

**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)

LUKE HANDY

Mailing Address 537 STATE HIGHWAY 67

City	State	Zip Code
ST JOHNSVILLE	NY	13452-4608

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

Name of Employer	Occupation
BASSETT HEALTHCARE NETWORK	PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 220.00

Transaction ID : SA17.18635

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			23			2012			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 50.00

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

LUKE HANDY

Mailing Address 537 STATE HIGHWAY 67

City	State	Zip Code
ST JOHNSVILLE	NY	13452-4608

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

Name of Employer	Occupation
BASSETT HEALTHCARE NETWORK	PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 220.00

Transaction ID : SA17.761418

Date of Receipt

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

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 30.00

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

DR. TOM E. HANES MD

Mailing Address 5223 HEATHROW HILLS DRIVE

City	State	Zip Code
BRENTWOOD	TN	37027-6548

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

Name of Employer	Occupation
PATH GROUP	PATHOLOGIST

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Transaction ID : SA17.35359

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
02			24			2012			

CONTRIBUTION

Amount of Each Receipt this Period
 _____ 200.00

Subtotal Of Receipts This Page (optional).....▶ _____ 280.00

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