (e.g., NP, CNS, CRNA, CNM) specializing or concentrating in urology for at least one year.

SECTION 16. Resident/Fellow Members.

Resident/Fellow Membership extends AUA educational and professional advantages to urological residents or fellows and research post-doctoral fellows in training. Resident/Fellow Members must be practicing and studying within the geographic boundaries of the AUA. Resident/Fellow

membership is available to:

- 1) Residents enrolled in an ACGME-accredited (or equivalent certifying Board for Urology) or AOA-approved urology residency training program.
- 2) Post-doctoral research fellows with a MD, PhD or equivalent degree actively engaged in biomedical research under a qualified mentor.
- 3) Clinical Fellows enrolled in an accredited fellowship or post residency training program.

Section 16.1 ACGME. Medical Doctors (MD) or Doctors of Osteopathy (DO) enrolled in a urology residency program approved by the ACGME's Residency Review Committee are eligible for Resident/Fellow Membership; and after completing training and passing part 1 of the ABU qualifying examination are eligible for Associate Member status (See Section 8.1 Fast Track). Those who successfully pass all parts of the ABU certifying examination are eligible for Active Member status, Section 6.

Section 16.2 AOA. Doctors of Osteopathy enrolled in an AOA-approved urology residency training program are eligible for Resident/Fellow Member status. DOs completing their urology training and passing the American Osteopathic Board of Surgery certifying examination are eligible for Associate Member status (See Section 8.2).

SECTION 17. Medical/Graduate Student Members.

Medical/Graduate Student Membership is established to provide education about urology as a surgical specialty and as a career. Medical/Graduate Student Membership is available to:

- 1) Individuals enrolled full-time in a medical school for the purpose of obtaining a Medical Doctor degree, Doctors of Osteopathy degree, or equivalent degree, or
- 2) Individuals enrolled full-time in an accredited graduate school program for the purpose of obtaining a PhD or equivalent degree and actively engaged in research under a qualified mentor.

SECTION 18. Members in Good Standing. All AUA members agree to abide by the obligations of membership (including dues payments and

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adherence to AUA Policies and Code of Ethics) and receive benefits (publications, products and services) specific to their membership category. Members in good standing:

- 1) meet the requirements of their membership category,
- 2) are eligible to participate in privileges of membership including, but not limited to, the ability to participate in an AUA program (beyond the role of an attendee), AUA committee or as a Representative of the Association,
- 3) have not voluntarily withdrawn from membership or been dropped for non-payment of dues, and
- 4) are not currently under discipline in the form of a rebuke (See Article IX Section 3).

Any member who no longer maintains an unlimited license to practice medicine as required by their membership category or pled guilty or no contest to a felony is obligated to notify the AUA Judicial & Ethics Committee within thirty (30) days of such action.

SECTION 19. Expulsion, Resignation and Reinstatement. Any member who has been expelled from the Association shall automatically have his/her Section membership expelled; and, likewise, any member expelled by his/her Section shall be expelled by the Association. The Board may delay accepting the resignation request of a member who is the subject of a pending AUA disciplinary investigation until the conclusion of proceedings pursuant to Article IX of these Bylaws. A member who has resigned or whose membership has been deleted for non-payment of dues, or for other reason, may, after payment of any back dues owed, request reinstatement, subject to the approval of both the Section and the AUA Section Secretaries/Membership Council.

ARTICLE IV: OFFICERS, BOARD OF DIRECTORS, AND EXECUTIVE COMMITTEE OF THE BOARD

SECTION 1. Officers of the Association. The Officers of the Association shall be the President, President-elect, Immediate Past President, Secretary, Secretary-elect, Treasurer and Treasurer-elect. The President-elect shall be nominated by the Sections

through the Nominating Committee pursuant to Article V, Section 1.4, of these Bylaws, and shall serve from the termination of the Annual Meeting at which he or she has been elected until the termination of the Annual Meeting at which the term expires and a successor is elected. Open positions for Secretary-elect and Treasurer-elect shall be filled in accordance with the procedures stated in Article VIII of these Bylaws.

Vacancies that occur in any of the Offices may be filled for the unexpired term by a majority vote of the Board of Directors. In selecting a replacement, the Board shall consider: First, the established rotation of Offices among the Sections; Second, the length of time remaining in the unexpired term; and Third, the availability of qualified candidates for the office in question. Officers who serve ex-officio on a committee shall not be eligible to vote on any matters coming before the committee, unless the Bylaws state otherwise.

SECTION 2. President. The President shall serve as Chair of the Board of Directors and of the Executive Committee of the Board, and shall serve on other committees as stipulated by Bylaws. The President shall preside at all meetings of the Board of Directors and of the Executive Committee of the Board, and at the scientific and business sessions of the Association. The President shall be a member of each Committee ex-officio. The President may call special meetings of the Board of Directors. The President shall oversee the appointment of members and chairs to fill vacancies on all standing committees and special committees authorized by the Board of Directors or membership. The President shall notify members of his or her election or appointment and the term of service.

SECTION 3. President-elect. The President-elect, after serving one year in this office, shall be elevated to the office of President automatically without again standing election. The President-elect shall perform any duties that are assigned by the President and shall preside in the absence of the President. The President-elect shall be a member of the Board of Directors and its Executive Committee, and shall serve on other committees as stipulated by Bylaws and as appointed by the President.

SECTION 4. Immediate Past President. The Immediate Past President shall be a member of the

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Board of Directors and its Executive Committee, Chair of the Nominating Committee, and shall serve on other committees as stipulated by Bylaws and as appointed by the President. The Immediate Past President shall seek out possible nominees for Honorary Membership and make recommendations in accordance with Article III, Section 11.

SECTION 5. Secretary. The Secretary shall keep an accurate record of all the business and activities of the Association and promptly attend to all correspondence. The Secretary shall oversee the application process and membership records, shall receive and maintain the official Section documents, and shall give formal notice of the Annual Meeting and of special meetings. The Secretary shall preserve the Minutes and all records of such meetings. The Secretary shall, in consultation with the President, arrange an agenda for the Business Meeting of the Association. The Secretary shall determine the program, including papers and panels, for the Annual Meeting. The Secretary shall be a member of the Board of Directors and its Executive Committee, and shall serve on other committees as stipulated by Bylaws and as appointed by the President. The Secretary shall regularly report relevant activities on behalf of the Association to the Board of Directors and annually to the membership at the Annual Business Meeting.

