

REPORT OF RECEIPTS AND DISBURSEMENTS
 BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1 / 29

| | | |
|-----------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE (in full) ROMNEY FOR PRESIDENT, INC. | | 2. IDENTIFICATION NUMBER C00431171 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 80 HAYDEN AVENUE | | |
| CITY, STATE, and ZIP CODE LEXINGTON MA 02421 | | 3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General |

4. TYPE OF REPORT (Check here if this is a Termination Report.)

| | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|-------------------------------------|-----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|---------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input checked="" type="checkbox"/> January 31 Year End Report | Monthly Report Due On: <table style="width:100%;"> <tr> <td><input type="checkbox"/> February 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> August 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input type="checkbox"/> May 20</td> <td><input type="checkbox"/> September 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table> <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____ <input type="checkbox"/> Thirtieth day report following the General Election on _____ on _____ | <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 | <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 | <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 | <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 | | | | | | | | | | | |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 | | | | | | | | | | | |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 | | | | | | | | | | | |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 | | | | | | | | | | | |

IS THIS REPORT AN AMENDMENT YES NO

| | | |
|---------------------------|---------------------------|------------------------------|
| 5. COVERING PERIOD | FROM 10/01/2010 | THROUGH 12/31/2010 |
|---------------------------|---------------------------|------------------------------|

| SUMMARY | | |
|------------------------------------------------------------------------------------------------------|-----------|-----------|
| 6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD | 8700.35 | 8700.35 |
| 7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) | 0.00 | 0.00 |
| 8. SUBTOTAL (Lines 6 and 7) | 8700.35 | 8700.35 |
| 9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) | 4278.40 | 4278.40 |
| 10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) | 4421.95 | 4421.95 |
| 11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) | 0.00 | 0.00 |
| 12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) | 250000.00 | 250000.00 |
| 13. EXPENDITURES SUBJECT TO LIMITATION | 0.00 | 0.00 |
| NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES | | |
| 14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) | 264857.00 | 264857.00 |
| 15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) | 225640.57 | 225640.57 |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

| | |
|---------------------------------------------------------|--------------------|
| Type or Print Name of Treasurer Darrell Crate | Date 01/31/2011 |
| Signature of Treasurer | |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

| | | |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------|
| For further information contact: Federal Election Commission 999 E Street, N.W. Washington, DC 20463 | Toll Free 800-424-9530 Local 202-694-1100 | FEC FORM 3P (01/2001) |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------|

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

(PAGE 2, FEC FORM 3P)

| Name of committee (in full) ROMNEY FOR PRESIDENT, INC. | | Report Covering the Period From: 10/01/2010 To: 12/31/2010 | |
|------------------------------------------------------------------------------------|---------|---------------------------------------------------------------|--------------------------------------------|
| I. RECEIPTS | | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
| 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 | 0.00 | 52500.00 | |
| (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d)) | 0.00 | 52801.67 | |
| 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 | 0.00 | 48091.42 | |
| (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)) | 0.00 | 48091.42 | |
| 21. OTHER RECEIPTS (Dividend, Interest, etc.) | 0.00 | 127543.57 | |
| 22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21) | 0.00 | 228436.66 | |
| II. DISBURSEMENTS | | | |
| 23. OPERATING EXPENDITURES | 4278.40 | 273731.99 | |
| 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 | 0.00 | -211755.33 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees | 0.00 | -300.00 | |
| (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c)) | 0.00 | -212055.33 | |
| 29. OTHER DISBURSEMENTS | 0.00 | 172836.00 | |
| 30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) | 4278.40 | 234512.66 | |
| III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.) | | | |
| 31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) | 0.00 | | |

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE 3 / 29
 (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 |
| | | | TOTALS | 0.00 | 0.00 |

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|----------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 29 |

