

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Light 2000

ADDRESS (number and street) Check if different than previously reported.
144 Westminster Street

CITY, STATE and ZIP CODE STATE/DISTRICT
Providence, RI 02903

RECEIVED
 SECRETARY OF THE SENATE

00 JUL 17 AM 10:05

2. FEC IDENTIFICATION NUMBER
C00345256

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report 90-Day Post-Election Report following the General Election
 on _____ in the State of _____
- January 31 Year End Report Termination Report
- July 31 Mid-Year Report (Non-election Year Only)

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>4/1/00</u> through <u>6/30/00</u>		
8. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$208,076.30	\$335,863.80
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$208,076.30	\$335,863.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$312,716.73	\$425,835.47
(b) Total Offsets to Operating Expenditures (from Line 14)	\$250.00	\$391.40
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$312,466.73	\$425,444.07
9. Cash on Hand at Close of Reporting Period (from Line 27)	\$750,135.48	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-684-1700
10. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$0.00	
11. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$300,000.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
William J. Piccerelli

Signature of Treasurer *William J. Piccerelli* Date **7/13/00**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
 (revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) Licht 2000	Report Covering the Period:	
	From	To
	4/1/00	6/30/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	\$170,949.80	
(ii) Unitemized -----	\$35,826.50	
(iii) Total of contributions from individuals -----	\$206,576.30	\$322,738.80
(b) Political Party Committees -----	\$0.00	\$0.00
(c) Other Political Committees (such as PACs) -----	\$1,500.00	\$13,125.00
(d) The Candidate -----	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i)(ii), (b), (c) and (d)) -----	\$208,076.30	\$335,863.80
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	\$0.00	\$0.00
(b) All Other Loans -----	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b)) -----	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	\$250.00	\$381.40
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	\$7,103.59	\$12,848.22
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	\$215,429.89	\$348,903.42
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	\$312,716.73	\$425,835.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	\$0.00	\$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	\$0.00	\$0.00
(b) Of All Other Loans -----	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	\$0.00	\$0.00
(b) Political Party Committees -----	\$0.00	\$0.00
(c) Other Political Committees (such as PACs) -----	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	\$0.00	\$0.00
21. OTHER DISBURSEMENTS -----	\$0.00	\$0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	\$312,716.73	\$425,835.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	847,422.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	215,429.89
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	1,062,852.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	312,716.73
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	750,135.48

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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)			
Licht 2000 CD0345258			
A. Full Name, Mailing Address and ZIP Code Gary A. Davis 8 Black Rock Road Glen Head, NY 11545	Name of Employer G. A. Davis Food Service	Date (month, day, year) 5/24/00	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 Executive	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Bruce Singal 79 Woodchester Drive Newton, MA 02467	Name of Employer Mintz Levin et. al.	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code Janet I. Field 129 Benefit Street #3 Providence, RI 02903	Name of Employer None	Date (month, day, year) 5/22/00	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 Homemaker	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code James M. Shannon 401 Prospect Street Lawrence, MA 01841	Name of Employer Nat Fire Protection Assoc	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Cameron F. Kerry 28 Allerton Street Brookline, MA 02445	Name of Employer Mintz Levin et. al.	Date (month, day, year) 6/9/00	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 Attorney	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code Thomas M. Keane, Jr. 193 Beacon Street, #1 Boston, MA 02116	Name of Employer Murphy & Partners	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Venture Capitalist	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code Mary Frances McCabe 1046 Essex Street Lawrence, MA 01841	Name of Employer Self	Date (month, day, year) 5/11/00	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 Attorney	Aggregate Year-to-Date > \$	\$500.00
SUBTOTAL of Receipts This Page (optional)			\$3,750.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 51
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in full)

Licht 2000 C0D34525B

<p>A. Full Name, Mailing Address and ZIP Code Dione D. Keryon 24 Kristen Court Warwick, RI 02888</p>	<p>Name of Employer Fleet Boston Financial</p>	<p>Date (month, day, year) 6/21/00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Managing Director</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Dennis F. Marguerite 206 Maple Street Franklin, MA 02038</p>	<p>Name of Employer Greater Franklin Developers Assoc.</p>	<p>Date (month, day, year) 5/11/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Executive</p>	<p>Aggregate Year-to-Date > \$ 1,000.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Edward F. Fischer 32 Cedar Avenue Barrington, RI 02806</p>	<p>Name of Employer SCB Enterprise Solutions</p>	<p>Date (month, day, year) 5/5/00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Vice President</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code Louis Angelatti 205 Mulberry Street New York, NY 10012</p>	<p>Name of Employer The Stegla Group, Inc.</p>	<p>Date (month, day, year) 6/21/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation President</p>	<p>Aggregate Year-to-Date > \$ 1,000.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code John D. Baker 170 Aspen Trail Columbia, SC 29206</p>	<p>Name of Employer Baker & Baker</p>	<p>Date (month, day, year) 6/30/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Manager</p>	<p>Aggregate Year-to-Date > \$ 1,000.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code Philip Levine 960 Alton Road Miami, FL 33139</p>	<p>Name of Employer On Board Media</p>	<p>Date (month, day, year) 5/22/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Executive</p>	<p>Aggregate Year-to-Date > \$ 1,000.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Joseph P. Callanan 139 Plimpton Street Walpole, MA 02081</p>	<p>Name of Employer LMAC Teleconstructors</p>	<p>Date (month, day, year) 6/9/00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Project Manager</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>	

SUBTOTAL of Receipts This Page (optional)

\$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 3 OF 51

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in full)

Light 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Charles Denby III 103 Prospect Street Providence, RI 02906	Name of Employer None	Date (month, day, year) 5/1/00	Amount of Each Receipt this Period \$300.00
	Occupation Student	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Gary D. Steiman 6508 West Langley Lane Mc Lean, VA 22101	Name of Employer Swidler Berlin Shereff Friedman, LLP	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code John J. Doherty 12 Tappen Road Wellesley, MA 02181	Name of Employer Cabot, Cabot & Forbes	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation President/CEO	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Richard L. Dickson Paradise Shops 5950 Fulton Industrial Blvd. Atlanta, GA 30336	Name of Employer Paradise Shops	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$500.00
	Occupation President	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Michelle S. Ahlberg 60 Westford Avenue Warwick, RI 02889	Name of Employer Ahlberg & Sons	Date (month, day, year) 5/18/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Robert F. Fischer 286 Taber Ave. Providence, RI 02906	Name of Employer None	Date (month, day, year) 5/1/00	Amount of Each Receipt this Period \$500.00
	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code David S. Gordon 51 Ridge Rd. Newport, RI 02840	Name of Employer None	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$250.00
	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) \$2,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
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Detailed Summary Page

PAGE 4 OF 51
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Leht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Jeffrey B. Rudman One Adams Street Charlestown, MA 02129	Name of Employer Hale & Dorr	Date (month, day, year) 8/13/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Morton L. Mandel 2829 Euclid Avenue Cleveland, OH 44115	Name of Employer Parkwood Corp.	Date (month, day, year) 5/11/00	Amount of Each Receipt this Period \$500.00
	Occupation CEO	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code James H. Miller 4643 S. Ulster Street, Suite 1500 Denver, CO 80237	Name of Employer Miller Global Properties	Date (month, day, year) 5/11/00	Amount of Each Receipt this Period \$500.00
	Occupation President	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Alan Zafron 2535 Hutton Drive Beverly Hills, CA 90210	Name of Employer Merrill Lynch	Date (month, day, year) 8/18/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Financial Consultant	Aggregate Year-to-Date > \$ \$1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code James W. Segel 30 Edgewater Drive Needham, MA 02492	Name of Employer Smith, Segel & Sawalsky	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Stephen D. Steinhour 3 Rosewood Court East Greenwich, RI 02818	Name of Employer Citizens Bank	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$250.00
	Occupation Banker	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Joanne C. Moore 27 Larchwood Drive Cambridge, MA 02138	Name of Employer None	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation Homemaker	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 51
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345258

A. Full Name, Mailing Address and ZIP Code Richard M. McAuliffe, Jr 24 Mayflower Street Providence, RI 02906 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Congressman Patrick Kennedy	Date (month, day, year) 6/20/00	Amount of Each Receipt this Period \$250.00
	Occupation District Director Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Barry Tafelman 42 Wayland Hills Road Wayland, MA 01778 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Jordan's Furniture	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Executive Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Phyllis W. Fragola 6 Olive Lane Barrington, RI 02806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nora	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$500.00
	Occupation Homemaker Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code James J. Dillon 182 Buckminster Road Brookline, MA 02445 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Goodwin, Procter & Hoar, LLP	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Harman Swartz 2 Commonwealth Avenue Boston, MA 02115 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$500.00
	Occupation Retired Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Andromahi Siachos 20 Oceanside Place Narragansett, RI 02882 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RDW Group, Inc.	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Account Executive Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Cheryl M. Cronin 224 Marlborough Street Boston, MA 02115 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Holland & Knight	Date (month, day, year) 4/6/00	Amount of Each Receipt this Period \$350.00
	Occupation Attorney Aggregate Year-to-Date > \$ 350.00		

SUBTOTAL of Receipts This Page (optional) \$3,850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
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Detailed Summary Page