SECTION 6. Secretary-elect. The Secretary-elect, after serving one year in this office, shall be elevated to the office of Secretary automatically without again standing election. The Secretary-elect shall perform any duties that are assigned by the Secretary. This may include ex-officio participation on committees where the Secretary serves as a member. The Secretary-elect shall be a non-voting member of the Board of Directors.

SECTION 7. Treasurer. The Treasurer shall be the custodian of the assets of the Association. The Treasurer shall be a member of the Board of Directors and its Executive Committee, and shall serve on other committees as stipulated by Bylaws and as appointed by the President. The Treasurer shall work with the Finance Department in overseeing all general accounting and financial record keeping functions. The Treasurer shall assure that all funds of the Association are audited each year by a certified public accountant. The Treasurer

shall assure the prompt payment of all authorized bills of the Association.

SECTION 8. Treasurer-elect. The Treasurer-elect, after serving one year in this office, shall be elevated to the office of Treasurer automatically without again standing election. The Treasurer-elect shall perform any duties concerned with the Association that are assigned by the Treasurer. This may include ex-officio participation on committees where the Treasurer serves as a member. The Treasurer-elect shall be a non-voting member of the Board of Directors.

SECTION 9. Chief Executive Officer. The Chief Executive Officer shall be the chief administrative officer of the Association, and shall report directly to the Board of Directors, of which he shall be an ex-officio, non-voting member. He need not be a physician nor a member of the Association. The Chief Executive Officer shall, in consultation with the President, arrange an agenda for each meeting of the Board of Directors. He shall have the full and exclusive authority to hire and fire staff, and to prescribe compensation within the framework of the approved budget. He shall have the authority and ultimate responsibility to carry out all policies and programs of the Association within the framework of the budget and subject to the direction of the Board of Directors.

SECTION 10. Consultants to the Board. Consultants to the Board of Directors shall include experts that advise in various governance and program areas. These individuals serve at the pleasure of the Board in accordance with relevant contractual terms and conditions. Consultants are expected to fulfill their terms and may not step down from their current positions to pursue positions on the Board of Directors. A board consultant may give appropriate notice, and choose not to exercise the option for an additional contract term, in order to pursue another position on the Board. These consultants shall attend meetings of the Board of Directors as requested and shall be non-voting attendees.

SECTION 11. Board of Directors.

Section 11.1 Authority and Duties. The Board of Directors shall constitute the governing Board of the Corporation and shall be responsible for

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the administration and management of the Association. The Board of Directors shall receive the reports of the standing and special committees of the Association and shall oversee all functions relating to financial management, member services, educational offerings, industry relations, ethics, and official publications. The Board of Directors shall employ the Chief Executive whose duties, responsibilities and authority are specified in Section 9 of this article. The Board of Directors shall report relevant activities to the membership at the Annual Business Meeting.

Section 11.2 Members of the Board. The thirteen (13) voting members of the Board of Directors shall consist of the President, the President-elect, the Immediate Past President, the Secretary, the Treasurer and one elected representative (or alternate) from each of the eight chartered Sections. If the regularly elected Section representative on the Board of Directors is absent, his or her place shall be filled by the elected alternate, or by a designee of the Section. The Secretary-elect and Treasurer-elect shall be non-voting members.

Section 11.3 Terms of Office of Board Members and Alternates. Following nomination pursuant to the established rotation, and election process in Article VIII Elections, the nominee for President-elect shall serve as a voting member of the Board one year in each of the following positions: President-elect, President and Immediate Past President. Following election, the Secretary-elect and Treasurer-elect shall serve one year as a non-voting member of the Board, before automatically assuming office. The Secretary and Treasurer shall each serve a four-year term in their respective positions, subject to annual review by the Board of Directors, and shall be voting members.

The members of each Section shall elect one (1) member and one (1) alternate to the Board of Directors of the Association who shall serve for two (2) years. Members and alternates to the Board of Directors shall be elected from the Western, Northeastern, Southeastern and New England Sections to assume office at the close of the next Annual Meeting of the Association to

be held in the odd years; those elected from the North Central, South Central, Mid-Atlantic and New York Sections to assume office at the close of the next Annual Meeting held in the even years.

Section representatives and their Alternates to the AUA Board of Directors shall be Active or Senior Members in good standing in the Section and the AUA. In the election of these representatives and alternates, the voting shall be limited to those Active or Senior Section Members who are members of the Association.

Members elected as Section representatives shall serve a term of two years on the Board of Directors, and shall be eligible for re-election for one additional two-year term, but shall not be eligible for re-election as Section representative thereafter. However, to the extent consistent with the bylaws of any AUA Section, a member may serve any number of terms as alternate representative from that (or any other) Section to the AUA Board of Directors, before or after his service as Section representative, without affecting the member's eligibility to serve as Section representative.

Prior to the beginning of a Section representative's term, the Board may reject an appointee, by a two-thirds vote, for a serious conflict of interest or other grave misconduct deemed by the Board in its sole discretion to bring discredit upon the Association. The decision of the Board shall be final.

Section Representatives are expected to fulfill their terms and may not step down from their current positions during their first two-year term to pursue other officer or consultant positions on the Board. No officer (including officer-elect or member of the Board of Directors) may serve simultaneously in another board position as a Board Consultant.

Section 11.4 Meetings. The Board shall hold a regular meeting concurrently with the Annual Meeting of the Association and shall hold other interim meetings at such times and places as may be established by the President or any seven (7) voting members of the Board.

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The Board of Directors and its committees, including its Executive Committee, are authorized to conduct their business using real-time meetings (in-person, teleconference, video conference) or by other methods where members are not simultaneously present (email, facsimile, computer, postal mail) provided that all members have been notified and have access to all pertinent information.

Section 11.5 Notice. Regular meetings of the Board of Directors shall be scheduled at least ninety (90) days in advance, and a timely agenda sent to all members. Notice of any special meetings shall be given to all members of the Board at least fifteen (15) days in advance, with a description of matters to be discussed.

Section 11.6 Quorum and Voting. A majority of the Directors entitled to vote shall constitute a quorum for transaction of business by the Board at real-time meetings (in-person, teleconference, video conference).

Unless specified otherwise in the Bylaws, decisions of the Board shall be made by a majority (one-half plus one) of those present and voting.

