

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6195 OF 38039
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ROMNEY VICTORY, INC.

Full Name (Last, First, Middle Initial) A. MRS. STEPHANIE ERCKLENTZ COLEMAN		Date of Receipt
Mailing Address 4 E. 66TH STREET		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
NEW YORK	NY	10065-6564
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.2523997
Name of Employer	Occupation	Amount of Each Receipt this Period
HOMEMAKER	HOMEMAKER	<input type="text" value="25300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="75300.00"/>	

Full Name (Last, First, Middle Initial) B. SUSAN COLEMAN		Date of Receipt
Mailing Address 658 HADDON ROAD		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
OAKLAND	CA	94610-3707
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.2420804
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF	REAL ESTATE INVESTOR	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. DR. TERRANCE COLEMAN		Date of Receipt
Mailing Address 2911 HIGHWAY 88		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
POINT PLEASANT BOR	NJ	08742-2871
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11.2705755
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	CHIROPRACTIC PHYSICIAN	<input type="text" value="120.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="25720.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>