

SCHEDULE A-P

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

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed summary page	PAGE 136	OF (total pages) 210
	LINE NUMBER 17A	

NAME OF COMMITTEE (in full)
Bauer For President Exploratory Cmt., Inc.

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.		DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
NAME, ADDRESS, CITY, STATE, ZIP CODE Nelson, Dr. Michelle C. 901 High St. Belle Vernon, PA 15012	NAME OF EMPLOYER Self OCCUPATION Vegetarian RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General AGGREGATE YEAR-TO-DATE \$250.00	03-18-99	\$250.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Nelson, Ms. Nancy L. 5309 River Ave. Newport Beach, CA 92663	NAME OF EMPLOYER Info Requested OCCUPATION Info Requested RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General AGGREGATE YEAR-TO-DATE \$1,000.00	03-02-99	\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Nesbitt, Mr. Quentin 1 Tanglewood Lane Cincinnati, OH 45224	NAME OF EMPLOYER Data Processing Sciences Corp OCCUPATION Chairman RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General AGGREGATE YEAR-TO-DATE \$1,300.00	03-30-99	\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Neuman, Dr. Annette E. 7270 Danforth Temperance, MI 48182	NAME OF EMPLOYER Professional Corp. Management OCCUPATION Chiropractor RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General AGGREGATE YEAR-TO-DATE \$1,000.00	03-01-99	\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Neuman, Dr. Paul M. 7270 Danforth Temperance, MI 48182	NAME OF EMPLOYER Professional Corp. Management OCCUPATION Chiropractor RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General AGGREGATE YEAR-TO-DATE \$1,000.00	03-01-99	\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Newberg, Mr. Edward A. 1504 Blythe Dr. NE Grand Rapids, MI 49504	NAME OF EMPLOYER Heartwood Construction OCCUPATION General Contractor RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General AGGREGATE YEAR-TO-DATE \$500.00	03-23-99	\$500.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Newman, Dr. Douglas J. 7 Bennington Road Superior, WI 54880	NAME OF EMPLOYER SMDC OCCUPATION Physician RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General AGGREGATE YEAR-TO-DATE \$350.00	03-13-99	\$350.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Nick, Mr. Earl R. 261 Grimesville Road Williamsport, PA 17701	NAME OF EMPLOYER Retired OCCUPATION Retired RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General AGGREGATE YEAR-TO-DATE \$250.00	02-16-99	\$250.00
SUBTOTAL OF RECEIPTS THIS PAGE (optional)			\$5,250.00
TOTAL THIS PERIOD (last page this line number only)			

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