Section 11.7 Electronic Voting. Electronic voting (email, computer, and facsimile) of the Board of Directors and its committees must meet the following criteria to be valid and immediately binding:

- 1) The vote is communicated in writing by electronic transmission.
- 2) A vote for, against or abstain is cast by all voting members.
- 3) The vote must be unanimous (excluding abstentions) to pass.

A unanimous electronic vote must be recorded in the minutes of the next meeting.

If there is any dissenting vote cast during an electronic vote, the matter must be deferred to the next real-time meeting to afford members an opportunity for debate.

Section 11.8 Recusal or Expulsion/Replacement of Members of the Board of Directors. A member of the Board of Directors must voluntarily recuse himself from both

discussion and vote on any matter coming before the Board in which he has a personal or financial interest greater than, apart from, or contrary to, that of the Association as a whole, or a noted conflict of interest. The Board shall have the power, by a two-thirds vote of its membership (excluding the member in question), to disqualify a member from voting on any matter in which he is believed to have a significant conflict of interest. By the same two-thirds vote, the Board shall have the power to expel one of its members for serious conflict of interest or other grave misconduct deemed by the Board in its sole discretion to bring discredit to the Association, or for chronic absenteeism or severe and continuing disability rendering the member unable to participate in the business and functioning of the Board. The decision of the Board shall be final. Should a member of the Board be expelled, he shall be replaced, if a Section representative, by the alternate or another individual elected by the Section. If an officer is expelled, he shall be replaced pursuant to the provisions of Article VIII, Elections of these Bylaws.

SECTION 12. Executive Committee of the Board of Directors. The Executive Committee of the Board of Directors shall consist of the President, President-elect, Immediate Past President, Secretary and Treasurer, with the President serving as Chair. This Committee may act only to the extent that authority is delegated to it by the Board of Directors, between meetings of the full Board, but shall be responsible and empowered to attend to routine administration and management of the Association's affairs. The AUA President, as Committee Chair, shall report all Executive Committee actions for ratification at the next meeting of the AUA Board of Directors. Summary minutes shall be recorded by the Secretary and sent to AUA Counsel for retention. Action may be taken upon majority vote of members of the Executive Committee; however any dissenting member may require that such action be delayed or deferred pending approval of the entire Board of Directors. The Executive Committee may not amend the Bylaws, and may not take any action nor exercise powers expressly retained by the Board of Directors.

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ARTICLE V: COMMITTEES

SECTION 1. Standing Committees. All Standing Committees, shall report and make appropriate recommendations to appropriate Councils or to the Board of Directors at least annually and shall present reports to the membership at the Annual Business Meeting when requested to do so.

All Committee appointments are overseen by the AUA President and are based on terms of service unique to each committee. Appointments to AUA standing committees may be made from AUA Section nominations, from individual applications or by the AUA based on required expertise and geographic representation. Except as approved by the Executive Committee of the Board of Directors, appointments to each of the standing committees shall be limited to those persons specifically referenced in these Bylaws. Officers who serve ex-officio, physician and non-physician consultants and AUA staff shall not be eligible to vote on any matters coming before the committee, unless the Bylaws state otherwise.

The Standing Committees of the Association shall be:

- 1) Bylaws Committee (Joint with AUAER)
- 2) Finance Committee (Joint)
- 3) Judicial & Ethics Committee (Joint)
- 4) Nominating Committee (Joint)
- 5) Public Policy Council
- 6) Publications Committee (Joint)
- 7) Section Secretaries/Membership Council
- 8) Strategic/Long Range Planning Committee (Joint)

Component Committees that function under the supervision of a Council are also Standing Committees of the Association.

Section 1.1 Bylaws Committee. The Bylaws Committee shall consist of at least one Active or Senior Member from each Section who is Chair or member of the Section Bylaws Committee. Member terms are three years (renewable once). If the member is also a Section Secretary, then that member's term shall coincide with the term as Section Secretary. The President shall appoint a Chair to serve a two-year term. The Chair may serve in addition to the Section's designated members. The AUA Secretary shall serve

ex-officio. The Bylaws Committee shall become familiar with the activities of the Association and the efficacy of the Articles of Incorporation and the Bylaws and shall make a yearly report to the Board of Directors which shall include any recommended amendments.

Section 1.2 Finance Committee. The Finance Committee shall consist of the Treasurer as Chair, and three Section Representatives of the Board of Directors. The committee shall advise the Board in fulfilling its financial oversight responsibilities with respect to audit and compensation activities, budgetary impact of major projects and financial planning. One member shall serve as the Audit Sub-Committee Chair and another as the Compensation Sub-Committee Chair, and the Treasurer will serve in a consultant, non-voting position for audit matters. The Committee shall make recommendations to the Board for the selection of the Association's investment counselor(s) and fund manager(s) to assist in establishing investment strategy guidelines. The Association's portfolio is monitored at least three times per year by the Committee for adherence to established policy guidelines and market performance vs. objectives with regard to the Association's investments. The Committee reports and makes recommendations at each Board of Directors meeting.

Section 1.3 Judicial & Ethics Committee.

Section 1.3.1 Membership and Leadership.

The Committee shall consist of at least one member from each of the Association's Sections. All Section appointments to the Committee shall be staggered terms of four years each (renewable once), from among the Section's Active or Senior Members. Of those members, the President shall appoint to serve a two-year term, the Vice-Chair who will then ascend to Chair for an additional two-year term.

Section 1.3.2 Responsibilities. The Judicial & Ethics Committee shall be charged with consultation, monitoring, mediation, recommendation and advice regarding current matters of controversy pertaining to the Association and its members, or

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pertaining to ethics of medical practice, education and research. Specifically, the Committee may address:

- 1) legal issues arising under the Association Articles of Incorporation and Bylaws;
- 2) issues of medical ethics;
- 3) issues of membership and standing within the Association, including disciplinary matters;
- 4) potential conflicts of interest;
- 5) issues of potential medical malpractice and risk management;
- 6) issues of expert witness testimony;
- 7) issues of alleged plagiarism or copyright infringement; and
- 8) any other matters referred for consideration or resolution by a member, a Section or by the Board of Directors.

The Committee may serve in an appellate capacity over matters arising within a Section or first referred by the Board to a Section for consideration or resolution. The Committee may publish occasional advisories to the membership on legal and ethical issues of concern; and shall have the major responsibility for revisions to and enforcement of AUA's conflict of interest policies. Finally, the Committee is charged with the investigation, consideration and recommendation to the Board of Directors of measures for discipline of members prescribed under Article IX of these Bylaws.

