

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 236 OF 31559  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**REPUBLICAN NATIONAL COMMITTEE**

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

**A. BERNARD, JACQUELINE, , MS.,**

Mailing Address 1357 FAIRWAY VILLAGE DR.

City  
FLEMING ISLANDState  
FLZip Code  
32003-8399FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RADIOLOGY ASSOCIATES IMAGINGOccupation (for Individual)  
RADIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2019

Transaction ID : SA11A.82434371

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. BERNADELLI, RAYMOND, LOUIS, MR.,**

Mailing Address 24234 S DESERT VALE DR

City  
SUN LAKESState  
AZZip Code  
85248-5807FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2019

Transaction ID : SA11A.82488398

Amount of Each Receipt this Period

35.00

☐ Memo Item  
CONTRIBUTION

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

**C. BERNER, DAVID, , MR.,**

Mailing Address P.O. BOX 475

City  
BOTKINSState  
OHZip Code  
45306-0475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

243.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2019

Transaction ID : SA11A.82440965

Amount of Each Receipt this Period

21.00

☐ Memo Item  
CONTRIBUTION

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

156.00

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