



**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3P)

Name of committee (in full) <b>ROMNEY FOR PRESIDENT, INC.</b>	Report Covering the Period	
	From: 04/01/2009	To: 06/30/2009
<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :		
(a) Individuals/Persons Other Than Political Committees .....	0.00	301.67
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) The Candidate .....	15000.00	40000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d)) .....	15000.00	40301.67
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	0.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :		
(a) Operating .....	6692.00	27639.51
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	6692.00	27639.51
21. OTHER RECEIPTS (Dividend, Interest, etc.) .....	20205.17	117174.93
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21) .....	41897.17	185116.11
<b>II. DISBURSEMENTS</b>		
23. OPERATING EXPENDITURES .....	47903.37	194328.93
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS .....	0.00	0.00
27. LOAN REPAYMENTS MADE :		
(a) Repayment of Loans made or Guaranteed by Candidate .....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :		
(a) Individuals/Persons Other Than Political Committees .....	-24350.00	-18148.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c)) .....	-24350.00	-18148.33
29. OTHER DISBURSEMENTS .....	2815.00	2815.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	26368.37	178995.60
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00	

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE 3 / 50**  
**(Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)**  
(PAGE 3, FEC FORM 3P)

1. NAME OF COMMITTEE (in full)

ROMNEY FOR PRESIDENT, INC.

ADDRESS (number and street)

80 HAYDEN AVENUE

CITY, STATE, and ZIP CODE

LEXINGTON

MA

02421

2. IDENTIFICATION NUMBER

C00431171

**ALLOCATION BY STATE**

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachusetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>



A. Form/Schedule : **SC/12**  
Transaction ID : **M3C-1**

SCHEDULE C - GOLDMAN SACHS LINE OF CREDIT Interest rate is Prime + 1.0% Line of credit is secured by personal assets of candidate held at Goldman Sachs.



**Schedule C-P**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  19a  
 19b

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

Transaction ID: SC-M608

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MITT ROMNEY-CONV. \$2,050k TO CONTRI - [PERSON-  
AL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 80 HAYDEN AVENUE

City LEXINGTON State MA ZIP Code 02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2300000.00	2050000.00	250000.00

**TERMS**

Date Incurred: M M 05 D D 15 Y Y Y Y 2008 Date Due: 12/31/2008 Interest Rate: 0.0000 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	250000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

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

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FOR LINE NUMBER: (check only one)  19a  19b

**LOANS**

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

**Transaction ID: SC.01**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MITT ROMNEY-CONV. \$805k TO CONTRIBU - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 80 HAYDEN AVENUE

City LEXINGTON State MA ZIP Code 02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
850000.00	850000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YYYY 10 25 2006	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  19a  
 19b

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

Transaction ID: SC-08

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSONAL FUNDS]		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 80 HAYDEN AVENUE		
City LEXINGTON	State MA	ZIP Code 02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000000.00	3000000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 1 D D 1 5 Y Y Y Y 2 0 0 7	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

**Schedule C-P**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  19a  
 19b

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

Transaction ID: SC-09

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSON-  
AL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 80 HAYDEN AVENUE

City LEXINGTON State MA ZIP Code 02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000000.00	3000000.00	0.00

**TERMS**

Date Incurred: MM DD YY YY 11 28 2007  
Date Due: 12/31/2008  
Interest Rate: 0.0000 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 11 / 50
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

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

**Transaction ID: SC.03**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 80 HAYDEN AVENUE	
City LEXINGTON	State MA ZIP Code 02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500000.00	2500000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 5 D D 1 1 Y Y Y Y 2 0 0 7	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width: 100%; text-align: right;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

# Schedule C-P

## LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 / 50
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

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

**Transaction ID: SC.04**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 80 HAYDEN AVENUE	
City LEXINGTON State MA ZIP Code 02421	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000000.00	4000000.00	0.00

**TERMS**

Date Incurred MM DD YY 06 29 2007	Date Due 12/31/2008	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

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

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FOR LINE NUMBER: (check only one)  19a  19b

**LOANS**

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

**Transaction ID: SC-05**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 80 HAYDEN AVENUE

City LEXINGTON State MA ZIP Code 02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500000.00	3500000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YY YY 09 10 2007	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>0.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 14 / 50
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