Section 1.3.3 Procedures. The Committee shall be empowered to request the voluntary attendance of members or other witnesses at meetings or hearings to consider matters of membership, discipline or Association policy. Persons requested to appear shall be advised of the subject matter of such inquiry, and shall be invited to present such evidence or data as may be pertinent to the Committee's deliberations.

The Committee shall lack jurisdiction to take final action regarding serious matters of discipline, but may first attempt mediation or other informal resolution where

appropriate, and failing such resolution shall recommend appropriate action to the Board of Directors. However, in less serious matters not deemed to warrant recommendation for discipline to the Board of Directors, the Committee may issue an admonition or warning to a member as may be deemed appropriate. For more serious offenses, the J&E Committee may ask the Board of Directors to issue a censure, rebuke or expulsion in accordance with Article IX of these Bylaws.

Should issues arise regarding the possible disability or disqualification of an Association Officer, Director, Section Representative or Committee Chair, then the Board of Directors may refer and delegate to the Committee the task of reviewing such matters under appropriate procedures, after which the Committee will report its findings and recommendations for appropriate Board action.

Section 1.4 Nominating Committee. The Nominating Committee shall consist of nine (9) voting members, including the most recent Past President of AUA in attendance at the meeting, who shall serve as Chair. Each of the eight Sections shall be represented by one member. No member of the Nominating Committee may be nominated for an elected office of AUA. Members elected as Section representatives shall serve a term of two years on the Nominating Committee, and shall be eligible for re-election for one additional two-year term. A vacancy or absence in the Nominating Committee from any of the Sections shall be filled by appointment by that Section's President and Board of Directors member.

The Nominating Committee shall meet not less than 120 days prior to the beginning of the Annual Meeting, to consider all candidates for the office of President-elect and Representatives of the Association as indicated in Article VI of these bylaws. Committee members representing a Section shall be bound by the instructions (if any) of their Section members only on the first ballot, but not on any subsequent ballot. Committee members may by majority vote determine to conduct their business by voice

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vote or (after the initial vote) by secret ballot. The Chair shall be a voting member. A majority vote of the entire Committee is necessary to accept or reject a candidate for office.

The candidate proposed for President-elect may be rejected by the Nominating Committee for serious reasons, relating to his or her unsuitability for the office in question, or to the best interests of the Association. Should the Committee vote to reject a Section candidate for AUA President-elect, it shall promptly notify the Section eligible under the rotation, which shall promptly submit an alternate candidate within thirty (30) days after receiving such notice, for consideration by the Committee. Should the Section in question not respond promptly or decline to submit a second candidate, or should the Committee by majority vote reject the Section's second candidate for President-elect, then its place in the rotation shall be forfeited, and nomination of a candidate for President-elect shall pass to the next eligible Section in the rotation.

The Nominating Committee shall also accept and consider nominations from the Sections for Representatives of the Association pursuant to Article VI of these Bylaws. All candidates accepted and approved or selected by majority vote of the Nominating Committee shall be announced to the membership at least thirty (30) days before the beginning of the Annual Meeting. The Committee report shall be presented to the Board of Directors and for ratification by the membership pursuant to Article VIII of these Bylaws.

Section 1.5 Public Policy Council. The voting members of the Public Policy Council shall be as follows: At least one Active or Senior member from each Section of the AUA who is Chair of the Public Policy Council or its equivalent of that Section, the AUA Delegates to the AMA House of Delegates, three members of the American Association of Clinical Urologists. Chairs of designated component committees shall also be voting members. Section representatives serve two-year terms (renewable twice). The Chair shall be approved by the Board of Directors for a two-year term, renewable once.

The socioeconomic and governmental relations programs of the Association shall be entrusted to the Public Policy and Practice Support Division staff and Chair of the Public Policy Council. The Public Policy Council shall oversee and investigate governmental, private, professional and socioeconomic issues affecting the delivery of urologic care as requested by the Board of Directors. Component Committees include, but are not limited to: Coding and Reimbursement Committee, Legislative Affairs Committee and Practice Management Committee.

Section 1.6 Publications Committee. The Publications Committee shall consist of the editors of AUA Publications. Members serve according to the terms of their editorial position for a maximum of six years. The Chair is selected from existing members (excluding the AUA Secretary). The term of the chair is one year and rotates among the members with no editor serving more than two rotations as chair. The Treasurer and AUA Staff Editors shall serve as ex-officio, non-voting members. The Publications Committee is responsible for promoting and monitoring the progress of AUA publications in achieving goals established by the Board of Directors by identifying ways to optimize and coordinate strategies across those publications. The Publications Committee also selects Associate and Section Editors for specific publications.

Section 1.7 Section Secretaries/ Membership Council. The Council shall consist of the AUA Secretary as Chair, eight Section Secretaries, Chairs of the Section Secretaries/Membership Council's component committees and one member from Mexico and one from Canada.

The Council shall evaluate the applications, benefits, needs and services for the various AUA membership categories in coordination with AUA's Secretary and Member Services Department. The Council reviews and approves applications for all member categories. The Council will strive to improve communication between the AUA and its Sections for the benefit of members. The functions and activities of this Council shall be assigned to the Component Committees including but not

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limited to the Advanced Practice Nursing/Physician Assistant Membership Committee, History Committee, International Member Committee, Residents Committee and Young Urologists Committee.

Section 1.8 Strategic/Long Range Planning Committee. The Strategic/Long Range Planning Committee may be appointed by the President and/or Board of Directors to formulate and oversee the strategic as well as the long range plan of the Association. In addition, various strategic planning groups/task forces may be appointed as needed.

SECTION 2. Additional Section Representation.

Each Section shall be entitled to select one representative to the Bylaws Committee, Public Policy Council, and Judicial & Ethics Committee for each 800 voting members enrolled by that Section during any year. The total membership of each Section shall be conclusively determined by the AUA Secretary at the close of the each year's Annual Meeting, and shall establish the number of representatives to each such body for the following year. For purposes of determining a Section's entitlement to one or more additional representatives, a major fraction of each 800 members (i.e., total of 1,201, 2,001) shall be necessary to establish such entitlement. Other committees shall have the members provided as stated in this Article, with no additional Section representation. Any individuals who are appointed as additional representatives of their Section on these designated committees shall complete their term of office regardless of whether the Section maintains its membership at these designated levels.

