

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

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

FOR LINE NUMBER: PAGE 47648 OF 70256

(check only one)

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

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NAME OF COMMITTEE (In Full)

**TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE**

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

**A. PAPUDESU, MOHAN, , ,**

Mailing Address 108 COUNTRY CLUB DR

City  
AMERICUS

State  
GA

Zip Code  
31709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARE CONNECT HEALTHCARE

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2020

**Transaction ID : SA11AI.212046**

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4347]

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

**B. PAPUDESU, MOHAN, , ,**

Mailing Address 108 COUNTRY CLUB DR

City  
AMERICUS

State  
GA

Zip Code  
31709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARE CONNECT HEALTHCARE

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2020

**Transaction ID : SA11AI.212047**

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11AI.4351]

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

**C. PAPUDESU, MOHAN, , ,**

Mailing Address 108 COUNTRY CLUB DR

City  
AMERICUS

State  
GA

Zip Code  
31709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARE CONNECT HEALTHCARE

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

02 / 18 / 2020

**Transaction ID : SA11AI.212048**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1500.00