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

**Transaction ID: SC-06**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 80 HAYDEN AVENUE	
City LEXINGTON State MA ZIP Code 02421	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000000.00	5000000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 28 Y Y Y Y 2007	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>0.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**Schedule C-P**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 / 50
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

**LOANS**

NAME OF COMMITTEE (In Full)  
 ROMNEY FOR PRESIDENT, INC. **Transaction ID: SC-10**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 80 HAYDEN AVENUE	
City LEXINGTON State MA ZIP Code 02421	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000000.00	3000000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 1 0 Y Y Y Y 2 0 0 7	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / 50
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

**LOANS**

NAME OF COMMITTEE (In Full)  
ROMNEY FOR PRESIDENT, INC. Transaction ID: SC-11

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 80 HAYDEN AVENUE	
City LEXINGTON State MA ZIP Code 02421	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000000.00	3000000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 1 8 Y Y Y Y 2 0 0 7	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**Schedule C-P**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  19a  
 19b

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

Transaction ID: SC-12

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSON-  
AL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 80 HAYDEN AVENUE

City LEXINGTON State MA ZIP Code 02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000000.00	3000000.00	0.00

**TERMS**

Date Incurred: MM DD YY Y Y Y Y 12 24 2007  
Date Due: 12/31/2008  
Interest Rate: 0.0000 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  19a  
 19b

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

Transaction ID: SC-001

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSON-  
AL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 80 HAYDEN AVENUE

City LEXINGTON State MA ZIP Code 02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4650000.00	4650000.00	0.00

**TERMS**

Date Incurred    Date Due  Interest Rate  % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

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

PAGE 20 / 50

FOR LINE NUMBER: (check only one)  19a  19b

**LOANS**

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

**Transaction ID: SC-02**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 80 HAYDEN AVENUE	
City LEXINGTON State MA ZIP Code 02421	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1600000.00	1600000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1 D D 1 0 Y Y Y Y 2 0 0 8	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**Schedule C-P**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 / 50
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 19a <input type="checkbox"/> 19b

**LOANS**

NAME OF COMMITTEE (In Full)  
 ROMNEY FOR PRESIDENT, INC. Transaction ID: SC-03

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 80 HAYDEN AVENUE	
City LEXINGTON State MA ZIP Code 02421	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
450000.00	450000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="MM 01"/> <input type="text" value="DD 22"/> <input type="text" value="YYYY 2008"/>	<input type="text" value="12/31/2008"/>	<input type="text" value="0.0000"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 22 / 50
FOR LINE NUMBER: (check only one)	
<input checked="" type="checkbox"/>	19a
<input type="checkbox"/>	19b

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

**Transaction ID: SC-04**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MITT ROMNEY-CONVERTED TO CONTRIBUTI - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 80 HAYDEN AVENUE	
City LEXINGTON	State MA ZIP Code 02421

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	250000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1	D D 2 3	Y Y Y Y 2 0 0 8	12/31/2008
		0.0000	% (apr) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input style="width: 100%;" type="text" value="250000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-P-1 LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

 Supplementary for  
 Information found on  
 Page 23 / 50 of Schedule C

Name of Committee (in Full) <b>ROMNEY FOR PRESIDENT, INC.</b>		FEC IDENTIFICATION NUMBER C00431171	
Back Ref ID: M3C-1			
LENDING INSTITUTION (LENDER) Full Name GOLDMAN SACHS & CO.		Amount of Loan 2000000.00	Interest Rate (APR) 0.0000 %
Mailing Address 85 BROAD STREET		Date Incurred or Established 02 04 2008	
City NEW YORK	State NY	Zip Code 10004	Date Due 12/31/2008
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred :			
B. If line of credit, Amount of this Draw: 0.00		Total Outstanding balance : 0.00	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>PERSONAL ASSETS OF CANDIDATE HELD AT GOLDMAN SACHS</u>		What is the value of this collateral? 2000000.00  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value? 0.00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established:		Location of account Address: City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name      DARRELL CRATE Signature		DATE 02 04 2008	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name      JIM DONOVAN Signature		DATE 02 04 2008	
		Title Managing Director	

**Schedule A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 50
	(check only one)
<input type="checkbox"/> 16	<input type="checkbox"/> 17a
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 17b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 20b
<input type="checkbox"/> 17d	<input checked="" type="checkbox"/> 20c
<input type="checkbox"/> 18	<input type="checkbox"/> 21

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)  
ROMNEY FOR PRESIDENT, INC.