SECTION 3. Special Committees. Special Committees may be authorized by the Board of Directors to perform specific duties. They shall report periodically and upon the completion of their assignments to the Board of Directors.

ARTICLE VI: REPRESENTATIVES OF THE ASSOCIATION

SECTION 1. Representatives. Nominees for Representatives of the Association to other organizations shall be members in good standing in their Section and the AUA.

SECTION 2. American Board of Urology. The Association is entitled to four representatives on the American Board of Urology (ABU). The Nominating Committee shall submit, when a vacancy occurs, the names of Active or Senior members for nominees for each position, as requested by ABU. The nominees shall be Diplomats of the Board, shall be nominated by a majority vote of the Association, and shall perform the duties designated by the American Board of Urology. The senior representative in years of service on the ABU Board of Trustees shall act as Chair of the representatives of the Association and shall prepare and present an annual report to the Board of Directors of the Association. The term of the representative of the Association shall conform to the regulations of ABU and the vacancies shall be filled according to ABU regulations.

SECTION 3. Board of Governors of the American College of Surgeons. The Association is entitled to two (2) representatives on the Board of Governors of the American College of Surgeons (ACS). When a vacancy occurs, the names of one nominee and one alternate are to be submitted and then confirmed by the college. Nominees must be Fellows in good standing of the American College of Surgeons. The term of each Governor shall be three (3) years.

SECTION 3. Other Organizations. The names of nominees for other representatives shall be presented to the Association by the Nominating Committee at the request of the Board of Directors.

ARTICLE VII: MEETINGS

SECTION 1. Annual Meeting. The Annual Meeting of the Association shall be held at such a time and place as the Board of Directors shall elect, and may be cancelled by a majority vote of the Board of Directors. The scientific program of the Annual Meeting shall be determined by the Secretary.

SECTION 2. Annual Business Meeting. Only voting Association Members shall have the right to speak and participate at the Annual Business Meeting held in conjunction with the Association's Annual Meeting. Non-voting members may attend as observers at the meeting.

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Official notice of the time, place and agenda of the Annual Business Meeting shall be provided at least thirty (30) days before the Meeting. Assuming that adequate notice of the Annual Business Meeting has been given to the voting members pursuant to these Bylaws, there shall be no quorum requirement at that Meeting.

The Order of Business at the Annual Business Meeting of the Association shall be: approval of the Minutes of the previous Meeting, reports of officers, report of the Audit, Bylaws, Nominating and Section Secretaries/Membership Council, and other standing committees as requested. The Officers of the Association shall be installed at the Annual Business Meeting.

SECTION 3. Special Membership Meetings.

Special meetings of the members of the Association may be called at any time by the President with the approval of a majority of the Board of Directors; or upon written request of fifty (50) Active or Senior Members of the Association with the approval of the majority of the members of the Board of Directors. If a special meeting is to be held at some time other than during the Annual Session, a notice of the place, date, hour and reason for the meeting must be sent by the Secretary to all members so as to be received at least fifteen (15) days before the day selected for the meeting.

ARTICLE VIII: ELECTIONS

SECTION 1. President-elect and Representatives of the Association Nomination Process.

A candidate for President-elect shall have his or her name put forward by one of the Sections of the AUA according to an established rotation, from Active and Senior members. Commencing with nomination of the President-elect for 2003-2004, the 12-year presidential rotation shall permit selection of two Presidents-elect from each of the four (4) larger Sections, and one from each of the four (4) smaller Sections*. A Section may elect to change its place in the rotation with any other Section, or may waive its place in the rotation.

The name of the candidate for President-elect shall be forwarded by their Section to the AUA Secretary at least six (6) months prior to the beginning of the Annual Meeting at which the candidate shall stand for election by report of the Nominating Committee.

* The current rotation is as follows:

2012 – North Central	2018 – North Central
2013 – New York	2019 – Mid-Atlantic
2014 – Western	2020 – Western
2015 – Southeastern	2021 – Southeastern
2016 – New England	2022 – Northeastern
2017 – South Central	2023 – South Central

This rotation repeats every twelve (12) years.

Section 1.1 Ratification of Nominating Committee Report.

The report of the Nominating Committee shall be presented at the Annual Business Meeting, and a majority of votes shall be necessary to ratify that report. No nominations for President or Representatives of the Association shall be accepted from the floor of the Business Meeting.

Section 1.2 Rejection, Resubmission, and Vote.

Should the report of the Nominating Committee be rejected, in whole or in part, by a majority of the membership voting at the Business Meeting, then the Committee shall promptly seek another acceptable candidate for each such position in accordance with the provisions of Article V, Section 1.4, of the Bylaws. A subsequent candidate so approved by the Nominating Committee shall be submitted to the membership within 30 days thereafter, for approval by majority vote of all eligible AUA members responding to that vote.

SECTION 2. Secretary-elect and Treasurer-elect Selection Process.

AUA Sections may nominate any number of candidates for the office of Secretary-elect or Treasurer-elect, prior to the selection for such positions; and any eligible AUA member may submit his or her own name for nomination, pursuant to procedures used by the Board of Directors. Open positions will be announced at least eighteen months prior to the expiration of the term of office for the Secretary or Treasurer.

Section 2.1 Ratification of Board Nomination.

After due consideration, the Secretary-elect or Treasurer-elect shall be selected by a two-thirds majority vote of the Board of Directors, subject to ratification by a simple majority of the membership present and voting at the business meeting of the next AUA Annual Meeting. No nominations for Secretary-elect or Treasurer-

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elect shall be accepted from the floor of the Business Meeting.

Section 2.2 Rejection, Resubmission, and Vote. Should ratification of a nominee be denied, then the Board of Directors will select another choice from the remaining nominees within 30 days thereafter, for approval by majority vote of all eligible AUA members responding to that vote.

SECTION 3. Assumption of Office. Newly elected Officers shall take office at the end of the Annual Meeting at which they have been elected. Should any nomination other than for President-elect be rejected at the Annual Business Meeting, then the incumbent shall continue in office until a replacement has been nominated and elected pursuant to the provisions of Section 2 of this Article. All officers shall serve until the end of the following Annual Meeting, or until their successors have been elected.

ARTICLE IX: DISCIPLINE AND DISQUALIFICATION

SECTION 1. Complaints and Referrals. All matters of discipline shall be considered and adjudicated by the Board of Directors upon recommendation of the Judicial & Ethics Committee.

