

SCHEDULE A		ITEMIZED RECEIPTS		318 / 2906
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17A
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NAME OF COMMITTEE (In Full) Bush for President Committee				
Full Name, Mailing Address, and ZIP Code Miss Chele U. Chlavacci 800 5th Avenue, #18G New York NY 10021	Name of Employer Uistral Management LTD Occupation Merchant Banker	Date (month, day, year) 10/12/1998	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Jerry Chicone, Jr. 12607 W Lake Butler Road Windermere FL 34787	Name of Employer Self Occupation Citrus Grower	Date (month, day, year) 11/15/1999	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Mrs. Sue T. Chicone 12607 W Lake Butler Road Windermere FL 34787	Name of Employer Occupation Homemaker	Date (month, day, year) 11/15/1998	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Mr. Jeffrey S. Chiesa 2 Mulberry Court Branchburg NJ 08876	Name of Employer Dughi & Hewit Occupation Attorney	Date (month, day, year) 10/27/1999	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Mr. Micky B. Childers 3 Fairmont Court Conroe TX 77304	Name of Employer Darrafs Catering, Inc. Occupation Manager	Date (month, day, year) 12/27/1999	Amount of Each Receipt this Period 150.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Dr. Craig C. Childs 391 Forest Creek San Antonio TX 78230	Name of Employer Self Occupation Physician	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Hoyt A. Childs 1329 Wales Avenue Birmingham AL 35213	Name of Employer Info Requested Occupation Info Requested	Date (month, day, year) 12/28/1998	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				