<b>A.</b>	Full Name (Last, First, Middle Initial) MITT ROMNEY	Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9
	Mailing Address 80 HAYDEN AVENUE	Amount of Each Receipt this Period 15000.00
	City State Zip Code LEXINGTON MA 02421	
	FEC ID number of contributing federal political committee.	CONTRIBUTION FROM THE CANDIDATE
	Name of Employer SELF-EMPLOYED	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 40000.00	
		Transaction ID: SA17.01

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	15000.00

**Schedule A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 50
	(check only one)	
<input type="checkbox"/> 16	<input 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.

<b>A.</b>	Full Name (Last, First, Middle Initial) COMMONWEALTH OF MASSACHUSETTS	Date of Receipt
	Mailing Address ONE ASHBURTON PL	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 4 / 2 0 0 9
	City State Zip Code BOSTON MA 02108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<input type="text"/> 6692.00
	Name of Employer Occupation	REFUND- TAXES
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text"/> 6692.00
		Transaction ID: SA20A.1

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 6692.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 6692.00

# Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 50

(check only one)

<input type="checkbox"/> 16	<input 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.

<b>A.</b> Full Name (Last, First, Middle Initial) BOBBY JINDAL CAMPAIGN COMMITTEE LLC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 9	
Mailing Address 6811 JEFFERSON HWY		Amount of Each Receipt this Period 337.36	
City BATON ROUGE	State LA	Zip Code 70806	LIST RENTAL - FAIR MARKET VALUE
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 337.36	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 337.36		Transaction ID: SA21.7

<b>B.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9	
Mailing Address 260 HANOVER STREET		Amount of Each Receipt this Period 15.15	
City BOSTON	State MA	Zip Code 02113	INTEREST EARNINGS
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 15.15	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 241.99		Transaction ID: SA21.1

<b>C.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 9	
Mailing Address 260 HANOVER STREET		Amount of Each Receipt this Period 14.19	
City BOSTON	State MA	Zip Code 02113	INTEREST EARNINGS
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 14.19	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 241.99		Transaction ID: SA21.2

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	366.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 27 / 50</span>
	(check only one)
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b
<input type="checkbox"/> 17b <input type="checkbox"/> 20a	<input type="checkbox"/> 17c <input type="checkbox"/> 20b
<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address 260 HANOVER STREET	Amount of Each Receipt this Period 13.52
	City State Zip Code BOSTON MA 02113	INTEREST EARNINGS
	FEC ID number of contributing federal political committee.	Transaction ID: SA21.3
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 241.99	

<b>B.</b>	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Date of Receipt MM / DD / YYYY 04 / 02 / 2009
	Mailing Address 260 HANOVER STREET	Amount of Each Receipt this Period 1.63
	City State Zip Code BOSTON MA 02113	INTEREST EARNINGS
	FEC ID number of contributing federal political committee.	Transaction ID: SA21.4
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 241.99	

<b>C.</b>	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Date of Receipt MM / DD / YYYY 06 / 02 / 2009
	Mailing Address 260 HANOVER STREET	Amount of Each Receipt this Period 0.60
	City State Zip Code BOSTON MA 02113	INTEREST EARNINGS
	FEC ID number of contributing federal political committee.	Transaction ID: SA21.5
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 241.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	15.75
<b>TOTAL</b> This Period (last page this line number only) .....	

# Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 50

(check only one)

<input type="checkbox"/> 16	<input 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.

<p><b>A.</b> Full Name (Last, First, Middle Initial) BANK OF AMERICA</p> <p>Mailing Address 260 HANOVER STREET</p> <p>City State Zip Code BOSTON MA 02113</p> <p>FEC ID number of contributing federal political committee. <input type="text"/></p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text"/> 241.99</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 9</p> <p>Amount of Each Receipt this Period <input type="text"/> 0.50</p> <p>INTEREST EARNINGS</p> <p>Transaction ID: SA21.6</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FREE AND STRONG AMERICA PAC INC.</p> <p>Mailing Address 80 HAYDEN AVENUE</p> <p>City State Zip Code LEXINGTON MA 02421</p> <p>FEC ID number of contributing federal political committee. <input type="text"/> C00449280</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text"/> 115732.57</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 9</p> <p>Amount of Each Receipt this Period <input type="text"/> 8350.00</p> <p>PURCHASE OF DOMAINS - FAIR MARKET VALUE</p> <p>Transaction ID: SA21.10</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FREE AND STRONG AMERICA PAC INC.</p> <p>Mailing Address 80 HAYDEN AVENUE</p> <p>City State Zip Code LEXINGTON MA 02421</p> <p>FEC ID number of contributing federal political committee. <input type="text"/> C00449280</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text"/> 115732.57</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 9</p> <p>Amount of Each Receipt this Period <input type="text"/> 11375.00</p> <p>LIST RENTAL/PURCHASE - FAIR MARKET VALUE</p> <p>Transaction ID: SA21.8</p>

