

SCHEDULE A-P

Federal Election Commission
990 E Street, N.W.
Washington, D.C. 20463

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed summary page	PAGE	OF (total pages)
	74	250
LINE NUMBER		17A

NAME OF COMMITTEE (in Full)			DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
Quayle 2000 Exploratory Cmt., Inc.				
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NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	OCCUPATION	RECEIPT FOR (specify other):	
Frye, Mr. Robert S. 1008 Red Mill Drive Tecumseh, MI 49286	Frye Printing	Manager	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	03-15-99 \$100.00
	AGGREGATE YEAR-TO-DATE			\$500.00
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	OCCUPATION	RECEIPT FOR (specify other):	
Fullox, Mr. Lyndell RR 4, Box 685 Linton, IN 47441	Secco, Inc.	President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	03-11-99 \$2,000.00 /A
	AGGREGATE YEAR-TO-DATE			\$2,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	OCCUPATION	RECEIPT FOR (specify other):	
Gabriel, Dr. Demetrios M. 9453 Ridge Blvd. Apt. 3C Brooklyn, NY 11209	Self	Physician	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	03-09-99 \$500.00
	AGGREGATE YEAR-TO-DATE			\$500.00
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	OCCUPATION	RECEIPT FOR (specify other):	
Gaertner, Mr. Robert T. 305 Hartsborn Drive Short Hills, NJ 07078	Self	Money Manager	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	01-28-99 \$1,000.00
	AGGREGATE YEAR-TO-DATE			\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	OCCUPATION	RECEIPT FOR (specify other):	
Gahn, Mr. Gordon 14602 Woodlake Terrace Louisville, KY 40245	Info Requested	Info Requested	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	03-30-99 \$1,000.00
	AGGREGATE YEAR-TO-DATE			\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	OCCUPATION	RECEIPT FOR (specify other):	
Gaines, Mrs. Gay 1446 North Ocean Blvd. Palm Beach, FL 33480		Retired	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	03-08-99 \$1,300.00 /02
	AGGREGATE YEAR-TO-DATE			\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	OCCUPATION	RECEIPT FOR (specify other):	
Gaines, Mr. Stanley M. 1446 North Ocean Blvd. Palm Beach, FL 33480		Retired	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	01-12-99 \$2,000.00 /02
	AGGREGATE YEAR-TO-DATE			\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	OCCUPATION	RECEIPT FOR (specify other):	
Gaines, Mr. Stanley M. 1446 North Ocean Blvd. Palm Beach, FL 33480		Retired	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	03-08-99 -\$1,000.00 /02
	AGGREGATE YEAR-TO-DATE			\$1,000.00
SUBTOTAL OF RECEIPTS THIS PAGE (optional)				\$6,600.00
TOTAL THIS PERIOD (last page this line number only)				

*Reattribution/Redesignation Requested