

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 OF 18187

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ROMNEY VICTORY, INC.

Full Name (Last, First, Middle Initial)

A. MRS. JANIS L. ANDERSEN

Mailing Address 721 WARD PARKWAY

City

KANSAS CITY

State

MO

Zip Code

64112-2165

FEC ID number of contributing
federal political committee.

C

Name of Employer

VOLUNTEER

Occupation

COMMUNITY VOLUNTEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100168.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.3594843

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

REATTRIBUTION REQUESTED

Full Name (Last, First, Middle Initial)

B. MRS. JANIS L. ANDERSEN

Mailing Address 721 WARD PARKWAY

City

KANSAS CITY

State

MO

Zip Code

64112-2165

FEC ID number of contributing
federal political committee.

C

Name of Employer

VOLUNTEER

Occupation

COMMUNITY VOLUNTEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100168.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11.3688751

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

REATTRIBUTION REQUESTED

Full Name (Last, First, Middle Initial)

C. DR. JEFFREY ANDEREGG

Mailing Address 1616 SHASTA CT

City

RICE LAKE

State

WI

Zip Code

54868-1888

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARSHFIELD CLINIC

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2012

Transaction ID : SA11.3146277

Amount of Each Receipt this Period

11.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

100011.00

TOTAL This Period (last page this line number only)..... ►