

**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)  
**MS. ROSE CARPENTER**

Mailing Address 350 S. OCEAN BLVD. #103

City	State	Zip Code
PALM BEACH	FL	33480-4459

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.693535**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	2

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 1681 W SILVER SPRINGS ROAD

City	State	Zip Code
PARK CITY	UT	84098-5973

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
EDWARDS LIFSCIENCES	SR. DIRECTOR OF QUALITY, CSS

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.673142**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	1	2

CONTRIBUTION

Amount of Each Receipt this Period

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

Mailing Address 1414 ATWOOD AVENUE

City	State	Zip Code
JOHNSTON	RI	02919-4839

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CARPIONATO PROPERTIES INC.	PRESIDENT/C.E.O.

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17.703726**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	9	/	2	0	1	2

CONTRIBUTION

Amount of Each Receipt this Period

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

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