

**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 30969 OF 38039
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. MS. KATHY L. SNYDER		Date of Receipt MM / DD / YYYY 07 / 24 / 2012 Transaction ID : SA11.1670247
Mailing Address 128 DIAMOND COURT BAKERS RIDGE MANOR		Amount of Each Receipt this Period 500.00
City MORGANTOWN	State WV	Zip Code 26505-2512
FEC ID number of contributing federal political committee.	C	
Name of Employer JACKSON KELLY P.L.L.C	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 562.00	
CONTRIBUTION		

Full Name (Last, First, Middle Initial) B. KEVIN SNYDER		Date of Receipt MM / DD / YYYY 09 / 23 / 2012 Transaction ID : SA11.2787141
Mailing Address KSNYDER100@YAHOO.COM		Amount of Each Receipt this Period 500.00
City COLUMBUS	State OH	Zip Code 43219
FEC ID number of contributing federal political committee.	C	
Name of Employer NONE	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CONTRIBUTION		

Full Name (Last, First, Middle Initial) C. DR. KEVIN SNYDER		Date of Receipt MM / DD / YYYY 08 / 11 / 2012 Transaction ID : SA11.1902466
Mailing Address 3835 LAKESHORE DRIVE		Amount of Each Receipt this Period 1000.00
City MOUNT DORA	State FL	Zip Code 32757-5406
FEC ID number of contributing federal political committee.	C	
Name of Employer MEDICAL SCANNING CONSULTANTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
CONTRIBUTION		

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	