PAGE 8 OF 51
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Fannie M. Shore 400 N. Flagler Drive, Apt. 1005 West Palm Beach, FL 33401	Name of Employer None	Date (month, day, year) 5/1/00	Amount of Each Receipt this Period \$500.00
	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Timothy J. O'Neill 57 Gregory Drive Seekonk, MA 02771	Name of Employer Greenwood Fire Apparatus	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Executive	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Robert H. Read, Jr. 158 Fairway Drive Seekonk, MA 02771	Name of Employer London Health	Date (month, day, year) 5/22/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Jon Savitz 1045 5th Avenue, Apt. 10AB New York, NY 10028-0138	Name of Employer Goldman Sachs & Co.	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Executive	Aggregate Year-to-Date > \$ 2,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Jon Savitz 1045 5th Avenue, Apt. 10AB New York, NY 10028-0138	Name of Employer Goldman Sachs & Co.	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Executive	Aggregate Year-to-Date > \$ 2,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Sydney Pollack 10202 W. Washington Blvd. Culver City, CA 90232	Name of Employer Mirage Enterprises	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Producer/Director	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Francine Sasso 38 Wallace Road Wayland, MA 01778	Name of Employer Concord-Assabet Family Services	Date (month, day, year) 5/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Social Worker	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) \$4,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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) Licht 2000 C00345256			
A. Full Name, Mailing Address and ZIP Code Nicholas T. Mitropoulos 8 Coolidge Hill Road Cambridge, MA 02138	Name of Employer Self	Date (month, day, year) 6/13/00	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 Consultant Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Susan Bailis 5 Fieldmont Road Belmont, MA 02178	Name of Employer Solomont Bailis Ventures	Date (month, day, year) 6/13/00	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 Health Care Executive Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Robert A. Blais 4 Carol Dr., RFD #1 Harrisville, RI 02830	Name of Employer Worcester Electric Co	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Electrical Contractor Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Edward R. Stahowiak 54 Shirley Street Warwick, RI 02688	Name of Employer On Demand Designer	Date (month, day, year) 5/30/00	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 Owner Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Ruth S. Morgenthau 45 Highland Street Cambridge, MA 02138	Name of Employer Brandeis University	Date (month, day, year) 6/13/00	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 Professor Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Lee M. Kennedy 98 King Caesar Road Duxbury, MA 02332	Name of Employer L. K. Co., Inc.	Date (month, day, year) 4/6/00	Amount of Each Receipt this Period \$250.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Builder Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Francis Maas 9401 Wilshire Blvd, Suite 1250 Beverly Hills, CA 90212	Name of Employer F. S. Maas & Co.	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$250.00
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Aggregate Year-to-Date > \$ 250.00	
SUBTOTAL of Receipts This Page (optional)			\$3,250.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 51
FOR LINE NUMBER 11(a)(1)

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)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Louis J. Marett 32 Shady Hill Road Weston, MA 02193	Name of Employer Testa, Hurwitz & Thibault, LLP	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Stacey Shore 153 Highland Avenue Warwick, RI 02886	Name of Employer None	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Student	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Maureen M. Grove 220 Baylston Street, Unit 1D14 Boston, MA 02116	Name of Employer None	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code James M. Mindling 32 Buttonball Lane Weston, CT 06883	Name of Employer Self	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Real Estate Investor	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Nicholas R. Leeds 3021 Lake Glen Drive Beverly Hills, CA 90210	Name of Employer None	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Student	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Robert T. Gormaley 210 Watch Hill Drive East Greenwich, RI 02818	Name of Employer Citibank	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
	Occupation President	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Jeffrey M. Schenker 170 Pleasant Street, Suite 200 Fall River, MA 02721	Name of Employer Self	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$500.00
	Occupation C.P.A.	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) \$5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 51
FOR LINE NUMBER 11(b)(i)

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)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Normand F. Smith 63 Atlantic Avenue Boston MA 02110	Perkins Smith & Cohen, LLP	6/2/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$500.00
William M. Hill 55 Concord Road Acton, MA 01720	Mintz Levin et. al.	6/7/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$250.00
Robert H. Autenreith 509 N. Carrollton Avenue New Orleans, LA 70019	Pride Marketing & Procurement	6/30/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	Aggregate Year-to-Date > \$	\$250.00
Robert D. Friedman 20 Glandale Road Needham, MA 02492	Perkins, Smith & Cohen, LLP	6/2/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$250.00
Amy S. Anthony 49 Blake Road Brookline, MA 02146	Housing Investments, Inc.	6/13/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Administrator	Aggregate Year-to-Date > \$	\$250.00
Charles B. Moss, III 520 West 43rd Street, Apt. 33K New York, NY 10038	Self	6/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > \$	\$1,000.00
Roger J. Acheate 17530 Via Loma Drive Poway, CA 92064	Self	6/13/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician/Attorney	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional) \$3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 51
FOR LINE NUMBER 11(a)(1)

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)

Light 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Geraldine Centerlein 524 Huron Avenue Cambridge, MA 02138 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 5/13/00	Amount of Each Receipt this Period \$250.00
	Occupation Public Relations Aggregate Year-to-Date > \$	\$250.00	
B. Full Name, Mailing Address and ZIP Code Nancy E. Forte 203 Promenade Avenue Warwick, RI 02886 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fort USA	Date (month, day, year) 5/11/00	Amount of Each Receipt this Period \$500.00
	Occupation Sales Manager Aggregate Year-to-Date > \$	\$1,000.00	
C. Full Name, Mailing Address and ZIP Code Perry Green 3411 Princeton Way Anchorage, AK 99540 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer David Green & Sons, Inc.	Date (month, day, year) 6/3/00	Amount of Each Receipt this Period \$250.00
	Occupation Furnier Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code Peter Swajian 93 Glen Ridge Road Cranston, RI 02920 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$250.00
	Occupation Plumber Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code Richard D. Glosky 31 Milk Street, Suite 810 Boston, MA 02109 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Glosky & Tarlow	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code Richard F. Carolan 295 Rumstick Rd. Barrington, RI 02808 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Carolan & Company	Date (month, day, year) 5/18/00	Amount of Each Receipt this Period \$250.00
	Occupation President Aggregate Year-to-Date > \$	\$250.00	
G. Full Name, Mailing Address and ZIP Code David J. Melville 3 Earl Road Bedford, MA 01730 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Winter, Wyman Companies	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Chairman Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

See separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 51
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Laura Gerber 60 Laurel Place Weston, MA 02193 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Meditrust	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$1,000.00
	Occupation CFO Aggregate Year-to-Date > \$		\$1,000.00
B. Full Name, Mailing Address and ZIP Code John L. Mastromarino 52 Fair Oaks Lane Cohasset, MA 02025 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fleet Boston Financial	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$500.00
	Occupation Exec. V.P. -Risk Management Aggregate Year-to-Date > \$		\$500.00
C. Full Name, Mailing Address and ZIP Code Kenneth A. Nulman 263 Benefit Street Providence, RI 02803 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nucor Manufacturing Co	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive Aggregate Year-to-Date > \$		\$500.00
D. Full Name, Mailing Address and ZIP Code James G. Sokolove 1 Boston Place Boston, MA 02108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 4/14/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$		\$500.00
E. Full Name, Mailing Address and ZIP Code Bennie Sisto 20 Westminster Street Providence, RI 02903 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/3/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Real Estate Aggregate Year-to-Date > \$		\$1,000.00
F. Full Name, Mailing Address and ZIP Code Thomas F. Burchill 920 Fifth Avenue New York, NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Petry Media	Date (month, day, year) 6/20/00	Amount of Each Receipt this Period \$1,000.00
	Occupation T.V. Executive Aggregate Year-to-Date > \$		\$1,000.00
G. Full Name, Mailing Address and ZIP Code Lawrence G. Green 159 Dawson Drive Needham, MA 02492 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Perkins, Smith & Cohen, LLP	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$		\$250.00

SUBTOTAL of Receipts This Page (optional)

\$4,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 51
FOR LINE NUMBER 1*(a)(1)

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)