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

19725.50

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

**Schedule A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 50
	(check only one)	
<input type="checkbox"/> 16	<input 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.

<b>A.</b>	Full Name (Last, First, Middle Initial) FREE AND STRONG AMERICA PAC INC.		Date of Receipt																				
	Mailing Address 80 HAYDEN AVENUE		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		1	5		2	0	0	9													
	City	State	Zip Code																				
LEXINGTON	MA	02421																					
FEC ID number of contributing federal political committee.	<table border="1"><tr><td>C</td><td>0</td><td>0</td><td>4</td><td>4</td><td>9</td><td>2</td><td>8</td><td>0</td></tr></table>		C	0	0	4	4	9	2	8	0	Amount of Each Receipt this Period											
C	0	0	4	4	9	2	8	0															
Name of Employer	Occupation	DATABASE RENTAL - FAIR MARKET VALUE																					
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<table border="1"><tr><td>1</td><td>1</td><td>5</td><td>7</td><td>3</td><td>2</td><td>5</td><td>7</td></tr></table>		1	1	5	7	3	2	5	7												
1	1	5	7	3	2	5	7																
			Transaction ID: SA21.9																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td>97.22</td></tr></table>	97.22
97.22		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td>20205.17</td></tr></table>	20205.17
20205.17		

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) HUI JOJO DENG	Transaction ID: SB.3 Date of Disbursement
	Mailing Address 117 BEACONSFIELD RD	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City BROOKLINE State MA Zip Code 02445	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="225.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HUI JOJO DENG	Transaction ID: SB.6 Date of Disbursement
	Mailing Address 117 BEACONSFIELD RD	<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City BROOKLINE State MA Zip Code 02445	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="202.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HUI JOJO DENG	Transaction ID: SB.9 Date of Disbursement
	Mailing Address 117 BEACONSFIELD RD	<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City BROOKLINE State MA Zip Code 02445	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="250.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="677.50"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) BRUCE NILSON	Transaction ID: SB.1 Date of Disbursement
	Mailing Address 40 KINGS WAY #401A	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City WALTHAM State MA Zip Code 02451	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BRUCE NILSON	Transaction ID: SB.10 Date of Disbursement
	Mailing Address 40 KINGS WAY #401A	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City WALTHAM State MA Zip Code 02451	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BRUCE NILSON	Transaction ID: SB.5 Date of Disbursement
	Mailing Address 40 KINGS WAY #401A	<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City WALTHAM State MA Zip Code 02451	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) BRUCE NILSON	Transaction ID: SB.8 Date of Disbursement 06 / 01 / 2009
	Mailing Address 40 KINGS WAY #401A	Amount of Each Disbursement this Period 1500.00
	City WALTHAM State MA Zip Code 02451	
