

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>9 / 76</b>
			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 COMPLIANCE COMMITTEE, INC.**

<b>Full Name, Mailing Address, and ZIP Code</b> Mr. August A. Busch, III  1 Busch Place  St. Louis MO 63118	Name of Employer Info Requested	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation Info Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mrs. Linda M. Byron  2121 K Street, NW Suite 810 Washington DC 20037	Name of Employer	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation Homemaker		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Louis M. Byron  2121 K Street, NW Suite 810 Washington DC 20037	Name of Employer McGregor Printing Corp.	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation President & CEO		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Mark Caldwell  3501 W. Esplanade Avenue Apartment 16-200B Metairie LA 70002	Name of Employer Self	Date (month, day, year) 06/22/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. John P. Carr, III  904 Oronoco Street  Alexandria VA 22314	Name of Employer US Navy	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period 500.00
	Occupation Teacher		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Ms. Carolyn Cassin  217 Lakeshore Drive  Grosse Pointe Farm MI 48236	Name of Employer Vista Care	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 1000.00
	Occupation Health Care Administration		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Howard G. Chilton, Jr.  8006 Glen Abers Circle  Dallas TX 75225	Name of Employer Medical Specifics, Inc.	Date (month, day, year) 06/08/2000  REATTRIBUTION OR REDESIGNATION REQUESTED (AUTOMATIC)	Amount of Each Receipt this Period 2000.00
	Occupation Executive		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 2000.00			
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			