Light 2000 C0D345258

A. Full Name, Mailing Address and ZIP Code David F. F. Lucas 2227 Mineral Spring Avenue N. Providence, RI 02911	Name of Employer Lucas & Associates	Date (month, day, year) 5/15/00	Amount of Each Receipt This Period \$500.00
	Occupation CPA		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code James M. Lippman 11768 Wilshire Blvd., Suite 1450 Lawndale, CA 90260	Name of Employer JRK Asset Management, Inc.	Date (month, day, year) 6/20/00	Amount of Each Receipt This Period \$500.00
	Occupation Real Estate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Robert D. Goldberg 226 Cottage Street Pawtucket, RI 02860	Name of Employer Self	Date (month, day, year) 5/1/00	Amount of Each Receipt This Period \$125.00
	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Terrence Murray 284 Benefit Street Providence, RI 02903	Name of Employer Fleet Boston Financial	Date (month, day, year) 6/9/00	Amount of Each Receipt This Period \$500.00
	Occupation CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code John K. Markey 44 Bow Street Belmont, MA 02478	Name of Employer Mintz Levin et. al.	Date (month, day, year) 6/8/00	Amount of Each Receipt This Period \$250.00
	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Bradford H. Warner 18 Kress Farm Road Hingham, MA 02043	Name of Employer Fleet Boston Financial	Date (month, day, year) 6/16/00	Amount of Each Receipt This Period \$500.00
	Occupation Banker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Robert S Russell 315 Shippee Road East Greenwich, RI 02818	Name of Employer Rusco Steel Co	Date (month, day, year) 5/18/00	Amount of Each Receipt This Period \$500.00
	Occupation Executive		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)	\$2,875.00
TOTAL This Period (last page this line number only)	\$2,875.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13 OF 51
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code James A. G. Hamilton 1 Storey Place Jamaica Plain, MA 02130	Name of Employer Perkins, Smith & Cohen, LLP	Date (month, day, year) 6/2/00	Amount of Each Receipt This Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Robert I. Owens 59 Mount Vernon Street Boston, MA 02108	Name of Employer Grow Associates	Date (month, day, year) 5/30/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Investment Manager	Aggregate Year-to-Date > \$	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Terrance P. Moran P. O. Box 20217 Cranston, RI 02920	Name of Employer McLaughlin & Moran, Inc.	Date (month, day, year) 4/21/00	Amount of Each Receipt This Period \$500.00
	Occupation President	Aggregate Year-to-Date > \$	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Sandra F. Disner 618 Tuelliten Road Los Angeles, CA 90049-1944	Name of Employer Self	Date (month, day, year) 6/30/00	Amount of Each Receipt This Period \$250.00
	Occupation Linguistic Consultant	Aggregate Year-to-Date > \$	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Robert F. Fox, Jr 22 West 19th Street #11 New York, NY 10011	Name of Employer Fox & Fowle Architects	Date (month, day, year) 6/21/00	Amount of Each Receipt This Period \$500.00
	Occupation Architect	Aggregate Year-to-Date > \$	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Vivian Berry 7112 Suncrest Road West Bloomfield, MI 48322	Name of Employer None	Date (month, day, year) 4/14/00	Amount of Each Receipt This Period \$250.00
	Occupation Retired	Aggregate Year-to-Date > \$	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Ann M Connolly 13 Mystic Street Charlestown, MA 02128	Name of Employer Boston Public Schools	Date (month, day, year) 6/9/00	Amount of Each Receipt This Period \$500.00
	Occupation Teacher	Aggregate Year-to-Date > \$	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 14 OF 51
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Gordon 12160 Summit Place Beverly Hills, CA 90210	Carole, Inc. Occupation: Executive	6/30/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
Douglas C. Jones 140 Weston Street Waltham, MA 02453	LMAC Teleconstructors Occupation: Project Manager	6/9/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
Lou Fiore 125 Wayland Avenue Providence, RI 02906	Fiore & Asmusen, Inc. Occupation: C.P.A.	6/3/00	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$300.00	
Charles Mark Kallick 6331 Grand Vista Avenue Cincinnati, OH 45213	Comey & Shepard Occupation: Realtor	6/21/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
Marshall L. Matz 913 Lawton Street Mc Lean, VA 22101	Olsson, Frank & Weeda, PC Occupation: Attorney	6/7/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
Richard M. Tiekton 1345 8th Avenue, 31st Floor New York, NY 10105	Robinson Brog et. al. Occupation: Attorney	6/28/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
Richard B. Gamble 72 Spark Street Cambridge, MA 02138	None Occupation: Retired	6/13/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	

SUBTOTAL of Receipts This Page (optional)

\$2,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 15 OF 51
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Light 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Brian T. Moynihan 24 Sawyer Road Wellesley, MA 02481	Name of Employer Fleet Boston Financial	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$500.00
	Occupation Exec. Vice President	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Michael N. Rosan 50 East 79th Street, #2A New York, NY 10021	Name of Employer Robinson Silverman	Date (month, day, year) 6/21/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Jason Grant 14 Oyster Point Warren, RI 02885	Name of Employer Grant Marketing	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Executive	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Esther Rydell One Topsail Street Marina Del Rey, CA 90292	Name of Employer International Business Management	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Prod/Director	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Manuel Barboza 32 Timberland Drive Lincoln, RI 02865	Name of Employer Self	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation Roofer	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Donald L. Saunders 2 Commonwealth Avenue Boston, MA 02116	Name of Employer Saunders Real Estate	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$875.00
	Occupation Executive	Aggregate Year-to-Date > \$ 875.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Catherine E. Weiner P. O. Box 94739 Durham, NC 27708	Name of Employer None	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Student	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$4,375.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Harry L. Manion III 7 Doeskin Drive Framingham, MA 01701	Name of Employer Cooley Marion Jones	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Maria V. Posner 45 S. Meadow Lane Barrington, RI 02806	Name of Employer Ross-Simons	Date (month, day, year) 5/23/00	Amount of Each Receipt this Period \$500.00
	Occupation Sales	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Michael W. McAllister 177 Georgia Avenue Providence, RI 02905	Name of Employer Ira Green, Inc.	Date (month, day, year) 5/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Owner	Aggregate Year-to-Date > \$ \$1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code J. O'Brien 85 E. India Row, 10-H Boston, MA 02210	Name of Employer LMAC Telecontractors	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Lynne B. Anderson 10101 Angela View Drive Beverly Hills, CA 90210	Name of Employer None	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Homemaker	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Nancy S. Shilepsky 80 Pleasant Street, Unit 3 Cambridge, MA 02139	Name of Employer Perkins, Smith & Cohen, LLP	Date (month, day, year) 6/20/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Herman Wouk 303 Crestview Drive Palm Springs, CA 92264	Name of Employer Self	Date (month, day, year) 6/3/00	Amount of Each Receipt this Period \$500.00
	Occupation Writer/Author	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) \$3,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page

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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)

Light 2000 C00345258

A. Full Name, Mailing Address and ZIP Code Carol Levinger 100 Niantic Avenue Providence, RI 02907 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$		\$1,000.00
B. Full Name, Mailing Address and ZIP Code James L. Rudolph 92 State Street Boston, MA 02109 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gargill, Sassoon & Rudolph	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Lawyer		
	Aggregate Year-to-Date > \$		\$250.00
C. Full Name, Mailing Address and ZIP Code James G. Hagan 88 Homestead Avenue North Smithfield, RI 02888 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Greater Providence Chamber of Commerce	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$100.00
	Occupation President		
	Aggregate Year-to-Date > \$		\$250.00
D. Full Name, Mailing Address and ZIP Code Robert Campellone 616 George Washington Hwy. Lincoln, RI 02865 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Smithfield Dodge	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive		
	Aggregate Year-to-Date > \$		\$500.00
E. Full Name, Mailing Address and ZIP Code Curtis L. Lovett P. O. Box 412 Needham Heights, MA 02195-0003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Health Management	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$500.00
	Occupation Sr. Vice President		
	Aggregate Year-to-Date > \$		\$500.00
F. Full Name, Mailing Address and ZIP Code Greg S. Farish 1516 Queens Road, West Charlotte, NC 28207 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Price Waterhouse Coopers	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive		
	Aggregate Year-to-Date > \$		\$500.00
G. Full Name, Mailing Address and ZIP Code Francesca Danieli 105 East Melrose Street Chevy Chase, MD 20815 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 5/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Photographer		
	Aggregate Year-to-Date > \$		\$250.00

SUBTOTAL of Receipts This Page (optional) \$3,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Licht 2000 C00345258

A. Full Name, Mailing Address and ZIP Code Steven Goldrich 66 Marilyn Blvd. Plainview, NY 11803		Name of Employer Goldrich Bros. Int'l., Inc.	Date (month, day, year) 6/18/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Rosalind T. Hill 1 Longfellow Place, Apt. 2121 Boston, MA 02114		Name of Employer Sudbury Schools	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Teacher	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Eugene Applebaum 651 Lone Pine Hill Bloomfield Hills, MI 48304		Name of Employer Arbor investments Group, LLC	Date (month, day, year) 6/3/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President & CEO	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Peter J. Manning 84 Partridge Lane Concord, MA 01742		Name of Employer Fleet Boston Financial	Date (month, day, year) 6/13/00	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 Vice Chairman	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Michael Sheetz 116 Laurel Drive Needham, MA 02192		Name of Employer Gatsby & Hanna, LLP	Date (month, day, year) 6/3/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code James L. Carr, Jr. P. O. Box 9088 Providence, RI 02904		Name of Employer J. Carr & Sons	Date (month, day, year) 6/1/00	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 Builder	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Anthony M. B. Hart 66 Tripps Lane Riverside, RI 02915		Name of Employer Fulford Mfg. Co.	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

\$2,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Licht 2000 C00345250

A. Full Name, Mailing Address and ZIP Code John R. Regier 89 Farnham Street Belmont, MA 02478 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mintz Levin, et. al.	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	
B. Full Name, Mailing Address and ZIP Code Michelle Gelkin, OD 2835 Smith Avenue, Suite 201 Baltimore, MD 21208 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 4/21/00	Amount of Each Receipt this Period \$500.00
	Occupation Ophthalmologist Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code Kenneth J. Davis P. O. Box 40583 Providence, RI 02940 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LSG, Inc.	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive Aggregate Year-to-Date > \$	\$600.00	
D. Full Name, Mailing Address and ZIP Code John R. Robinson 8 Sound Shore Drive Greenwich, CT 06830 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$1,000.00	
E. Full Name, Mailing Address and ZIP Code Harvey M. Burg 28 Ralph Road Marblehead, MA 01945 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Perkins, Smith & Cohen, LLP	Date (month, day, year) 6/20/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code Robert L. Feldman 5358 Meadow Lane Dallas, TX 75229 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thomas, Feldman, & Willshusen, LLP	Date (month, day, year) 6/3/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code Stephen B. Yarras 138 East Hill Dr Cranston, RI 02920-3700 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-employed	Date (month, day, year) 5/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney/CPA Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional)