Section 1.1 Initiation of Complaints. Complaints may be brought to the attention of the Board of Directors, to the Judicial and Ethics Committee, or to AUA officers or staff by any AUA member or other interested individual. The leadership of each AUA Section shall be encouraged to report to the AUA leadership any serious infractions of the law or of the canons of medical ethics coming to its attention, which may warrant disciplinary action against a member of that Section.

Section 1.2 Inquiry to Sections. Prior to referral of any complaint to the Judicial & Ethics Committee for review and recommendation, the AUA Board of Directors may at its discretion request that the member's Section first secure and provide to the Board additional information verifying or challenging the details of the

complaint, together with its recommendation for possible action.

SECTION 2. Censure of a Member. The AUA Board of Directors may, following J&E investigation as appropriate, vote to sanction a member by issuing a letter of censure for a violation of AUA policy or professional misconduct. Censures are generally reserved for first-time offenses that do not rise to the level of a rebuke. A censure is confidential between the AUA and the member and has no impact upon a member's good standing. All censures are kept on file at the AUA for tracking of disciplinary actions and may be considered in subsequent disciplinary actions.

SECTION 3. Rebuke of a Member. The AUA Board of Directors may, following J&E investigation as appropriate, vote to sanction a member by issuing a formal rebuke or, if the misconduct is deemed egregious, consider expulsion of the member pursuant to Section 4 of this Article. Grounds for a rebuke may include, but are not limited to:

- 1) inappropriate advertising which is defined to include misleading, untruthful, unfounded or unproven claims, or other similar misdemeanors;
- 2) expulsion from a hospital staff for grounds involving improper or unprofessional conduct,
- 3) breach of an applicable code of ethics, or departure from conduct or professional ethical standards of practice deemed by the Board in its discretion to bring discredit upon the Association;
- 4) other professional misconduct, breach of ethical standards or violation of AUA policies not warranting automatic expulsion.

Section 3.1 Challenge to the recommendation. Should an assertion of a violation be made to the AUA or its officers, it will be referred to the Judicial & Ethics Committee (J&E) for investigation and recommendation. The procedure shall be as follows:

- 1) The J&E shall review submitted materials, which may (but will not necessarily), include information requested from the member charged.
- 2) Following investigation, the J&E shall notify the member in writing of the

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grounds of the rebuke and proposed sanction.

- 3) The member under investigation shall be afforded an opportunity within thirty (30) days to note a challenge to the rebuke. The member shall then be offered the option of perfecting that challenge, either by submitting a response in writing, or requesting a hearing before the Committee.
- 4) If a hearing is requested, it will take place before the J&E Committee at either the annual meeting of the AUA or semiannual meeting of the J&E.
- 5) Whether a hearing is requested or materials are submitted in writing, the member shall be afforded the right to counsel, and an opportunity to present evidence or argument to demonstrate that the rebuke should not be issued.
- 6) Following the submission or hearing, the J&E Committee will consider the challenge and may submit its recommendation to the AUA Board of Directors for disciplinary action as warranted.

Section 3.2 Notice to Member. A formal rebuke may be issued only upon majority vote of the Board of Directors. A member issued a rebuke shall receive written notification of this action from the AUA President. The final decision of the Board of Directors shall not be subject to further challenge or appeal and the rebuke shall be immediately posted on the Association's Disciplinary webpage for a period of three (3) years.

Section 3.3 Consequences of a Rebuke. Members rebuked by the Board of Directors are not in good standing with the AUA and shall have privileges of membership suspended (See Article III Section 18) for a three-year period. All other benefits and obligations of membership are retained. The Board may impose conditions for remediation. At the conclusion of the rebuke period a member's privileges may be restored after appropriate review by the Judicial & Ethics Committee.

SECTION 4. Expulsion of a Member. An expulsion is an official action of the AUA Board of

Directors which removes rights and privileges of membership in the association. It shall be grounds for automatic expulsion of an existing member in any category under Article III of these Bylaws, or denial of full membership to any applicant or candidate member, that the member or prospective member:

- 1) Has been convicted of a felony, misdemeanor involving moral turpitude, or a crime involving illicit drugs;
- 2) Has been found guilty or responsible for a serious violation of AUA policy, after appropriate investigation by the Judicial & Ethics Committee or other body charged with such investigation.
- 3) Has lost his/her license to practice medicine, has had his/her license suspended or revoked, or has been required to forfeit his/her license to practice medicine in any state or jurisdiction where previously licensed, for grounds involving improper or unprofessional conduct, or breach of the applicable code of ethics, or departure from professional or ethical standards of practice or conduct;
- 4) Has surrendered his/her license to practice medicine in order to avoid formal action that would lead to revocation by the licensing authority in any state or jurisdiction, for grounds involving improper or unprofessional conduct, or breach of the applicable code of ethics, or departure from professional or ethical standards of practice or conduct;
- 5) Has been denied medical licensure for grounds involving improper or unprofessional conduct, or breach of the applicable code of ethics, or departure from professional or ethical standards of practice or conduct;
- 6) Has been expelled or suspended by any AUA Section, by the American Medical Association, by any state medical association or society, or state urological society, or had his/her certificate from the American Board of Urology revoked or withdrawn, for any of the grounds or reasons recited in this Section;
- 7) Has been served three (3) rebukes by the AUA.

The Board reserves the right to expel a member for an egregious departure from professional standards of conduct or practice deemed by the Board in its discretion to bring discredit upon the Association.

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Section 4.1 Appeal. Any expelled member shall be notified of this action by the AUA over the signature of the President and may, within thirty (30) days, appeal such expulsion by written communication to the AUA Board of Directors. The Board of Directors, at its next regular meeting, may affirm or reverse the expulsion or may refer the matter for review to its Judicial and Ethics Committee pursuant to Article V, Section 1.3 of these Bylaws, and for their recommendation to the Board of Directors for a final decision. The names of expelled members are posted on the Association's Disciplinary webpage.

Section 4.2 Reapplication. Persons expelled from AUA membership may reapply through the usual channels after three years and will be subject to 1) review by the Judicial & Ethics Committee, and 2) the same scrutiny and requirements that any new applicant would undergo. Two expulsions shall bar the individual from any reapplication ever for membership in the AUA.

