

**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)
Newt 2012

A. Full Name (Last, First, Middle Initial)
MR. LEE M. TOBIN

Mailing Address **639 RIVIERA DRIVE**

City State Zip Code
TAMPA FL 33606-3809

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

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 ▼
250.00

Transaction ID : SA17.206952

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2012

CONTRIBUTION

Amount of Each Receipt this Period
250.00

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

Mailing Address **12300 OAK CHAISE CT.**

City State Zip Code
MINNETONKA MN 55343-8909

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

Name of Employer Occupation
GISLASON & HUNTER LLP ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.193616

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2012

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DR. MARIA TOCZEK

Mailing Address **204 WEST KENNETH ROAD**

City State Zip Code
GLENDALE CA 91202-1439

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

Name of Employer Occupation
CHILDREN'S HOSPITAL LOS ANGELES PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Transaction ID : SA17.167178

Date of Receipt
M M / D D / Y Y Y Y
01 / 09 / 2012

CONTRIBUTION

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional)..... **775.00**

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