\$4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Light 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Austin S. O'Toole 18 Tremont Street, Apt. B Boston, MA 02110 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	
B. Full Name, Mailing Address and ZIP Code Bram Goldsmith 400 N. Roxbury Drive Beverly Hills, CA 90210 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City National Bank	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Banker Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code Philip J. Crowe, Jr. 220 Boylston Street, Unit 1014 Boston, MA 02116 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lubin & Meyer, PC	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code Peter Savitz 14 Fawn Lane Armonk, NY 10504 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Goldman Sachs & Co.	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Executive Aggregate Year-to-Date > \$	\$2,000.00	
E. Full Name, Mailing Address and ZIP Code Peter Savitz 14 Fawn Lane Armonk, NY 10504 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Goldman Sachs & Co.	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Executive Aggregate Year-to-Date > \$	\$2,000.00	
F. Full Name, Mailing Address and ZIP Code Joseph H. Morgart 12 Bayberry Lane Weston, MA 02193 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Deutsche Bank	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$500.00
	Occupation Banker Aggregate Year-to-Date > \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code Robert K. Kraft One Boston Place, Suite 3400 Boston, MA 02108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer International Forest Products	Date (month, day, year) 6/21/00	Amount of Each Receipt this Period \$1,000.00
	Occupation President Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) \$5,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Licht 2000 C00346258

A. Full Name, Mailing Address and ZIP Code Robert Fox 63 Putnam Street Needham, MA 02494 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bradford	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$250.00
	Occupation Real Estate Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Michael J. Bohnen 60 Nathan Road Newton, MA 02159 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nutter, McClennon & Fish	Date (month, day, year) 6/21/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Stephen A. Rodio 91 Friendship Street Providence, RI 02903 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Radio & Brown	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$300.00
	Occupation Attorney Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code Candace S. Lapidus 23 John Street Brookline, MA 02146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/18/00	Amount of Each Receipt this Period \$500.00
	Occupation Physician Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Ralph Horowitz 11911 San Vicente Blvd., #310 Los Angeles, CA 90049 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Investor Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Stuart J. Frankenthal 5109 Dunvegan Road Louisville, KY 40222 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Manheim's Louisville Auto Auction	Date (month, day, year) 5/26/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Manager Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Daniel R. Irvin 265 Franklin Street Boston, MA 02110 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paine Webber Municipal Securities	Date (month, day, year) 6/3/00	Amount of Each Receipt this Period \$500.00
	Occupation Managing Director Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)	\$3,300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Daniel R. Irvin 265 Franklin Street Boston, MA 02110 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paine Webber Municipal Securities	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Managing Director Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code Sarah Gewlitz 970 N. Decan Blvd. Palm Beach, FL 33480 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 4/14/00	Amount of Each Receipt this Period \$500.00
	Occupation Homemaker Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code Bruce Newberg 488 N. Camellina Avenue Los Angeles, CA 90049 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Retired Aggregate Year-to-Date > \$	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code H. Adel Savitz 36 Deer Path Lane Weston, MA 02493 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 5/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Retired Aggregate Year-to-Date > \$	\$1,000.00	
E. Full Name, Mailing Address and ZIP Code A. Joseph A. Matteo P. O. Box 113981 North Providence, RI 02811 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer J.C.C. Corporation	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$400.00
	Occupation President Aggregate Year-to-Date > \$	\$400.00	
F. Full Name, Mailing Address and ZIP Code George Anter 83 Pollett Street Cumberland, RI 02854 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Citizens Bank	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Vice President Aggregate Year-to-Date > \$	\$250.00	
G. Full Name, Mailing Address and ZIP Code Scott Laurans 35 Barberr Hill Providence, RI 02906 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Providence Group	Date (month, day, year) 6/22/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Investment Advisor Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$4,650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Licht 2000 C00345255

A. Full Name, Mailing Address and ZIP Code Darry A. Sragow P. O. Box 5717 Beverly Hills, CA 90209	Name of Employer Self	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Thelma Kerzner 228 Blackstone Blvd. Providence, RI 02908	Name of Employer Summit Medical Center, Inc.	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Administrator Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Harvey Swartz Ms. Marie Swartz 92 Kim Terrace Staughton, MA 02072	Name of Employer Capital Records Management	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$500.00
	Occupation President Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Richard A. Katz 5555 Reservoir Drive #112 San Diego, CA 92120	Name of Employer Self	Date (month, day, year) 6/17/00	Amount of Each Receipt this Period \$500.00
	Occupation Physician Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Alan t. Rothenberg 633 W. 5th Los Angeles, CA 90071	Name of Employer Latham & Watkins	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Stanley Weiss 140 Prospect St. Providence, RI 02906	Name of Employer Stanley Weiss Associates	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period \$200.00
	Occupation Owner Aggregate Year-to-Date > \$ 1,200.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Thomas E. Dwyer, Jr. 600 Atlantic Ave., 12th Floor Boston, MA 02210	Name of Employer Dwyer & Callara, LLP	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$3,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 24 OF 51
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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)

Light 2000 C00345256

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paula Silberthau 3214 Rolling Road Chevy Chase, MD 20815	F C C	5/18/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$		\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Colardo 1 White Birch Drive Cranston, RI 02920	National Development Group, Inc.	5/18/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: C. E. O. Aggregate Year-to-Date > \$		\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Liss 3020 Arlington Avenue Riverdale, NY 10463	Self	8/13/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$		\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Z. Schwartz 50 Clubhouse Lane Wayland, MA 011783841	Self	6/18/00	\$400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Special Events Coord. Aggregate Year-to-Date > \$		\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur J. Ivey 300 Boylston Street Boston, MA 02116	Self	6/3/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Private Investor Aggregate Year-to-Date > \$		\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Ellen Samuels 4827 Albemarle Street, NW Washington, DC 20016	District of Columbia	5/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Teacher Aggregate Year-to-Date > \$		\$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
O. William Haussemann, Jr. 28 Fresh Pond Lane Cambridge, MA 02139	None	5/30/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$		\$250.00

SUBTOTAL of Receipts This Page (optional) \$3,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 25 OF 51
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Light 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Janice S. Bradlee 7 Mercer Circle Cambridge, MA 02138 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Saragohi & Company	Date (month, day, year) 6/13/00	Amount of Each Receipt This Period \$250.00
	Occupation Publicist Aggregate Year-to-Date > \$	\$250.00	
B. Full Name, Mailing Address and ZIP Code Thomas J. Fredericks 5 Wollett Court Barrington, RI 02808 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Textron	Date (month, day, year) 6/22/00	Amount of Each Receipt This Period \$500.00
	Occupation Asst. Treasurer Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code Stephen M. L. Cohen 31 Montvale Road Newton, MA 02458 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Choate Hall & Stewart	Date (month, day, year) 6/7/00	Amount of Each Receipt This Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code Richard B. Cohen 184 Windsor Road Waban, MA 02468 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CGF Management Inc.	Date (month, day, year) 6/30/00	Amount of Each Receipt This Period \$250.00
	Occupation Real Estate Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code Dorothy J. Pizzella 179 Clinton Road Brookline, MA 02146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Harvard University	Date (month, day, year) 6/7/00	Amount of Each Receipt This Period \$250.00
	Occupation Planner Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code Kathy Peck 28944 Malibu Cove Colony Drive Malibu, CA 90265 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/28/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Artist Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code Ralph Kaplan 296 Main Street Everett, MA 02149 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kappys Liquors	Date (month, day, year) 6/3/00	Amount of Each Receipt This Period \$250.00
	Occupation Retailer Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 26 OF 51
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Richard B. Feinstein 333 Westminster Street Providence, RI 02903-3302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 5825.00		
B. Full Name, Mailing Address and ZIP Code Joseph W. Monahan, III 43 Thomdike Street Cambridge, MA 02141 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Monahan & Padellaro	Date (month, day, year) 5/22/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 5500.00		
C. Full Name, Mailing Address and ZIP Code Arnold N. Kaufman 187 N. Main Street Providence, RI 02903 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kaufman Properties	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Real Estate Aggregate Year-to-Date > \$ 51,000.00		
D. Full Name, Mailing Address and ZIP Code Lester Ziffern 623 N. Hillcrest Road Beverly Hills, CA 90210 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ziffern & Ziffern	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 5500.00		
E. Full Name, Mailing Address and ZIP Code Dean F. Stratouly 2 Spruce Street Boston, MA 02108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Congress Group Ventures	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$250.00
	Occupation Developer Aggregate Year-to-Date > \$ 2250.00		
F. Full Name, Mailing Address and ZIP Code John J. Corrigan 896 Beacon Street Boston, MA 02215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 51,000.00		
G. Full Name, Mailing Address and ZIP Code T. Paul DiMeo 475 Kilvert Street Warwick, RI 02886 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DiMeo Properties, Inc.	Date (month, day, year) 5/23/00	Amount of Each Receipt this Period \$250.00
	Occupation Executive Aggregate Year-to-Date > \$ 2250.00		

SUBTOTAL of Receipts This Page (optional)

