

SCHEDULE A-PFederal Election Commission
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NAME OF COMMITTEE (in Full) Bush for President, Inc.			DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
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NAME, ADDRESS, CITY, STATE, ZIP CODE Ostrovsky, Mr. Abraham 200 Sheridan Avenue, #404 Palo Alto, CA 94306	NAME OF EMPLOYER JetForm Corporation OCCUPATION Chairman AGGREGATE YEAR-TO-DATE \$1,000.00	RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	05-27-99	\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE O'Sullivan-Wren, Mrs. Laurie 1003 Berkley Road Wilmington, DE 19807	NAME OF EMPLOYER Info Requested OCCUPATION Info Requested AGGREGATE YEAR-TO-DATE \$1,000.00	RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	06-30-99	\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Oswald, Mr. J. William 2102 Kemper Cove Austin, TX 78746	NAME OF EMPLOYER Knock Industries OCCUPATION Public Affairs AGGREGATE YEAR-TO-DATE \$250.00	RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	06-30-99	\$250.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Oswald, Mrs. Kerri 2104 Point Bluff Drive Austin, TX 78746	NAME OF EMPLOYER OCCUPATION Homemaker AGGREGATE YEAR-TO-DATE \$250.00	RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	06-30-99	\$250.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Oswalt, Dr. John D. 2200 Windsor Road Austin, TX 78703	NAME OF EMPLOYER Self OCCUPATION Physician AGGREGATE YEAR-TO-DATE \$1,000.00	RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	04-15-99	\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Oswalt, Mrs. Karen R. 2200 Windsor Road Austin, TX 78703	NAME OF EMPLOYER OCCUPATION Homemaker AGGREGATE YEAR-TO-DATE \$1,000.00	RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	04-15-99	\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Otero, Dr. Eduardo A. 2118 Alhambra Circle Coral Gables, FL 33134	NAME OF EMPLOYER Self OCCUPATION Physician AGGREGATE YEAR-TO-DATE \$1,000.00	RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	06-10-99	\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Otero, Mrs. Nicole M. Urb Ciudad Jardin 113 Anterior Toa Alta, PR 00953	NAME OF EMPLOYER Info Requested OCCUPATION Info Requested AGGREGATE YEAR-TO-DATE \$1,000.00	RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	06-30-99	\$1,000.00
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