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) Bruce Nilson | Transaction ID: SB23.28 Date of Disbursement 10 / 27 / 2010 |
| | Mailing Address 40 Kings Way #401A | Amount of Each Disbursement this Period 500.00 |
| | 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Bruce Nilson | Transaction ID: SB23.38 Date of Disbursement 12 / 31 / 2010 |
| | Mailing Address 40 Kings Way #401A | Amount of Each Disbursement this Period 500.00 |
| | 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Atchley & Associates | Transaction ID: SB23.37 Date of Disbursement 12 / 31 / 2010 |
| | Mailing Address 6850 Austin Center Boulevard Suite 180 | Amount of Each Disbursement this Period 148.10 |
| | City Austin State TX Zip Code 78731 | |
| | Purpose of Disbursement Tax Preparation | |
| | 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: | |

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| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1148.10 |
| 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 checked="" 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 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: SB23.32 Date of Disbursement 11 / 29 / 2010 |
| | Mailing Address 40 Kings Way #401A | Amount of Each Disbursement this Period 500.00 |
| | 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|----|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) CMDI | Transaction ID: SB23.26 Date of Disbursement 10 / 04 / 2010 |
| | Mailing Address 7704 Leesburg Pike | Amount of Each Disbursement this Period 500.00 |
| | City Falls Church State VA Zip Code 22043 | |
| | Purpose of Disbursement Database Management Service | |
| | 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) Corporation Service Company | Transaction ID: SB23.33 Date of Disbursement 11 / 29 / 2010 |
| | Mailing Address PO BOX 13397 | Amount of Each Disbursement this Period 194.97 |
| | City Philadelphia State PA Zip Code 19101 | |
| | 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1194.97 |
| 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 checked="" 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 type="checkbox"/> 29 |

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

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) eNilsson International LLC <hr/> Mailing Address 70 Broadway <hr/> City Westford State MA Zip Code 01886 <hr/> Purpose of Disbursement Web Hosting Candidate Name Category/ Type <hr/> 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: | Transaction ID: SB23.29 Date of Disbursement 10 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 207.22 |
| B. | Full Name (Last, First, Middle Initial) Iron Mountain <hr/> Mailing Address PO Box 27128 <hr/> City New York State NY Zip Code 10087 <hr/> Purpose of Disbursement Recycling Services Candidate Name Category/ Type <hr/> 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: | Transaction ID: SB23.30 Date of Disbursement 10 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 226.88 |
| C. | Full Name (Last, First, Middle Initial) Iron Mountain <hr/> Mailing Address PO Box 27128 <hr/> City New York State NY Zip Code 10087 <hr/> Purpose of Disbursement Recycling Services Candidate Name Category/ Type <hr/> 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: | Transaction ID: SB23.34 Date of Disbursement 11 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 226.88 |

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|------------------------------------------------------------------|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 660.98 |
| 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 checked="" 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 type="checkbox"/> 29 |

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

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Iron Mountain | Transaction ID: SB23.39 Date of Disbursement 12 / 31 / 2010 |
| | Mailing Address PO Box 27128 | Amount of Each Disbursement this Period 627.64 |
| | City New York State NY Zip Code 10087 | |
| | Purpose of Disbursement Recycling Services | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Mar Lexhay, LLC | Transaction ID: SB23.25 Date of Disbursement 10 / 01 / 2010 |
| | Mailing Address 80 Hayden Avenue | Amount of Each Disbursement this Period 142.65 |
| | City Lexington State MA Zip Code 02421 | |
| | Purpose of Disbursement Rent | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Mar Lexhay, LLC | Transaction ID: SB23.31 Date of Disbursement 10 / 22 / 2010 |
| | Mailing Address 80 Hayden Avenue | Amount of Each Disbursement this Period 142.65 |
| | City Lexington State MA Zip Code 02421 | |
| | Purpose of Disbursement Rent | Category/ Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 912.94 |
| 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 checked="" 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 type="checkbox"/> 29 |