\$4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Licht 2000 C00345255

A. Full Name, Mailing Address and ZIP Code Jerry A. Sahagian 110 Point Judith Road Narragansett, RI 02882 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$200.00
	Occupation Real Estate	Aggregate Year-to-Date > \$	\$300.00
B. Full Name, Mailing Address and ZIP Code Thomas M. Hoopes 99 Summer Street Boston, MA 02110 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code Harvey Freishtat 85 Williston Road Brookline, MA Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer McDermott Will & Emery	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$375.00
	Occupation Attorney	Aggregate Year-to-Date > \$	\$375.00
D. Full Name, Mailing Address and ZIP Code Joseph Belliro 85 East India Row Boston, MA 02110 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code Richard J. Amato 61 Blackamore Avenue Cranston, RI 02910 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Olympus Group	Date (month, day, year) 4/15/00	Amount of Each Receipt this Period \$349.80 *
	* In-Kind: Catering Occupation President	Aggregate Year-to-Date > \$	\$489.80
F. Full Name, Mailing Address and ZIP Code Robert J. Pomerene 8 Langlee Road Hingham, MA 02043 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Perkins, Smith & Cohen, LLP	Date (month, day, year) 6/20/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code Jon Rotenberg 476 Heath Street Chestnut Hill, MA 02167 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Eastern Yacht Sales	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation President	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional)	\$2,424.80
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 28 OF 51
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Robert M. Kozik 44 Cedar Lane Way Boston, MA 02108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KPMG, LLP	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive Aggregate Year-to-Date > \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code D. M. Paradise 5950 Fulton Industrial Blvd Atlanta, GA 30336 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Retired Aggregate Year-to-Date > \$	\$1,000.00	
C. Full Name, Mailing Address and ZIP Code Tingru Huang 135 Juniper Drive East Greenwich, RI 02818 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$500.00
	Occupation Homemaker Aggregate Year-to-Date > \$	\$500.00	
D. Full Name, Mailing Address and ZIP Code John K. Cooper 38 Jackson Street Attleboro Falls, MA 02763 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Citizens Bank	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Banker Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code Eileen S. Salmanson 356 Upland Avenue Newton, MA 024612030 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MGH McLean	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation Psychotherapist Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code Joseph J. Marcaurele 8 Alicia Circle Warwick, RI 02886 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Citizens Bank	Date (month, day, year) 6/8/00	Amount of Each Receipt this Period \$250.00
	Occupation Banker Aggregate Year-to-Date > \$	\$250.00	
G. Full Name, Mailing Address and ZIP Code Mark M. Weid One Devonshire Place Boston, MA 02109 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Clarion Partners	Date (month, day, year) 5/11/00	Amount of Each Receipt this Period \$250.00
	Occupation Executive Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional) \$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 28 OF 51
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Llch 2000 CD0345256

A. Full Name, Mailing Address and ZIP Code Anne Flinucane 20 Trapelo Road Lincoln, MA 01773	Name of Employer Fleet Boston Financial	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$500.00
	Occupation Exec. Vice President	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Mark A. Schurgin 1725 Cloverfield Blvd. Santa Monica, CA 90404	Name of Employer Self	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period \$300.00
	Occupation Real Estate Developer	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Robert L. Pratt 9 Brook Trill Drive Wayland, MA 01778	Name of Employer Energy Global Int'l, Ltc.	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation Chaitman & CEO	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code B. Nick Littlefield 14A Ballis Circle Cambridge, MA 02140	Name of Employer Foley, Hoag & Eliot	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Carmen A. Puliafito 88 Pigeon Hill Road Weston, MA 02483	Name of Employer Self	Date (month, day, year) 5/3/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Physician	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Sean O. Coffey 95 Halsey Street Providence, RI 02908	Name of Employer Peabody & Arnold, LLP	Date (month, day, year) 5/16/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Jack R. Bierg One First National Plaza, Suite 4600 Chicago, IL 60603	Name of Employer Sidley & Austin	Date (month, day, year) 4/6/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$3,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 30 OF 51
FOR LINE NUMBER 11(a)(1)

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Debra A. Bielicki 29 Fair Oaks Drive Lincoln, RI 02865	Name of Employer Citizens Bank	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Senior Vice President	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Cynthia Sikes 250 Dalfem Drive Los Angeles, CA 90077	Name of Employer Self	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Actress	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Robert S. Andreozzi 330 Rumstick Road Barrington, RI 02806	Name of Employer Andreozzi Associates	Date (month, day, year) 5/18/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code John F. McQuillen, Jr 254 Commonwealth Avenue Boston, MA 02116	Name of Employer anaine.com	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation CEO	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Stephen M. Pazuk 50 Battery Street, #311N Boston, MA 021091003	Name of Employer Wellington Mgmt Co., LLP	Date (month, day, year) 6/21/00	Amount of Each Receipt this Period \$500.00
	Occupation Treasurer	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Stephen M. Sadler 1101 Mahogany Lane West Palm Beach, FL 33418	Name of Employer Self	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation Sales Rep	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Stephen R. Wether 1330 Boylston Street Suite 212 Chestnut Hill, MA 02467	Name of Employer Self	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$500.00
	Occupation Developer	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$3,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 31 OF 51
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Light 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Steven B. Tanger 480 Park Avenue New York, NY 10022	Name of Employer Tanger Factory Outlet Centers, Inc.	Date (month, day, year) 6/27/00	Amount of Each Receipt This Period \$1,000.00
	Occupation Real Estate	Aggregate Year-to-Date \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Lois G. Pines 40 Helene Road Waban, MA 02468	Name of Employer Self	Date (month, day, year) 6/13/00	Amount of Each Receipt This Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Sissy Weinberg 10 Estabrook Road Newton, MA 02185	Name of Employer Self	Date (month, day, year) 5/30/00	Amount of Each Receipt This Period \$250.00
	Occupation Consultant	Aggregate Year-to-Date \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Bruce H. Price 356 Upland Avenue Newton, MA 02461-2030	Name of Employer Self	Date (month, day, year) 5/1/00	Amount of Each Receipt This Period \$500.00
	Occupation Physician	Aggregate Year-to-Date \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Harvey Green 110 Huntington Road Newton, MA 02458	Name of Employer Price Waterhouse Coopers	Date (month, day, year) 6/13/00	Amount of Each Receipt This Period \$500.00
	Occupation CPA	Aggregate Year-to-Date \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Susan K. Stern 39 Park Road Scarsdale, NY 10583	Name of Employer CIBC World Markets	Date (month, day, year) 6/30/00	Amount of Each Receipt This Period \$250.00
	Occupation Investments	Aggregate Year-to-Date \$ 1,250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Susan K. Stern 39 Park Road Scarsdale, NY 10583	Name of Employer CIBC World Markets	Date (month, day, year) 6/30/00	Amount of Each Receipt This Period \$750.00
	Occupation Investments	Aggregate Year-to-Date \$ 1,250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 53,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Patrick T. Jones 112 Highland Avenue Winchester, MA 01890 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cooley, Manion, & Jones	Date (month, day, year) 5/5/00	Amount of Each Receipt This Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code Harriet Lewis 895 Tower Road Winnetka, IL 60093 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gabe Plumbing Fixtures	Date (month, day, year) 6/3/00	Amount of Each Receipt This Period \$250.00
	Occupation Chairman Aggregate Year-to-Date > \$	\$250.00	
C. Full Name, Mailing Address and ZIP Code Robert I. Stolzman 58 Hazard Avenue Providence, RI 02906 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Adler, Pollock & Sheehan	Date (month, day, year) 6/3/00	Amount of Each Receipt This Period \$125.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code Sabrina Shore 153 Highland Avenue Warwick, RI 02886 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/30/00	Amount of Each Receipt This Period \$1 000.00
	Occupation Student Aggregate Year-to-Date > \$	\$1 000.00	
E. Full Name, Mailing Address and ZIP Code Irvin J. Gusman 15 West 12th Street New York, NY 10011 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Solomon Smith Barney	Date (month, day, year) 6/21/00	Amount of Each Receipt This Period \$1 000.00
	Occupation Financial Consultant Aggregate Year-to-Date > \$	\$1 000.00	
F. Full Name, Mailing Address and ZIP Code William J. Benell 135 Dean Street Providence, RI 02903 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Federal Signs	Date (month, day, year) 6/2/00	Amount of Each Receipt This Period \$200.00
	Occupation President Aggregate Year-to-Date > \$	\$250.00	
G. Full Name, Mailing Address and ZIP Code Sandra L. Dockser 8906 Cleevehall Drive Bethesda, MD 20817 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/13/00	Amount of Each Receipt This Period \$500.00
	Occupation Homemaker Aggregate Year-to-Date > \$	\$1 000.00	

SUBTOTAL of Receipts This Page (optional)

\$3,575.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Christy J. Scott 315 Dartmouth Street Boston, MA 02115 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Robert J. Meth 3422 Schooner Ave., #7 Marina Del Rey, CA 90282 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 5/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Physician Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Stanley Shulman 80 Parkman Street Brookline, MA 02446 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Developer Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Patricia E. Wegrzyn 126 Woodbine Avenue Warwick, RI 02886 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Citizens Bank	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Banker Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Douglas L. Jacobs 67 Orchard Ave. Providence, RI 02906 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fleet Boston Financial	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$500.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code M. Anne Szostak 70 Stimson Ave. Providence, RI 02906 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fleet Boston Financial	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$500.00
	Occupation E.V.P./H.R. Director Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Sherry J. Brice 8 Yznaga Avenue Newport, RI 02840 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Court Reporter Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) \$3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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Contributions from Individuals/Persons

