

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 401 OF 38039
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 VICTORY, INC.

Full Name (Last, First, Middle Initial) A. MARSHALL ALLEGRA		Date of Receipt
Mailing Address 10 SYCAMORE LANE		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
RUMSON	NJ	07760-1035
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.2729651
Name of Employer	Occupation	Amount of Each Receipt this Period
MARSHALL P. ALLEGRA MD	PHYSICIAN	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. THEODORE ALLEGAERT		Date of Receipt
Mailing Address 159 W53RD STREET APT 36G		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
NYC	NY	10019
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.2498029
Name of Employer	Occupation	Amount of Each Receipt this Period
GLOBE SPECIALY METALS INC	LAWYER	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR. MICHAEL A. ALLEHOFF		Date of Receipt
Mailing Address P.O. BOX 114		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
COLUMBIA CITY	OR	97018-0114
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.1585778
Name of Employer	Occupation	Amount of Each Receipt this Period
UNITED SALES	SALES	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="235.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1525.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>