

**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. WALTER PALMER**

Mailing Address 11413 LANDING RD

City State Zip Code  
EDEN PRAIRIE MN 55347-4951

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

**Transaction ID : SA17.4250859**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2012

**CONTRIBUTION**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 11413 LANDING RD

City State Zip Code  
EDEN PRAIRIE MN 55347-4951

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

**Transaction ID : SA17.4250859B**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2012

**CONTRIBUTION**

Amount of Each Receipt this Period  
-2500.00

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY DEBT

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

Mailing Address 11413 LANDING RD

City State Zip Code  
EDEN PRAIRIE MN 55347-4951

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

Name of Employer Occupation  
SELF-EMPLOYED DENTIST

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

**Transaction ID : SA17.4343598**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2012

**CONTRIBUTION**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**Subtotal Of Receipts This Page** (optional).....▶ 5000.00

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