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)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Andrew Eisenberg 131 Pembroke Street, Apt. 2 Boston, MA 02118	Palmer & Dodge LLP	6/30/00	\$375.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$375.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David A. Duffy 275 Stony Lane North Kingstown, RI 02852	Duffy & Shanley	6/9/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jennifer Laszlo 1200 N. Nash Street, #544 Arlington, VA 22209	Laszlo & Associates	5/24/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Rubin 200 S. Broad Street, Floor 3 Philadelphia, PA 19102	P.R.E.I.T	6/9/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lawrence A. Sipkin 300 E. 58th Street, Apt. 26E New York, NY 10022-4142	Benenson Capital	6/13/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Portfolio Manager	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard A. Howard 1 Barnegat Lane Marblehead, MA 01945	Perkins, Smith & Cohen, LLP	6/2/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen E. Adamo 33 Hyland Avenue East Greenwich, RI 02818	Citizens Mortgage Corporation	6/9/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional)

\$3,125.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Eric Erenman 41 Nobscoot Road Newton, MA 02459	Name of Employer Self	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5500.00		
B. Full Name, Mailing Address and ZIP Code Alan J. Barnon P. O. Box 289 Franklin, MA 02038	Name of Employer Garalick Farms, Inc.	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5500.00		
C. Full Name, Mailing Address and ZIP Code Robert A. Davidow 11601 Wilshire Blvd., Suite 1940 Los Angeles, CA 90025	Name of Employer Self	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$250.00
	Occupation Investor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2250.00		
D. Full Name, Mailing Address and ZIP Code Marjie Kargman 248 Dudley Street Brookline, MA 02146-5936	Name of Employer None	Date (month, day, year) 6/3/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Gary R. Plushnik 10516 Willowbrook Drive Potomac, MD 20854	Name of Employer Paine Webber, Inc.	Date (month, day, year) 5/26/00	Amount of Each Receipt this Period \$250.00
	Occupation Investment Broker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2250.00		
F. Full Name, Mailing Address and ZIP Code James R. Gomes 77 Fountain Road Arlington, MA 02476	Name of Employer Environ League of MA	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$250.00
	Occupation Non-Profit Manager		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2250.00		
G. Full Name, Mailing Address and ZIP Code Richard L. Tuck 191 Stratford Road Needham, MA 02154	Name of Employer Self	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$100.00
	Occupation Real Estate Management		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3350.00		

SUBTOTAL of Receipts This Page (optional)

\$2,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Licht 2000 CD0345256

A. Full Name, Mailing Address and ZIP Code Edward O. Handy, III 12 Talbot Manor Cranston RI 02905	Name of Employer Citizens Bank	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Banker	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code William C. Mutterperl 300 Boylston Street, #517 Boston, MA 02116	Name of Employer Fleet Boston Financial	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$500.00
	Occupation General Counsel	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Jay M. Cashman 315 Dartmouth Street Boston, MA 02116	Name of Employer Jay Cashman, Inc.	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Executive	Aggregate Year-to-Date > \$ \$1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code John A. Kahway 27 Wareland Road Wellesley, MA 02481	Name of Employer Fleet Boston Financial	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation Investor Relations	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Learka R. Bosnak 382 Commonwealth Ave. Apt 52 Boston, MA 02115	Name of Employer Suffolk Univ. Law School	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$250.00
	Occupation Student	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Bernard Feldman 5315 Yarmouth Encino, CA 91316	Name of Employer None	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$250.00
	Occupation Retired	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code William F. Machen 90 Bradford Road Weston, MA 02183	Name of Employer Holland & Knight	Date (month, day, year) 4/6/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$3,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of line item listed Summary Page

PAGE OF
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FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (In Full)

Licht 2000 CD0345256

A. Full Name, Mailing Address and ZIP Code William J. Dessel 50 Park Row W, #809 Providence, RI 02903 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Icanvillage.com	Date (month, day, year) 5/18/00	Amount of Each Receipt this Period \$500.00
	Occupation President/CEO Aggregate Year-to-Date > \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code Milton Bulak 433 N. Camden Drive Beverly Hills, CA 90210 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Real Estate Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code Paul K. Grossman 400 Westminster Street Providence, RI 02903 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Net 2000	Date (month, day, year) 5/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Sales Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code Stephen A. Jacobs 2401 Creston Drive Los Angeles, CA 90068 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Jacobs & Co.	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$500.00
	Occupation Consultant Aggregate Year-to-Date > \$	\$500.00	
E. Full Name, Mailing Address and ZIP Code John F. Donohue 125 Lewis Road Belmont, MA 02478 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Arbella, Inc.	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation President & CEO Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code William J. Gilbane III 140 Adams Point Road Barrington, RI 02806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Guardian Bastille	Date (month, day, year) 5/1/00	Amount of Each Receipt this Period \$500.00
	Occupation Manager Aggregate Year-to-Date > \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code Steven P. Rosenthal 40 Bartlett Street Marblehead, MA 01945 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mintz Levin et. al.	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$500.00	

SUBTOTAL of Receipts This Page (optional)	\$3,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345258

A. Full Name, Mailing Address and ZIP Code Richard W. Brewer 18 Atkinson Lane Sudbury, MA 01776 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Arbella Protection Insurance Company Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code James Roosevelt, Jr. 14 Meadow Way Cambridge, MA 02138 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tufts Health Plan Occupation General Counsel Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code David Gold P. O. Box 998 Pawtucket, RI 02862 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gold Realty Company Occupation Partner Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$250.00
D. Full Name, Mailing Address and ZIP Code John Palfrey Mather House Harvard College Cambridge, MA 02138 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None Occupation Student Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/30/00	Amount of Each Receipt this Period \$200.00
E. Full Name, Mailing Address and ZIP Code John Palfrey Mather House Harvard College Cambridge, MA 02138 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None Occupation Student Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$50.00
F. Full Name, Mailing Address and ZIP Code Don Gevirtz 2828 East Valley Road Santa Barbara, CA 93108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Gevirtz, Inc. Occupation Owner Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/16/00	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code John H. Henn 6 Walnut Avenue Cambridge, MA 02140 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Foley Hoag & Elliot Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(1)

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Jay R. Schachet 11 Leroy Avenue Newport, RI 02840	Name of Employer Schachet Assoc	Date (month, day, year) 5/7/00	Amount of Each Receipt this Period \$500.00
	Occupation R. E. Developer	Aggregate Year-to-Date \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Maria Flecher 325 Harvard Street Cambridge, MA 02139	Name of Employer Self	Date (month, day, year) 5/30/00	Amount of Each Receipt this Period \$250.00
	Occupation Writer	Aggregate Year-to-Date \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Jonathan C. Guest 332 East Street East Walpole, MA 02032	Name of Employer Parkins, Smith & Cohen, LLP	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Michela J Sax 4 Yeager Way Wayland, MA 01778	Name of Employer None	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation Homemaker	Aggregate Year-to-Date \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Dawn Goyberg 511 Northwick Lane Villanova, PA 19085	Name of Employer None	Date (month, day, year) 6/21/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker	Aggregate Year-to-Date \$ 1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Barbara T. Frank 2194 Constitution Drive San Jose, CA 95124	Name of Employer None	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$250.00
	Occupation Retired	Aggregate Year-to-Date \$ 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Neal Bromley 4 Colley Court Barrington, RI 02806	Name of Employer Bromley Realty Co.	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$500.00
	Occupation President	Aggregate Year-to-Date \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page

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11(a)(i)	

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)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Marjorie T. Lack 84 Beacon Street Boston, MA 02108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/21/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Real Estate Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code David Swarnow 112 East 25th Street Baltimore, MD 21218-5214 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Harborview Property Devel.	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation Developer Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code Richard A. Higginbotham 5 Church Street Farmington, CT 06032 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fleet Bank	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation President/CEO - CT Aggregate Year-to-Date > \$	\$500.00	
D. Full Name, Mailing Address and ZIP Code David J. Leiter 507 Independence Avenue, SE Washington, DC 200031144 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer US Department of Energy	Date (month, day, year) 6/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Principal Deputy Asst. Secret Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code William B. McPherson, III 50 Bay Point Path Marshfield, MA 02050 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Central Ceilings inc	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$250.00
	Occupation Executive Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code Nancy N. Nissensohn 129 Rumstick Road Barrington, RI 02808 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 5/23/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code Susan Bradhoff Cohen 77 Colchester Street Brookline, MA 02446 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period \$750.00
	Occupation Freelance T.V. Producer Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) \$3,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 41 OF 51
FOR LINE NUMBER 11(a)(i)

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 contributors from such committee.

