

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**ROMNEY FOR PRESIDENT, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. ROBERT ALLEN**

Mailing Address P.O. BOX 675310

City RANCHO SANTA FE State CA Zip Code 92067-5310

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation AUTHOR

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

**Transaction ID : SA17.493789**

Date of Receipt

**08 / 26 / 2011**

**CONTRIBUTION**

Amount of Each Receipt this Period  
2500.00

**B. Full Name (Last, First, Middle Initial)**

**DR. ROGER ALLEN**

Mailing Address 513 VERNON DRIVE S.E.

City CEDAR RAPIDS State IA Zip Code 52403-2730

FEC ID number of contributing federal political committee. **C**

Name of Employer MERCY HOSPITAL Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
275.00

**Transaction ID : SA17.465967**

Date of Receipt

**07 / 14 / 2011**

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**C. Full Name (Last, First, Middle Initial)**

**DR. ROGER ALLEN**

Mailing Address 513 VERNON DRIVE S.E.

City CEDAR RAPIDS State IA Zip Code 52403-2730

FEC ID number of contributing federal political committee. **C**

Name of Employer MERCY HOSPITAL Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
275.00

**Transaction ID : SA17.466431**

Date of Receipt

**07 / 15 / 2011**

**CONTRIBUTION**

Amount of Each Receipt this Period  
25.00

**Subtotal Of Receipts This Page (optional)**.....▶ 2550.00

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