	Purpose of Disbursement COMPLIANCE CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) LOU TAVARES	Transaction ID: SB.4 Date of Disbursement 04 / 07 / 2009
	Mailing Address 42 HAZEN ST.	Amount of Each Disbursement this Period 1000.00
	City CHELMSFORD State MA Zip Code 01824	
	Purpose of Disbursement COMPLIANCE CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) LOU TAVARES	Transaction ID: SB.7 Date of Disbursement 05 / 07 / 2009
	Mailing Address 42 HAZEN ST.	Amount of Each Disbursement this Period 1000.00
	City CHELMSFORD State MA Zip Code 01824	
	Purpose of Disbursement COMPLIANCE CONSULTING	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**Schedule B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB.28 Date of Disbursement 04 / 16 / 2009
	Mailing Address 260 HANOVER ST	Amount of Each Disbursement this Period 883.59
	City BOSTON State MA Zip Code 02113	
	Purpose of Disbursement BANK FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB.29 Date of Disbursement 05 / 15 / 2009
	Mailing Address 260 HANOVER ST	Amount of Each Disbursement this Period 868.07
	City BOSTON State MA Zip Code 02113	
	Purpose of Disbursement BANK FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB.30 Date of Disbursement 06 / 15 / 2009
	Mailing Address 260 HANOVER ST	Amount of Each Disbursement this Period 867.47
	City BOSTON State MA Zip Code 02113	
	Purpose of Disbursement BANK FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2619.13
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CITY EXPRESS	Transaction ID: SB.12 Date of Disbursement
	Mailing Address PO BOX 52317	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BOSTON State MA Zip Code 02205	Amount of Each Disbursement this Period
	Purpose of Disbursement DELIVERY	<input type="text" value="147.10"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITY EXPRESS	Transaction ID: SB.13 Date of Disbursement
	Mailing Address PO BOX 52317	<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BOSTON State MA Zip Code 02205	Amount of Each Disbursement this Period
	Purpose of Disbursement DELIVERY	<input type="text" value="189.48"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CITY OF BOSTON	Transaction ID: SB.23 Date of Disbursement
	Mailing Address ONE CITY HALL SQUARE	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BOSTON State MA Zip Code 02201	Amount of Each Disbursement this Period
	Purpose of Disbursement PERSONAL PROPERTY TAXES	<input type="text" value="10514.28"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10850.86"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) CMDI Mailing Address 7704 LEESBURG PIKE City FALLS CHURCH State VA Zip Code 22043 Purpose of Disbursement DATA MANAGEMENT SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.2 Date of Disbursement 04 / 07 / 2009 Amount of Each Disbursement this Period 2500.00 Category/Type
B.	Full Name (Last, First, Middle Initial) DELINQUENT TAX COLLECTOR Mailing Address P.O. BOX 605 City CHARLESTON State SC Zip Code 29402 Purpose of Disbursement TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.24 Date of Disbursement 04 / 29 / 2009 Amount of Each Disbursement this Period 118.18 Category/Type
C.	Full Name (Last, First, Middle Initial) ENILSSON Mailing Address 70 BROADWAY City WESTFORD State MA Zip Code 01886 Purpose of Disbursement WEB SVC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB.35 Date of Disbursement 05 / 07 / 2009 Amount of Each Disbursement this Period 502.50 Category/Type