SECTION 5. Referral. The AUA shall notify the National Practitioner Data Bank, when required by law, of disciplinary actions adversely affecting AUA membership status, and relating to patient health, safety or welfare. Nothing in this Section shall be construed to prevent the Association, acting through its Board of Directors, from referring a matter of discipline involving possible violation of ethical or professional standards to the appropriate state medical disciplinary board or public authority having presumptive jurisdiction.

AUA AND AACU
2016 AFFILIATION AGREEMENT

This Agreement is made by and between the AMERICAN UROLOGICAL ASSOCIATION, INC (AUA), a Maryland nonprofit corporation, and the AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS (AACU), a Maryland nonprofit corporation, effective January 1, 2016.

Whereas, both Associations have a long history of protecting and developing the practice of Urology;

Whereas, both Associations desire to enter into this Agreement in order to allow both Associations the ability to share resources where appropriate and to continue to strengthen relationships;

Whereas, both the AUA and AACU recognize both Associations are independent membership organizations that share a common membership and which must work together for the mutual benefit of Urology without encroaching upon the independence of the other.

Whereas, the AACU and the AUA have worked in a collaborative nature to better the practice of Urology, and in order to update and further define areas of cooperation between the AUA and the AACU, this 2016 Affiliation Agreement supersedes and replaces the AUA and AACU Affiliation Agreement of 2013, the terms of which will no longer be of force and effect as of the effective date of this Agreement.

IT IS THEREFORE MUTUALLY AGREED AS FOLLOWS:

1. Incorporation of Recitals. The recitals set forth above are incorporated herein as part of the terms of this Agreement.
2. Urology Joint Advocacy Conference (JAC).
 - a. The AUA and the AACU shall jointly host a conference each year known as the Urology Joint Advocacy Conference (JAC). The purpose of the conference is to educate urologists regarding the Urology Legislative Agenda, develop an advocacy strategy and actively lobby our Federal Legislators. The legislative agenda and tasks will conform to those of AACU and the AUA.
 - b. JAC Planning and Promotion.
 - i. All communications and publications regarding the JAC shall include the logos from both the AACU and the AUA.
 - ii. The JAC Planning Committee will be responsible for the schedule and the planning of the activities for the conference. It shall be made up of the following individuals or their designees and staff from each Association as needed:

- a) AACU President, Immediate Past President and Health Policy Chair.
 - b) AUA Health Policy Chair, Vice Chair and Chair of the AUA Legislative Affairs Committee.
 - c) Input may be requested from other Urological Organizations.
- c. Both Associations will develop and agree upon a common budget for the JAC no later than September 1st of each year. The budget should be developed based on the previous year's JAC expenditures with a detailed accounting of sponsored attendees from each organization. This budget will include amounts both organizations agree are necessary to hold a successful conference and for which both organizations agree to pay a previously agreed upon amount or percentage.
- d. The AUA and the AACU will alternate responsibility for meeting planning and on-site administration every two years. AUA was responsible for the 2014 and 2015 Joint Advocacy Conferences. The AACU will be responsible for the 2016 and 2017 Joint Advocacy Conferences. The assigned association will work closely with the JAC Planning Committee.
- e. The duties of the Association responsible for JAC Logistics include but are not limited to the following:
- i. A common registration process and staffing of the registration desk throughout the meeting.
 - ii. Developing a web site specifically for on line JAC registration i.e. www.JAC2013.org. The web sites of each organization promoting the JAC will have a link to this registration site.
 - iii. Developing a unified badging process for registrants identifying name only.
 - iv. Program printing, signage and stationery to include AACU and AUA logos.
 - v. All hotel logistics, including hotel, reception and conference rooms, food and beverage, AV requirements.
 - vi. Contracting with advocacy training firms.
 - vii. Coordination of speaker logistics.
- f. The AACU and AUA will share equally in the development and costs associated with promotional and program materials, not including costs associated with publications that each Association would transmit in its normal order of business.
- g. Each Association is financially responsible for their sponsored attendees. All sponsored attendees will be credited to the Association that invited them. In the case of overlapping sponsorships, each Association will be assigned half credit for the attendee. Each Association will share the listings of their sponsored guests and update this list weekly during the planning process. Hotel contracts shall be written so as to hold harmless both the AUA and the AACU for any room penalties that may apply for non-sponsored contracted (IPO or Individual Pays Own) rooms.
- h. A Standard Operating Procedure will be developed and approved by the Treasurers of the AUA and the AACU for the room block arrangement, to include the dates of submission and release. Any rooms saved by either Association beyond the release

date for the Conference room rate will be the sole responsibility of that Association.

- i. Attrition charges due to a failure to fulfill the contract requirements will be shared in the following manner: The total cost of necessary food and beverage purchases required to fulfill the contract requirements will be shared by the AUA and the AACU in proportion to the room block.
- j. If an outside consultant is approved by the JAC Planning Committee and hired for the purpose of advocacy training and assignment of Hill visits, both associations agree to split the costs in proportion to the room block.
- k. If either Association needs to have a meeting separate from the JAC that requires room, food and beverages costs, the hosting Association will be solely responsible for those expenses.
- l. On occasion, other Urologic Organizations may be allowed to sponsor a speaker at the JAC. The JAC Planning Committee reserves final approval of both topic and speaker. The sponsoring Urologic organization would be responsible for all speaker honorarium and expenses.
- m. Both Associations may seek sponsorship opportunities from industries. Each Association will retain its financial income from sponsorships. Both organizations agree that industry may not influence or determine the content of the meeting.
- n. The AACU/AUA JAC Planning Committee will work with the UROPAC Board to establish a presence for UROPAC at the JAC, to the extent consistent with federal and state laws and regulations and with UROPAC bearing financial responsibility for its activities.

3. Further Joint Efforts.

- a. Both Associations will work together at the AUA Annual Meeting to promote Health Policy Issues to all Urologists.
- b. Urology Health Policy Forum:
 - i. A joint session will be held at the annual meeting of the AUA.
 - ii. The session will be called the Urology Health Policy Forum and feature the AACU Hoffman Lecture/Socioeconomic Forum and the AUA Health Policy Forum.
 - iii. Each organization will be financially responsible for their featured speakers.
 - iv. The JAC Planning Committee will be responsible for the Urology Health Policy Forum content. The sessions will be co-promoted, held on the same day and location and scheduled for two hours with the agenda time equally allotted between AUA and AACU programming. The JAC Planning Committee or its designee will work with the AUA Secretary to ensure the optimal time and location for the Forum.