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

| | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Mar Lexhay, LLC <hr/> Mailing Address 80 Hayden Avenue <hr/> City Lexington State MA Zip Code 02421 <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.35 Date of Disbursement 11 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 142.65 |
| B. | Full Name (Last, First, Middle Initial) Patton Boggs LLP <hr/> Mailing Address 2550 M ST N.W. <hr/> City Washington State DC Zip Code 20037 <hr/> Purpose of Disbursement Legal Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.40 Date of Disbursement 12 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 145.88 |
| C. | Full Name (Last, First, Middle Initial) Spelna Inc <hr/> Mailing Address 225 Industrial Court <hr/> City Fredericksburg State VA Zip Code 22408 <hr/> Purpose of Disbursement File Storage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.27 Date of Disbursement 10 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 18.22 |

SUBTOTAL of Disbursements This Page (optional) ▶

306.75

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 checked="" 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 type="checkbox"/> 29 |

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

| | | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Spelna Inc Mailing Address 225 Industrial Court City Fredericksburg State VA Zip Code 22408 Purpose of Disbursement File Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.36 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 36.44 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Spelna Inc Mailing Address 225 Industrial Court City Fredericksburg State VA Zip Code 22408 Purpose of Disbursement File Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.41 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0 Amount of Each Disbursement this Period 18.22 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ►

54.66

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

4278.40

Schedule C-P

LOANS

| | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 10 / 29 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 19a <input checked="" type="checkbox"/> 19b |

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

Transaction ID: M3C-1

| | |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) GOLDMAN SACHS & CO.- SECURED BY PERSONAL ASSETS OF CANDIDATE | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 85 BROAD STREET | |
| City NEW YORK State NY ZIP Code 10004 | |

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---------------------------------------------|
| 2000000.00 | 2000000.00 | 0.00 |

TERMS

| | | | |
|--------------------------------------------------|------------------------|---------------------------------|---------------------------------------------------------------------------------|
| Date Incurred M M 0 2 D D 0 4 Y Y Y Y 2 0 0 8 | Date Due 12/31/2008 | Interest Rate 0.0000 % (apr) | Secured: <input checked="" type="checkbox"/> Yes <input 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: [] |

| | |
|---------------------------------------------------------------|------|
| SUBTOTALS This Period This Page (optional) | 0.00 |
| TOTALS 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.

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 | PAGE 12 / 29 |
| | 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.02

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MITT ROMNEY- CONVERTED TO CONTRIBUT - [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 |
| 1500000.00 | 1500000.00 | 0.00 |

TERMS

| | | | |
|---------------------------------|------------|----------------|---------------------------------------------------------------------|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 1 2 D D 2 2 Y Y Y Y 2 0 0 6 | 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"/> |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="0.00"/> |
| TOTALS 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 13 / 29 |
| | 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-M608

| | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MITT ROMNEY-CONV. \$2,050k TO CONTRI - [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 |
| 2300000.00 | 2050000.00 | 250000.00 |

TERMS

| | | | |
|----------------------------|------------|----------------|---------------------------------------------------------------------|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 05 D D 15 Y Y Y Y 2008 | 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: [] |

| | |
|---------------------------------------------------------------|------------------|
| SUBTOTALS This Period This Page (optional) | 250000.00 |
| TOTALS 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 / 29 |
| | 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.01

| | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) MITT ROMNEY-CONV. \$805k TO CONTRIBU - [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 |
|-------------------------|----------------------------|---------------------------------------------|
| 850000.00 | 850000.00 | 0.00 |

TERMS

| | | | |
|---------------------------------|------------|----------------|---------------------------------------------------------------------|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 1 0 D D 2 5 Y Y Y Y 2 0 0 6 | 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"/> |

| | |
|---------------------------------------------------------------|-----------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="0.00"/> |
| TOTALS 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 15 / 29

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

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

Transaction ID: SC-08

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 |
|-------------------------|----------------------------|---------------------------------------------|
| 3000000.00 | 3000000.00 | 0.00 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|---------------------------|------------|----------------|---------------------------------------------------------------------|
| MM DD YY YY 11 15 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"/> |

| | |
|---------------------------------------------------------------|-----------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="0.00"/> |
| TOTALS 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 16 / 29 |
| | 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-09

