

**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)
MR. MICHAEL R. WALLER

Mailing Address **6 PICARDY HILL DRIVE**

City State Zip Code
CHESTERFIELD MO 63017-7127

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17.581419B

Date of Receipt
M M / D D / Y Y Y Y
11 29 2011

CONTRIBUTION

Amount of Each Receipt this Period
-20.00

**[MEMO ITEM]
REATTRIBUTION TO SPOUSE**

B. Full Name (Last, First, Middle Initial)
MR. JEREMY L. WALLISON

Mailing Address **21 E. 81ST STREET**

City State Zip Code
NEW YORK NY 10028-0205

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

Name of Employer Occupation
FOLEY & LARDUER L.L.P. ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.553277

Date of Receipt
M M / D D / Y Y Y Y
10 28 2011

CONTRIBUTION

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MR. PETER WALLISON

Mailing Address **1880 LAZY O ROAD**

City State Zip Code
SNOWMASS CO 81654-9155

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

Name of Employer Occupation
AMERICAN ENTERPRISE INSTITUTE SENIOR FELLOW

Receipt For: 2012
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17.538011

Date of Receipt
M M / D D / Y Y Y Y
10 12 2011

CONTRIBUTION

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **1000.00**

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