

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

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

FOR LINE NUMBER: PAGE 53 OF 273

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association PAC

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

A. Crush, Andrew, Bryce, , MD

Mailing Address 3150 Lundy Ln

City  
BettendorfState  
IAZip Code  
52722-3978FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information RequestedOccupation (for Individual)  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2019

Transaction ID : C3874078

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Cubin, Frederick, W, , Dr.

Mailing Address 2441 Fairwood Commons Ave

City  
CasperState  
WYZip Code  
82609-3299FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Casper Medical ImagingOccupation (for Individual)  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : C3870662

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

C. Cutts, Shanoë, , , MD

Mailing Address 15449 Pinehurst Pl

City  
San DiegoState  
CAZip Code  
92131-4331FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
San Diego Imaging AssociatesOccupation (for Individual)  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2019

Transaction ID : C3870808

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

710.00

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