

**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)

**Rick Santorum for President**

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

**MRS. MADELINE J. CHAO**

Mailing Address 41 FAWNRRIDGE PLACE

City ALISO VIEJO State CA Zip Code 92656-8061

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 ▼  
400.00

**Transaction ID : SA17.781211**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 28 / 2012

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

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

**DANIEL CHAPIN**

Mailing Address 1069 CYNTHIA ST. N.

City KEIZER State OR Zip Code 97303-5338

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1350.00

**Transaction ID : SA17.791730**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 08 / 2012

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

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

**APRIL CHAPMAN**

Mailing Address 21724 NE 86TH ST.

City REDMOND State WA Zip Code 98053-2255

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

**Transaction ID : SA17.22651**

Date of Receipt

M M / D D / Y Y Y Y  
02 / 17 / 2012

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page (optional)**.....▶ 700.00

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