

**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 19884 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.

A. MR. LARRY L. LUING
Full Name (Last, First, Middle Initial)

Mailing Address 2150 N. OCEON BLVD. 5N

City BOCA RATON	State FL	Zip Code 33431-7867
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2012

Transaction ID : SA11.1359925

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B. ALAINA LUISI
Full Name (Last, First, Middle Initial)

Mailing Address 5318 BUTLER COURT

City COLUMBIA	State MD	Zip Code 21044-5400
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FEC ID number of contributing federal political committee. **C**

Name of Employer L-3 COMMUNICATIONS	Occupation SYSTEMS ENGINEER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2012

Transaction ID : SA11.1886889

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. MR. JOSEPH L. LUITHLY
Full Name (Last, First, Middle Initial)

Mailing Address 28818 AGOORA ROAD

City AGOURA HILLS	State CA	Zip Code 91301-2416
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FEC ID number of contributing federal political committee. **C**

Name of Employer COAST WEST INSURANCE AGENCY, INC.	Occupation INSURANCE BROKER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Transaction ID : SA11.2643733

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	15250.00
TOTAL This Period (last page this line number only).....▶	