

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Torricelli for U.S. Senate, Inc.

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fox Rothschild, O'Brien & Franklin LLP 2000 Market Street Philadelphia, PA 19103	Partnership Attribution Listed Individually		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation See separate listing for partnership		
	Aggregate Year-to-Date ->		
B. Full Name, Mailing Address and Zip Code Ken Mack Fox Rothschild, O'Brien, LLP 2000 Market Street Philadelphia, PA 19103-	Name of Employer Fox, Rothschild, O'Brien	Date (month, day, year) 06/05/2001	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Partnership -> Fox Rothschild, O'Brien &	
	Aggregate Year-to-Date ->	2,000.00	MEMO
C. Full Name, Mailing Address and Zip Code Fox Rothschild, O'Brien & Franklin LLP 2000 Market Street Philadelphia, PA 19103	Name of Employer Partnership Attribution Listed Individually	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation See separate listing for partnership		
	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code Mike Madonna P.O. Box 166 Oakland, NC 07436-	Name of Employer FBA N.J. Police Benevolent	Date (month, day, year) 05/20/2001	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Officer		
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Mark J. Magliocchetti 5115 Dovonvan Drive Alexandria, VA 22304-	Name of Employer Fibergate	Date (month, day, year) 05/29/2001	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 Dir. Public Relations		
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code Nancy K. Magliocchetti 10203 Woodvale Pond Drive Fairfax Station, VA 22039-	Name of Employer None	Date (month, day, year) 05/29/2001	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 Homemaker		
	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code Paul Magliocchetti 10203 Woodvale Pond Drive Fairfax Station, VA 22039-	Name of Employer PMA Group	Date (month, day, year) 05/29/2001	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 President		
	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	\$2,500.00
TOTAL This Period (last page this line number only)	