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

3120.68

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

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) <b>ENILSSON</b> <hr/> Mailing Address <b>70 BROADWAY</b> <hr/> City <b>WESTFORD</b> State <b>MA</b> Zip Code <b>01886</b> Purpose of Disbursement <b>WEB SVC</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB.37</b> Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2009</b> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">149.00</div>
B.	Full Name (Last, First, Middle Initial) <b>IRON MOUNTAIN</b> <hr/> Mailing Address <b>P.O. BOX 27128</b> <hr/> City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10087</b> Purpose of Disbursement <b>STORAGE</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB.31</b> Date of Disbursement M M / D D / Y Y Y Y <b>05 / 07 / 2009</b> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">178.40</div>
C.	Full Name (Last, First, Middle Initial) <b>IRON MOUNTAIN</b> <hr/> Mailing Address <b>P.O. BOX 27128</b> <hr/> City <b>NEW YORK</b> State <b>NY</b> Zip Code <b>10087</b> Purpose of Disbursement <b>STORAGE</b> Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB.33</b> Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2009</b> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">176.20</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">503.60</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) LOCKART ATCHLEY & ASSOC	Transaction ID: SB.11 Date of Disbursement
	Mailing Address 6850 AUSTIN CENTER BLVD STE 180	<input type="text" value="05"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City AUSTIN State TX Zip Code 78731	Amount of Each Disbursement this Period
	Purpose of Disbursement COMPLIANCE CONSULTING	<input type="text" value="4808.60"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MAR LEXHAY	Transaction ID: SB.25 Date of Disbursement
	Mailing Address 80 HAYDEN AVE.	<input type="text" value="04"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City LEXINGTON State MA Zip Code 02421	Amount of Each Disbursement this Period
	Purpose of Disbursement RENT	<input type="text" value="134.55"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MAR LEXHAY	Transaction ID: SB.26 Date of Disbursement
	Mailing Address 80 HAYDEN AVE.	<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City LEXINGTON State MA Zip Code 02421	Amount of Each Disbursement this Period
	Purpose of Disbursement RENT	<input type="text" value="138.25"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5081.40"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) MARSH USA	Transaction ID: SB.16 Date of Disbursement
	Mailing Address NEW YORK OFFICE PO BOX 19601	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City NEWARK State NJ Zip Code 07195	Amount of Each Disbursement this Period
	Purpose of Disbursement INSURANCE	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARSH USA	Transaction ID: SB.17 Date of Disbursement
	Mailing Address NEW YORK OFFICE PO BOX 19601	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City NEWARK State NJ Zip Code 07195	Amount of Each Disbursement this Period
	Purpose of Disbursement INSURANCE	<input type="text" value="54.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MARSH USA	Transaction ID: SB.18 Date of Disbursement
	Mailing Address NEW YORK OFFICE PO BOX 19601	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City NEWARK State NJ Zip Code 07195	Amount of Each Disbursement this Period
	Purpose of Disbursement INSURANCE	<input type="text" value="55.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2609.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) MARSH USA	Transaction ID: SB.19 Date of Disbursement 04 / 07 / 2009
	Mailing Address NEW YORK OFFICE PO BOX 19601	Amount of Each Disbursement this Period 22.00
	City NEWARK	State NJ
	Zip Code 07195	
	Purpose of Disbursement INSURANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) MINDSHIFT TECHNOLOGIES INC	Transaction ID: SB.36 Date of Disbursement 05 / 07 / 2009
	Mailing Address 307 WAVERLEY OAKS RD #201	Amount of Each Disbursement this Period 97.00
	City WALTHAM	State MA
	Zip Code 02452	
	Purpose of Disbursement WEB SVC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) PATTON BOGGS	Transaction ID: SB.20 Date of Disbursement 04 / 07 / 2009
	Mailing Address 2550 M ST NW	Amount of Each Disbursement this Period 1475.00
	City WASHINGTON	State DC
	Zip Code 20037	
	Purpose of Disbursement LEGAL CONSULTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1594.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>PATTON BOGGS</b>	<b>Transaction ID:</b> SB.21 Date of Disbursement 06 / 02 / 2009	
	Mailing Address 2550 M ST NW		
	City WASHINGTON State DC Zip Code 20037	Amount of Each Disbursement this Period	678.36
	Purpose of Disbursement LEGAL CONSULTING		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>SPELNA INC.</b>	<b>Transaction ID:</b> SB.32 Date of Disbursement 05 / 07 / 2009	
	Mailing Address 225 INDUSTRIAL COURT		
	City FREDERICKSBURG State VA Zip Code 22408	Amount of Each Disbursement this Period	52.97
	Purpose of Disbursement STORAGE		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>SPELNA INC.</b>	<b>Transaction ID:</b> SB.34 Date of Disbursement 06 / 02 / 2009	
	Mailing Address 225 INDUSTRIAL COURT		
	City FREDERICKSBURG State VA Zip Code 22408	Amount of Each Disbursement this Period	16.08
	Purpose of Disbursement STORAGE		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>747.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) US POSTMASTER		Transaction ID: SB.22	
	Mailing Address FORT POINT		Date of Disbursement 06 / 02 / 2009	
	City BOSTON	State MA	Zip Code 02205	Amount of Each Disbursement this Period 520.00
	Purpose of Disbursement POSTAGE		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

