

**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 D. COLCLAZIER

Mailing Address **3304 S. SAGUARO SHADOWS DRIVE**

City **TUCSON** State **AZ** Zip Code **85730-5629**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Transaction ID : SA17.786159

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			10			2012			

CONTRIBUTION

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR. ADAM C. COLE

Mailing Address **8503 HAVEN WAY**

City **TOMBALL** State **TX** Zip Code **77375-2652**

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

Name of Employer **COLE HEALTH** Occupation **CHIEF EXECUTIVE OFFICER**

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17.770638

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			02			2012			

CONTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MR. CHARIS P. COLE

Mailing Address **P.O. BOX 491**

City **BRYN ATHYN** State **PA** Zip Code **19009-0491**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17.822889

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			23			2012			

CONTRIBUTION

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1350.00**

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