

**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

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.

A. Full Name (Last, First, Middle Initial)
MR. JUSTIN W. HEETDERKS

Mailing Address 979 LAKETOWN DRIVE

City: HOLLAND State: MI Zip Code: 49423-7323

FEC ID number of contributing federal political committee.

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.2364110

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2012			

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DR. DANIEL P. HEFFERNAN

Mailing Address 6040 HARRISON AVENUE

City: CINCINNATI State: OH Zip Code: 45248-1650

FEC ID number of contributing federal political committee.

Name of Employer: INFORMATION REQUESTED PER BEST EFFORTS Occupation: INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.2171421

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			23			2012			

CONTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DR. JOHN HEFFERON

Mailing Address 360 E. SOUTH WATER ST.

City: CHICAGO State: IL Zip Code: 60601-4028

FEC ID number of contributing federal political committee.

Name of Employer: NORTHWESTERN CENTER FOR ORTHOPEDICS Occupation: PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17.2091831

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2012			

CONTRIBUTION

Amount of Each Receipt this Period

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

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