NAME OF COMMITTEE (In Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Susan Bradhoff Cohen 77 Colchester Street Brookline, MA 02446	Name of Employer Self	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Freelance T.V. Producer Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Kenneth Wexler 40 Griggs Road Brookline, MA 02446	Name of Employer Self	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Contractor Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Alfred L. Arcidi P. O. Box 273 North Andover, MA 01845	Name of Employer Self	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Physician Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code M. David Odeh 16 Paddock Drive Lincoln, RI 02885	Name of Employer Odeh Engineering	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$250.00
	Occupation Engineer Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Lawrence K. Fish 171 Heath Street Chestnut Hill, MA 02467	Name of Employer Citizens Financial Group, Inc.	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Banker Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Katherine M. D'Arco 15 Westford Road Providence, RI 02908	Name of Employer Citizens Financial Group, Inc.	Date (month, day, year) 6/6/00	Amount of Each Receipt this Period \$250.00
	Occupation Exec. Vice President Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Francis X. Bellotti 120 Hillside Avenue Quincy, MA 02170	Name of Employer Mintz Levin et. al.	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

(Use separate schedules)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amy Abrams Sassoon 111 Hobart Road Newton, MA 02459	<i>Self</i>	6/30/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Attorney</i>	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code Shari E. Redstone 7 Longmeadow Drive Westwood, MA 02090	National Amusements	4/6/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive V.P.	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code Charles K. Gifford 107 Sumner Street Manchester, MA 01944	Fleet Boston Financial	6/16/00	\$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
D. Full Name, Mailing Address and ZIP Code Richard G. Mintz 63 Atlantic Avenue Boston, MA 02110-3716	Mintz Levin et. al.	6/8/00	\$275.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$275.00
E. Full Name, Mailing Address and ZIP Code Paul J. Donahue 25 Autumn Road Weston, MA 02193	Weston Associates, Inc.	5/5/00	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	\$300.00
F. Full Name, Mailing Address and ZIP Code Geoffrey H. Lewis 19 Carlton Road Waban, MA 02468	Peckham & Lobel	6/7/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code June S. Frscher 9 Maddaket Scotch Plains, NJ 07076	Union County	6/28/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Commissioner	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional)

\$2,575.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 43 OF 51
FOR LINE NUMBER 11(a)(i)

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)

Licht 2000 CD0345256

A. Full Name, Mailing Address and ZIP Code Ronald M. Cleaves 85 Mt. Blue Street Norwell, MA 02061 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Arbella Protection Insurance Company	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Executive Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Howard Lipstone 111 S. Rockingham Avenue Los Angeles, CA 90049 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Landsburg Company	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$250.00
	Occupation Executive Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Theresa Keefe 24 Tacoma Street Cranston, RI 02920 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation Homemaker Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Carl E. Axelrod 75 Shaw Road Chestnut Hill, MA 02167 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Brown Rudnick Freed & Gesmer, P.C.	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Darlene Provenzano 127 Adams Point Road Barrington, RI 02806 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation Homemaker Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code R. Robert Popeo One Financial Center Boston, MA 02111 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mintz Levin et. al.	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Richard D. Vitale 210 Commercial Street Boston, MA 02109 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Vitale, Caturano & Co., PC	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$500.00
	Occupation CPA Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Light 2000 C00345258

A. Full Name, Mailing Address and ZIP Code Jerry Cohen 1 Beacon Street Boston, MA 02108 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Perkins, Smith & Cohen, LLP	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code Norman Beretta MD 19 Walcott Avenue Jamestown, RI 02835 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Beretta Realty Co.	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$50.00
	Occupation Realtor Aggregate Year-to-Date > \$	\$350.00	
C. Full Name, Mailing Address and ZIP Code Burton Levinson 9401 Wilshire Blvd. Beverly Hills, CA 90212 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$500.00	
D. Full Name, Mailing Address and ZIP Code Joseph A. Beretta 107 Grandview Avenue Lincoln, RI 02865 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Robinson Green Beretta Corporation	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$200.00
	Occupation Architect Aggregate Year-to-Date > \$	\$450.00	
E. Full Name, Mailing Address and ZIP Code Richard V. Riggs 8635 W 3rd Street, #280 Los Angeles CA 90048 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Physician Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code James H. McLaughlin P. O. Box 305 West Bridgewater, MA 02379 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer S. Kingston Food Service	Date (month, day, year) 5/16/00	Amount of Each Receipt this Period \$500.00
	Occupation Owner Aggregate Year-to-Date > \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code Sofie Howard 607 Georgina Avenue Santa Monica, CA 90402 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$300.00
	Occupation Composer Aggregate Year-to-Date > \$	\$300.00	

SUBTOTAL of Receipts This Page (optional)

\$2,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Licht 2000 CD0345258

A. Full Name, Mailing Address and ZIP Code Brian F. Keane 1235 Great Plain Avenue Needham, MA 02482 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mintz Levin, et. al.	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	
B. Full Name, Mailing Address and ZIP Code George F. Cronin 58 Cerdan Avenue Boston, MA 02131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	
C. Full Name, Mailing Address and ZIP Code Burton B. Kallick 4007 East 2nd Street Franklin, OH 45005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Retired Aggregate Year-to-Date > \$	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code Robert Klutznick 560 Inca Parkway Boulder, CO 80303 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 5/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Investments Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code Carol F. Bernon P. O. Box 289 Franklin, MA 02038 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 8/9/00	Amount of Each Receipt this Period \$500.00
	Occupation Homemaker Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code David R. Leeds 26944 Malibu Cove Colony Drive Malibu, CA 90285 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Writer/Consultant Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code Barbara A. Blank 76 Packham Avenue Middletown, RI 02842 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 6/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Retired Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional)

\$3,500.00

TOTAL This Period (add page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
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PAGE 46 OF 51
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NAME OF COMMITTEE (In Full)

Licht 2000 C00345258

A. Full Name, Mailing Address and ZIP Code Lawrence B. Rasky 20 Bridle Path Westwood, MA 02090 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Rasky/Baerlein Group, Inc.	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$1,000.00
	Occupation President Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code Jeffrey Bloomberg 252 Woodland Road Chestnut Hill, MA 02467 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bloomberg Associates	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$300.00
	Occupation Investment Banker Aggregate Year-to-Date > \$	\$300.00	
C. Full Name, Mailing Address and ZIP Code Gary R. Lemleux 236 Harris Road Smithfield, RI 02917 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State of Rhode Island	Date (month, day, year) 5/1/00	Amount of Each Receipt this Period \$500.00
	Occupation Driver Improvement Specialist Aggregate Year-to-Date > \$	\$500.00	
D. Full Name, Mailing Address and ZIP Code Maryann E. Murphy 12 Rustic Drive Cohasset, MA 02025 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Price Waterhouse Coopers	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation CPA Aggregate Year-to-Date > \$	\$500.00	
E. Full Name, Mailing Address and ZIP Code Aiden S. Raine 9 Auburn Place Brookline, MA 02446 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paine Associates, Inc.	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$500.00
	Occupation Consultant Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code Barry B. White 108 Sumner Street Newton Center, MA 02459 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Foley Hoag & Elliot	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code Howard J. Castfaman 9 Hazelhurst Avenue West Newton, MA 02465 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Murtha, Cullina et al.	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional)	\$4,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Licht 2000 C00345258

A. Full Name, Mailing Address and ZIP Code Edith M. Bresler 12 Howard Street Somerville, MA 02144	Name of Employer Self	Date (month, day, year) 6/16/00	Amount of Each Receipt This Period \$250.00
	Occupation Photographer Aggregate Year-to-Date > \$	\$500.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
B. Full Name, Mailing Address and ZIP Code Edith M. Bresler 12 Howard Street Somerville, MA 02144	Name of Employer Self	Date (month, day, year) 6/16/00	Amount of Each Receipt This Period \$250.00
	Occupation Photographer Aggregate Year-to-Date > \$	\$500.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
C. Full Name, Mailing Address and ZIP Code Susanne Woods 7 Mansfield Avenue Norton, MA 02766	Name of Employer Wheaton College	Date (month, day, year) 4/14/00	Amount of Each Receipt This Period \$50.00
	Occupation Provost Aggregate Year-to-Date > \$	\$425.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
D. Full Name, Mailing Address and ZIP Code Susanne Woods 7 Mansfield Avenue Norton, MA 02766	Name of Employer Wheaton College	Date (month, day, year) 5/30/00	Amount of Each Receipt This Period \$250.00
	Occupation Provost Aggregate Year-to-Date > \$	\$425.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
E. Full Name, Mailing Address and ZIP Code Mark S. Wainer 140 Fox Run East Greenwich, RI 02815	Name of Employer Financial Innovations	Date (month, day, year) 4/14/00	Amount of Each Receipt This Period \$1,000.00
	Occupation President Aggregate Year-to-Date > \$	\$1,000.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
F. Full Name, Mailing Address and ZIP Code Kenneth Tutunjian 45 Hampshire Road Wellesley, MA 02481	Name of Employer Hunneman-Coldwell Banker	Date (month, day, year) 6/9/00	Amount of Each Receipt This Period \$250.00
	Occupation Real Estate Broker Aggregate Year-to-Date > \$	\$250.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):
G. Full Name, Mailing Address and ZIP Code Stepehn W. Kidder 14 Wellesley Road Belmont, MA 02178	Name of Employer Hemanway & Barnes	Date (month, day, year) 6/13/00	Amount of Each Receipt This Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):

SUBTOTAL of Receipts This Page (optional)	\$2,300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 48 OF 51
FOR LINE NUMBER 11(a)(i)

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)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Michael T. Ferraro 44 Andrews Road Wakefield, MA 01880 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Vitale, Caturano & Co., PC	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$500.00
	Occupation CPA Aggregate Year-to-Date > \$	\$500.00	
B. Full Name, Mailing Address and ZIP Code Charles A. Flood 610 Fifth Avenue, Suite 511 New York, NY 10020 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Flood, Gamble Associates, Inc.	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$500.00
	Occupation Investor Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code John L. Walsh 5 Copley Street Newton, MA 02458-2204 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lahive & Corkfield	Date (month, day, year) 6/7/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code Jerome Gotkin One Financial Center Boston, MA 02111 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mintz Levin et. al.	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code Stuart J. Raffel 1825 Century Park, East Los Angeles, CA 90067 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/28/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Insurance Aggregate Year-to-Date > \$	\$1,000.00	
F. Full Name, Mailing Address and ZIP Code Anthony Corey 132 Littleton Road Harvard, MA 01451 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 5/23/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Designer Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code Dennis E. McMahon One Main Street Kendall Square Cambridge, MA 021421517 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$	\$500.00	

SUBTOTAL of Receipts This Page (optional)	\$4,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 49 OF 51
FOR LINE NUMBER 11(a)(i.)

