

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ROMNEY FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)
BRIAN WARD

Mailing Address **4 DERBY LANE**

City **MEDFIELD** State **MA** Zip Code **02052-1330**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FIDELITY INVESTMENTS** Occupation **RISK MANAGEMENT**

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17.714147

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2012

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MRS. DONNA M. WARD

Mailing Address **5081 GILES AVENUE N.E.**

City **ROCKFORD** State **MI** Zip Code **49341-7941**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
340.00

Transaction ID : SA17.715881

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2012

CONTRIBUTION

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MRS. DONNA M. WARD

Mailing Address **5081 GILES AVENUE N.E.**

City **ROCKFORD** State **MI** Zip Code **49341-7941**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
340.00

Transaction ID : SA17.754009

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2012

CONTRIBUTION

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional)..... **1050.00**

Total This Period (last page this line number only).....