- c. Both Associations agree to cooperate in advancing the interests of urology by mutual participation in the Urology Caucus within the structure of the American Medical Association (AMA), and encouraging participation of Urology delegates and alternate delegates from all Section and State representatives in that Caucus. AACU will assume responsibility for coordinating the Caucus at the AMA annual meeting, and the AUA will coordinate the Caucus at the AMA interim meeting. It is explicitly agreed that the administrative staff of each organization will be responsible for fully staffing, providing logistical support for urologic attendees and remaining for the completion of the meeting for which their Association bears responsibility.
 - d. AACU will continue to be granted three seats on the AUA Health Policy Council.
 - e. AUA will be granted a seat on AACU Health Policy Council, State Society Committee or a committee of similar importance.
 - f. Both Associations will continue to recognize the independence of the other and that each has a right to communicate positions to members and government officials. More importantly, both Associations realize it is critical to speak in a single unified voice to more effectively advance urologic causes. Both Associations pledge to continue regular Urology Coalition Health Policy calls to maintain communication and knowledge regarding legislative and regulatory issues. Both Associations agree to coordinate communications with legislators and regulatory agencies.
 - g. UROPAC and AACU Exhibit Booths. AACU shall have a booth at the Annual Meeting of the AUA and shall be responsible for the costs and staffing of its booth. UROPAC may exhibit at the AUA Annual meeting at its own expense, to the extent consistent with federal and state laws and regulations.
4. Sunset and Date of this Agreement. This Agreement sunsets March 17, 2017. Notice will be given to the AACU and AUA Boards of Directors by March, 2018 so that a new or amended agreement can be signed by December 31, 2018.
 5. This Agreement may be executed, including by facsimile signature, in one or more counterparts, each of which when so executed shall be deemed to be an original and all of which together shall constitute one and the same instrument.

American Association of Clinical Urologists, Inc.

By: [Signature] 8/11/2015
Mark D. Stovsky, MD, MBA, FACS, (date)
President

By: [Signature] 8-6-2015
Richard S. Pelman, MD (date)
Immediate Past-President

American Urological Association, Inc.

By: [Signature] 8/11/15
William F. Gee, MD, FACS, (date)
President

By: [Signature] 8/11/15
William W. Bohnert, MD, FACS, (date)
Immediate Past-President

From: Belinski, Kate A.
To: [Kevin P. Hancock](#)
Cc: [Esther Gyory](#)
Subject: RE: American Urological Association Advisory Opinion Request
Date: Tuesday, March 21, 2017 4:42:47 PM
Attachments: [image002.png](#)
[image001.png](#)

Kevin,

On behalf of my client, the American Urological Association, please see my responses to your questions below. If you have any questions or need any additional information, please do not hesitate to contact me.

Regards,
Kate

Kate A. Belinski
Attorney at Law
NOSSAMAN LLP
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From: Kevin P. Hancock [mailto:KHancock@fec.gov]
Sent: Tuesday, March 21, 2017 2:14 PM
To: Belinski, Kate A.
Cc: Esther Gyory
Subject: American Urological Association Advisory Opinion Request

Dear Ms. Belinski,

Thank you for speaking with us on February 7, 27, and March 21, 2017, about the advisory opinion request you have submitted on behalf of the American Urological Association, Inc. ("AUA"). I have set out below our understanding of some of the information that you provided. Please confirm the accuracy of these statements or correct them if they are not accurate.

1.) The AUA has notified the American Association of Clinical Urologists ("AACU") of the AUA's advisory opinion request to the Commission. The AUA does not know if the AACU has any position

on the AUA's request.

This is accurate.

2.) Neither the AUA or the AACU has ever solicited the other's members for contributions to the American Association of Clinical Urologists PAC ("URO PAC").

Because of the overlapping membership of the organizations, it would not be accurate to say that the organizations did not solicit each other's members. However, it is accurate to state that each organization was primarily responsible for, and facilitated the solicitation of, its own membership for contributions to UROPAC.

3.) If the Commission concludes that the AUA is no longer affiliated with the AACU, the AUA may consider establishing its own separate segregated fund.

AUA does not currently have any plans to establish its own separate segregated fund, but given the breadth of AUA's mission (Education, Research and Health Policy with a diverse constituency) and the evolving political landscape, AUA may need to consider in the future establishing an SSF.

4.) Thank you for providing us with a copy of the current affiliation agreement between the AUA and AACU, which expires on March 17, 2017. The AUA and AACU have no plan to continue any of the joint activities described in that affiliation agreement after it expires.

This is accurate insofar as AUA no longer has any involvement with UROPAC, and the organizations will no longer co-sponsor the Urology Joint Advocacy Conference, which was the primary focus of the current affiliation agreement. AACU and AUA will jointly sponsor the Health Policy Forum at the AUA's Annual Meeting in May 2017. AACU will continue to participate on AUA's Public Policy Council, as do other urological organizations as set forth in AUA's bylaws; and AUA will continue to work with AACU (and with other organizations) with respect to AMA House of Delegates issues affecting urology.

5.) The AUA does not have a copy of the AACU's bylaws and is not reasonably able to obtain a copy of the AACU's bylaws.

This is accurate. AUA staff reviewed the organization's files and was not able to locate a copy of AACU's bylaws, and AACU's bylaws are not publicly available on AACU's website.

6.) The advisory opinion request's statement that "AUA membership is only a (waivable) requirement for certain categories of AACU members" describes the AUA's general belief, based on anecdotal information, about what the AACU may require of its members.

This is accurate.

7.) The advisory opinion request's statement that "the AUA and AACU continue to share a fair number of common members" describes the AUA's general belief based on anecdotal information.

The AUA does not track whether its members are also members of other organizations such as the AACU. The AUA cannot reasonably determine how many of its members are also members of the AACU.

This is accurate. AUA does not track and has no mechanism for determining how many of its members are also members of AACU.

8.) The AUA played no role in the formation of the AACU in 1969 or of UROPAC in 1992.

This is accurate, although several individuals who held leadership positions in the AUA or its Sections were involved in the formation of the AACU. AACU founded UROPAC in 1992, and AUA did not participate in UROPAC until the Commission issued AO 2002-15 in February 2003.

Sincerely,
Kevin



Kevin P. Hancock
Attorney
Federal Election Commission
(202) 694-1630