

**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)
DR. ROBERT G. JOHNSON

Mailing Address 446 ELEGANS COURT

City State Zip Code
OCEAN SPRINGS MS 39564-2674

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SRHS SURGEON

Receipt For: 2012
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.2483218

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2012

CONTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DR. ROBERT G. JOHNSON

Mailing Address 446 ELEGANS COURT

City State Zip Code
OCEAN SPRINGS MS 39564-2674

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SRHS SURGEON

Receipt For: 2012
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.2483218B

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2012

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]
REDESIGNATION TO PRIMARY DEBT

C. Full Name (Last, First, Middle Initial)
DR. ROBERT G. JOHNSON

Mailing Address 446 ELEGANS COURT

City State Zip Code
OCEAN SPRINGS MS 39564-2674

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SRHS SURGEON

Receipt For: 2012
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17.2825444

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2012

CONTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]
REDESIGNATION FROM GENERAL

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

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