

**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. PETER T. WORTHEN**

Mailing Address 3016 MOUNTAIN BROOK PKWY.

City State Zip Code  
BIRMINGHAM AL 35223-1224

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.495086**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2011

**CONTRIBUTION**

Amount of Each Receipt this Period

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

**MR. WILLIAM K. WRAY SR.**

Mailing Address 93 CARA COURT

City State Zip Code  
NOTH KINGSTOWN RI 02852-1408

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BLUE CROSS BLUE SHIELD OF RI HEALTH INSURANCE

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.465686**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2011

**CONTRIBUTION**

Amount of Each Receipt this Period

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

**MRS. ANNETTE WRIGHT**

Mailing Address 3427 E. JAEGER CIRCLE

City State Zip Code  
MESA AZ 85213-3237

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.515239**

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2011

**CONTRIBUTION**

Amount of Each Receipt this Period

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

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