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

<p>A. Full Name, Mailing Address and Zip Code Daniel Nowell 107 Alpine Trail Sparta, NJ 07871-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Nowell & Amoroso</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/11/2001</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Daniel Nowell 107 Alpine Trail Sparta, NC 07871-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Nowell & Amoroso</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 06/11/2001</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Virginia Nowell 107 Alpine Trail Sparta, NJ 07871-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Newton Hospital</p> <p>Occupation Nurse</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/11/2001</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Virginia Nowell 107 Alpine Trail Sparta, NC 07871-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Newton Hospital</p> <p>Occupation Nurse</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 06/11/2001</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Michael O'Connell 58 MOHRN ST. #B-14 Hasbrouck Heights, NJ 07604</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Coastal Title Agency</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 06/28/2001</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code William Oldaker 11001 Piney Meetinghouse Road Potomac, MD 20854-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Oldaker & Harris</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 02/14/2001</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code William Oldaker 11001 Piney Meetinghouse Road Potomac, MD 20854-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Oldaker & Harris</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 02/14/2001</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$7,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>