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE 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 2 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: [] |

| | |
|---------------------------------------------------------------|------|
| SUBTOTALS This Period This Page (optional) | 0.00 |
| TOTALS 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 17 / 29 |
| | 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

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE 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 MM DD YY YY 05 11 2007 | Date Due 12/31/2008 | Interest Rate 0.0000 % (apr) | Secured: <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"/> |

| | |
|---------------------------------------------------------------|-----------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="0.00"/> |
| TOTALS 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 18 / 29 |
| 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

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE 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 |
|-----------------------------------------|------------------------|---------------------------------|---------------------------------------------------------------------------------|

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: [] |

| | |
|---------------------------------------------------------------|------|
| SUBTOTALS This Period This Page (optional) | 0.00 |
| TOTALS 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 19 / 29 |
| | 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-05

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE 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 |
| 3500000.00 | 3500000.00 | 0.00 |

TERMS

| | | | |
|----------------------------|------------|----------------|---------------------------------------------------------------------|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 09 D D 10 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: [] |
| 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: [] |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|------|
| SUBTOTALS This Period This Page (optional) | 0.00 |
| TOTALS 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-06

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 |
|-------------------------|----------------------------|---------------------------------------------|
| 5000000.00 | 5000000.00 | 0.00 |

TERMS

Date Incurred: MM DD YY YY 09 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: [] |

| | |
|---------------------------------------------------------------|------|
| SUBTOTALS This Period This Page (optional) | 0.00 |
| TOTALS 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 21 / 29 |
| | 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-07

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE 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 MM DD YY YY 11 05 2007 | Date Due 12/31/2008 | Interest Rate 0.0000 % (apr) | Secured: <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"/> |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="0.00"/> |
| TOTALS 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 / 29 |
| | 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-10

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE 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: [] |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|------|
| SUBTOTALS This Period This Page (optional) | 0.00 |
| TOTALS 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 23 / 29 |
| | 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

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE 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: <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"/> |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| SUBTOTALS This Period This Page (optional) | 0.00 |
| TOTALS 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 24 / 29 |
| | 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-12

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE 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 MM DD YY YY 12 24 2007 | Date Due 12/31/2008 | Interest Rate 0.0000 % (apr) | Secured: <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: [] |

| | |
|---------------------------------------------------------------|------|
| SUBTOTALS This Period This Page (optional) | 0.00 |
| TOTALS 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 25 / 29 |
| | 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-001

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE 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 |
| 4650000.00 | 4650000.00 | 0.00 |

TERMS

| | | | |
|---------------------------------|------------|----------------|---------------------------------------------------------------------|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 0 1 D D 0 2 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 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"/> |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="0.00"/> |
| TOTALS 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 26 / 29 |
| | 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-02

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE 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 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"/> |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="0.00"/> |
| TOTALS 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 27 / 29 |
| | 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

| | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| LOAN SOURCE 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: |
| M M 0 1 D D 2 2 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 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"/> |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="0.00"/> |
| TOTALS 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 28 / 29

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

LOANS

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

Transaction ID: SC-04

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 |
|-------------------------|----------------------------|---------------------------------------------|
| 250000.00 | 250000.00 | 0.00 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|---------------------------|------------|----------------|---------------------------------------------------------------------|
| MM DD YY YY 01 23 2008 | 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"/> |

| | |
|---------------------------------------------------------------|------------------|
| SUBTOTALS This Period This Page (optional) | 0.00 |
| TOTALS This Period (last page in this line only) | 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 29 / 29 of Schedule C

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Name of Committee (in Full) ROMNEY FOR PRESIDENT, INC. | | 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) 0.00000 % |
| Mailing Address 85 BROAD STREET | | Date Incurred or Established 02 04 2008 | |
| City NEW YORK | State NY | Zip Code 10004 | Date Due 20081231 |
| 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 | |