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

520.00

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

47903.37

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) FERNANDO BORGES	Transaction ID: SB28A.7 Date of Disbursement 06 / 02 / 2009
	Mailing Address 460 PARK ST N	Amount of Each Disbursement this Period -2000.00
	City ST PETERSBURG State FL Zip Code 33710	
	Purpose of Disbursement VOID CHECK	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) DAVID F BULLOCK	Transaction ID: SB28A.3 Date of Disbursement 06 / 01 / 2009
	Mailing Address 1683 BOX ELDER DR	Amount of Each Disbursement this Period -2100.00
	City ALPINE State UT Zip Code 84004	
	Purpose of Disbursement VOID CHECK	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ELIJAH CARDON	Transaction ID: SB28A.6 Date of Disbursement 06 / 01 / 2009
	Mailing Address 1223 S CLEARVIEW AVE	Amount of Each Disbursement this Period -2000.00
	City MESA State AZ Zip Code 85209	
	Purpose of Disbursement VOID CHECK	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-6100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) MARTY DIODATI	Transaction ID: SB28A.13
	Mailing Address 3100 E CEDAR ST	Date of Disbursement MM / DD / YYYY 06 / 01 / 2009
	City ONTARIO State CA Zip Code 91761	Amount of Each Disbursement this Period -2300.00
	Purpose of Disbursement VOID CHECK	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) JAMI LARSEN	Transaction ID: SB28A.10
	Mailing Address 3112 HEISEY ST	Date of Disbursement MM / DD / YYYY 06 / 01 / 2009
	City BAKERSFIELD State CA Zip Code 93306	Amount of Each Disbursement this Period -100.00
	Purpose of Disbursement VOID CHECK	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) RICHARD MCGAUGHY	Transaction ID: SB28A.16
	Mailing Address 4651 FAIRFAX AVE	Date of Disbursement MM / DD / YYYY 06 / 01 / 2009
	City DALLAS State TX Zip Code 75209	Amount of Each Disbursement this Period -500.00
	Purpose of Disbursement VOID CHECK	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	-2900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	





# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.	Full Name (Last, First, Middle Initial) SCHUYLER M TILNEY	Transaction ID: SB28A.18 Date of Disbursement 06 / 01 / 2009
	Mailing Address 2727 ALLEN PARKWAY	Amount of Each Disbursement this Period -200.00
	City HOUSTON State TX Zip Code 77057	
	Purpose of Disbursement VOID CHECK	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) MR SCHUYLER M TILNEY	Transaction ID: SB28A.1 Date of Disbursement 05 / 08 / 2009
	Mailing Address 2727 ALLEN PARKWAY	Amount of Each Disbursement this Period 6900.00
	City HOUSTON State TX Zip Code 77057	
	Purpose of Disbursement CONTRIBUTION REFUND	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) SCHUYLER M. TILNEY	Transaction ID: SB28A.17 Date of Disbursement 06 / 01 / 2009
	Mailing Address 2727 ALLEN PARKWAY	Amount of Each Disbursement this Period -6700.00
	City HOUSTON State TX Zip Code 77057	
	Purpose of Disbursement VOID CHECK	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>DAVID W WILLIAMS</b>	<b>Transaction ID: SB28A.4</b> Date of Disbursement 06 / 01 / 2009	
	Mailing Address 22313 ALGUNAS RD		
	City WOODLAND HILLS State CA Zip Code 91364	Amount of Each Disbursement this Period	-2300.00
	Purpose of Disbursement VOID CHECK		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DEVON WILLIAMS</b>	<b>Transaction ID: SB28A.5</b> Date of Disbursement 06 / 01 / 2009	
	Mailing Address 22313 ALGUNAS RD		
	City WOODLAND HILLS State CA Zip Code 91364	Amount of Each Disbursement this Period	-2300.00
	Purpose of Disbursement VOID CHECK		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>THOMAS WILLSSEN</b>	<b>Transaction ID: SB28A.20</b> Date of Disbursement 06 / 01 / 2009	
	Mailing Address 170 PAULS LN		
	City WATERMILL State NY Zip Code 11976	Amount of Each Disbursement this Period	-100.00
	Purpose of Disbursement VOID CHECK		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>-4700.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**Schedule B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
ASHLEY ISSAC WOOLLEY

Mailing Address 63 ABRAMS CT #203

City STANFORD State CA Zip Code 94305

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28A.2

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2009

Amount of Each Disbursement this Period

-2300.00

B.

Full Name (Last, First, Middle Initial)  
KOMAN GROUP, LLC

Mailing Address ONE CITY PLACE SUITE 540

City ST. LOUIS State MO Zip Code 63101

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB28A.12

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2009

Amount of Each Disbursement this Period

-2300.00

SUBTOTAL of Disbursements This Page (optional) .....

-4600.00

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

-24350.00

# Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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

A.

Full Name (Last, First, Middle Initial)  
PIONEER INSTITUTE

Mailing Address 85 DEVONSHIRE ST 8TH FL

City BOSTON State MA Zip Code 02109

Purpose of Disbursement  
CHARITABLE DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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