

SCHEDULE A		ITEMIZED RECEIPTS		1079 / 2906
			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER 17A
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) Bush for President Committee				
Full Name, Mailing Address, and ZIP Code Mr. A. Michael Lipper 85 Hobart Avenue Summit NJ 07901	Name of Employer Lipper, Inc.	Date (month, day, year) 10/12/1999	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Chairman	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mrs. Ruth C. Lipper 85 Hobart Avenue Summit NJ 07901	Name of Employer Lipper, Inc.	Date (month, day, year) 10/12/1999	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mrs. Ruth C. Lipper 85 Hobart Avenue Summit NJ 07901	Name of Employer Lipper, Inc.	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) :	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Gerald S. Lippes 28 Church Street Suite 700 Buffalo NY 14202	Name of Employer Lippes, Silverstein, et al.	Date (month, day, year) 10/18/1999	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mrs. Norma J. Lippe 7017 Barkwater Court Bethesda MD 20817	Name of Employer Self	Date (month, day, year) 12/31/1999	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Consultant	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ms. Carolyn S. Lipp 1928 Roanoke Drive Lebanon TN 37067	Name of Employer Community Health Systems	Date (month, day, year) 12/30/1999	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mr. Marc S. Lipschutz 160 W 88th Street Apartment 45C New York NY 10023	Name of Employer Kohlberg, Kravis, Roberts & Co	Date (month, day, year) 10/19/1999	Amount of Each Receipt this Period 1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Finance	Aggregate Year-to-Date > \$ 1000.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				