

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

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

FOR LINE NUMBER: PAGE 2212 OF 7362

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NRCC

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

A. PAPUDESU, MOHAN, , ,

Mailing Address 108 COUNTRY CLUB DRIVE,APT F

City
AMERICUS

State
GA

Zip Code
31709-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARE CONNECT HEALTH

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

01 / 09 / 2020

Transaction ID : SA11A.18835842

Amount of Each Receipt this Period

5.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4513153.20

Date of Receipt

01 / 09 / 2020

Transaction ID : SA11C.1883158640437

Amount of Each Receipt this Period

250.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

C. PAPUDESU, MOHAN, , ,

Mailing Address 108 COUNTRY CLUB DRIVE,APT F

City
AMERICUS

State
GA

Zip Code
31709-4524

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARE CONNECT HEALTH

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

01 / 09 / 2020

Transaction ID : SA11A.18835849

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

255.00