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May 9, 2017

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

Re: Comment on AOR 2017-03 (American Association of Clinical Urologists, Inc.)

Dear Ms. Stevenson:

On behalf of my client, the American Urological Association, Inc. (AUA), we are submitting these comments in response to AOR 2017-03, filed by the American Association of Clinical Urologists, Inc. (AACU). As you are aware, my client filed an Advisory Opinion request earlier this year, AOR 2017-01, and the information contained in that request and in the supplemental submission of April 17, 2017 are incorporated herein by reference. Rather than reiterate all of the information we already provided outlining the relationship between AUA and AACU, we wish to point out a few key facts that are missing from AACU's request.

Throughout AOR 2017-03, AACU emphasizes the overlapping membership between AACU and AUA. Although a large proportion of AACU members are indeed members of AUA, only a small portion—approximately eighteen percent (18%)—of AUA members are also members of AACU. When evaluating overlapping membership, we believe the Commission should consider the other eighty-two percent of AUA members who are not members of AACU, and have no say in AACU's interests and activities.

AOR 2017-03 also places great emphasis on the relationship between AUA and AUA Sections, on the one hand, and AACU and AUA Sections, on the other. As highlighted in AUA's Advisory Opinion request and the supplemental submission thereto, AUA Sections are entirely independent of AUA for all purposes, including finances, governance, administration and legal status. AOR 2017-03 points to the fact, for example, that the same association management firm provides Executive Director services to AACU as well as three AUA Sections. Upon review of the firm's prospectus, that same firm provides those services to approximately sixty different medical societies.<sup>1</sup> Surely AACU would not argue that all sixty of these medical societies are affiliated by virtue of hiring the same third-party vendor.

<sup>1</sup> <http://urologyconnection.com/docs/client-prospectus.aspx>



Finally, AACU points to the "rotation" of officers between AACU and AUA or AUA Sections, but fails to mention the significant lapse of time between the roles. For example, of the three recent AUA Presidents they cited who had also served as President of AACU, a least a decade had passed between their leadership role at AACU and their AUA Presidency. While it can perhaps be said that an AACU Presidency can function as a stepping stone for an eventual leadership role at AUA, it certainly is not a "rotation" of officers.

We believe the facts laid out in the record for AOR 2017-01 are a sufficient counterpoint to the tenuous arguments for continued affiliation between AUA and AACU presented in AOR 2017-03. While AACU searches for ongoing connections between the organizations that might convince the Commission to deny AUA's Advisory Opinion request and approve AACU's request to remain affiliated, the facts do not substantiate such a result. As should be clear from the competing AO requests, these two organizations are no longer aligned with one another and do not share common interests inherent to affiliated organizations.

For the reasons outlined above and in the record of AOR 2017-01, we respectfully request that the Commission determine that AUA and AACU are no longer affiliated for purposes of the Federal Election Campaign Act at 52 U.S.C. § 30116(a)(5). If there is any additional information we can provide, please do not hesitate to contact me.

Sincerely,

Kate A. Belinski  
for Nossaman LLP