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)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Robert Sloan GE Industrial Systems 41 Woodford Avenue Plainville, CT 06062 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer General Electric Company	Date (month, day, year) 8/27/00	Amount of Each Receipt this Period \$500.00
	Occupation Vice President Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code General Electric Company Political Action Committee 1299 Pennsylvania Ave., NW, Suite 1100 Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Note: Above Contribution earmarked through this organization	Date (month, day, year) 8/27/00	Amount of Each Receipt this Period MEMO \$500.00
	Occupation Conduit total: \$500.00 Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code Donald Chaiken 1177 Estates Drive Lafayette, CA 94549 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Davidson Homes	Date (month, day, year) 8/13/00	Amount of Each Receipt this Period \$250.00
	Occupation Builder/Developer Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Lena S. Frumin 4709 Albermarle St., NW Washington, DC 20016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 5/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Artist Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Jon Rosenblatt 50 Park Row West #911 Providence, RI 02905 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Jon's Inc. dba Montana Restaurant	Date (month, day, year) 5/1/00	Amount of Each Receipt this Period \$500.00
	Occupation Owner Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Gabriella G. Gaal 61 Oberlin Drive Warwick, RI 02888 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 6/5/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Raymond D. George 466 Chapel Street Harrisville, RI 02830-1331 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None	Date (month, day, year) 5/1/00	Amount of Each Receipt this Period \$500.00
	Occupation Retired Aggregate Year-to-Date > \$ 500.00		

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

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 50 OF 51
FOR LINE NUMBER 1:(a)(i)

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)

Light 2000 C00345255

A. Full Name, Mailing Address and ZIP Code Carl J.S. Lovett 199 Deerfield Rd. Cranston, RI 02920		Name of Employer Lovett & Lovell	Date (month, day, year) 5/18/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Nixon Peabody, LLP One Citizens Plaza Providence, RI 02903		Name of Employer Partnership	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		PARTNERSHIP—partners below Occupation Information Requested	Aggregate Year-to-Date > \$ 750.00	
C. Full Name, Mailing Address and ZIP Code M. A. Hausknecht P. O. Box 1051 Rochester, NY 14603		Name of Employer Nixon Peabody, LLP	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period MEMO \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Partner	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Peter Lacouture P. O. Box 1051 Rochester, NY 14603		Name of Employer Nixon Peabody, LLP	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period MEMO \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Partner	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Thomas M. Faraca P. O. Box 1051 Rochester, NY 14603		Name of Employer Nixon Peabody, LLP	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period MEMO \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Partner	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Gargiulo, Rudnick & Gargiulo 66 Long Wharf, 4th Floor Boston, MA 02110		Name of Employer Partnership	Date (month, day, year) 6/8/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		PARTNERSHIP—partners below Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Edward R. Gargiulo 217 Woburn Street Reading, MA 01867		Name of Employer Gargiulo, Rudnick & Gargiulo	Date (month, day, year) 6/8/00	Amount of Each Receipt this Period MEMO \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Partner	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) \$1 500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 51 OF 51
FOR LINE NUMBER 11(a)(1)

Contributions from Individuals/Persons

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)

Licht 2000 C0034525B

<p>A. Full Name, Mailing Address and ZIP Code Richard A. Gargiulo 13 W. Cedar Street Boston, MA 02110</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Gargiulo, Rudnick & Gargiulo</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 6/9/00</p>	<p>Amount of Each Receipt this Period MEMO \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Mehard, Murphy & Walsh One Financial Center Boston, MA 02111</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Partnership</p> <p>PARTNERSHIP--partners below</p> <p>Occupation Partnership</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 5/11/00</p>	<p>Amount of Each Receipt this Period \$150.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Mehard, Murphy & Walsh One Financial Center Boston, MA 02111</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Partnership</p> <p>PARTNERSHIP--partners below</p> <p>Occupation Partnership</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 5/5/00</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Shatz, Meier, Franzino & Scher, LLP 18 East 48th Street New York, NY 10017</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Partnership</p> <p>PARTNERSHIP--partners below</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 6/21/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Howard Shatz 18 East 48th Street New York, NY 10017</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Shatz, Meier, Franzino & Scher, LLP</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 6/21/00</p>	<p>Amount of Each Receipt this Period MEMO \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,350.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$170,949.80</p>

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER 11(c)

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)			
Licht 2000 C00345258			
A. Full Name, Mailing Address and ZIP Code Friends of Senator Maryellen Goodwin 325 Smith Street Providence, RI 02908	Name of Employer Occupation	Date (month, day, year) 6/13/00	Amount of Each Receipt this Period \$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$50.00	
B. Full Name, Mailing Address and ZIP Code Johnston Senate Committee 6550 United Plaza Blvd. Baton Rouge, LA 70809-	Name of Employer Occupation	Date (month, day, year) 5/11/00	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):	Aggregate Year-to-Date > \$	\$1 000.00	
C. Full Name, Mailing Address and ZIP Code Wiggln & Dana PAC Mr. Jeremy G. Zimmerman P. O. Box 1832 New Haven, CT 06508-	Name of Employer Occupation	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code General Electric Company Political Action Committee 1298 Pennsylvania Ave., NW, Suite 1100 Washington, DC 20004-	Name of Employer Occupation	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$0.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$0.00	
E. Full Name, Mailing Address and ZIP Code Friends of Bill Sanbento 484 Smithfield Road Pawtucket, RI 02860-	Name of Employer Occupation	Date (month, day, year) 6/15/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$100.00	
F. Full Name, Mailing Address and ZIP Code Joseph S. Burchfield Committee 52 Ambrose Street Providence, RI 02904-	Name of Employer Occupation	Date (month, day, year) 4/21/00	Amount of Each Receipt this Period \$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$150.00	
G. Full Name, Mailing Address and ZIP Code Friends of Peber F. Kilmartin P. O. Box 2051 Pawtucket, RI 02861-	Name of Employer Occupation	Date (month, day, year) 6/2/00	Amount of Each Receipt this Period \$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$50.00	
SUBTOTAL of Receipts This Page (optional)			\$1,500.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER 11(c)

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)

Licht 2000 C00345256

<p>A. Full Name, Mailing Address and ZIP Code T.A.N. Newpace T. Scigulinsky, President 368 Sea Meadow Drive Portsmouth, RI 02871-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p> <p>6/8/00</p>	<p>Amount of Each Receipt this Period</p> <p>\$0.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$1,500.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

Offsets to Operating Expenditures

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 14

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NAME OF COMMITTEE (In Full)
Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Town of E. Greenwich Town Hall East Greenwich, RI 02818 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period \$250.00
	Occupation		
	Aggregate Year-to-Date >	\$250.00	
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date >	\$	
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date >	\$	
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date >	\$	
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date >	\$	
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date >	\$	
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date >	\$	

SUBTOTAL of Receipts This Page (optional)	\$250.00
TOTAL This Period (last page this line number only)	\$250.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 15

Other Receipts

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)

Licht 2000 C00345258

A. Full Name, Mailing Address and ZIP Code BankBoston One Hospital Trust Plaza Providence, RI 02903	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/18/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$11,802.90
B. Full Name, Mailing Address and ZIP Code BankBoston One Hospital Trust Plaza Providence, RI 02903	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	5/31/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$11,802.90
C. Full Name, Mailing Address and ZIP Code BankBoston One Hospital Trust Plaza Providence, RI 02903	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	4/30/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$11,802.90
D. Full Name, Mailing Address and ZIP Code Sovereign Bank 15 Westminster Street Providence, RI 02903	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/30/00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		\$845.32
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	\$7,103.50
TOTAL This Period (last page this line number only)	\$7,103.50

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER N/A

Exempt Legal Services

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NAME OF COMMITTEE (In Full)

Licht 2000 CD0345256

A. Full Name, Mailing Address and ZIP Code Barbara J. Feyler 155 Grace Street Cranston, RI 02910		Name of Employer Occupation	Date (month, day, year) 6/30/00	Amount of Each Receipt This Period \$2,420.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 4,725.50		
B. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	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):		Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	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):		Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	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):		Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	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):		Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	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):		Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	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):		Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)			\$2,420.00
TOTAL This Period (last page this line number only)			\$2,420.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 20
FOR LINE NUMBER 17

Operating Expenditures

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)

Licht 2000 CD0345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dynamic Communications 121 Benevolent Street Providence, RI 02906	Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/00	\$1,000.00
Dynamic Communications 121 Benevolent Street Providence, RI 02906	Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/00	\$3,000.00
Gargoyles on the Square 219 Elm Street Somerville, MA 02144	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/00	\$630.00
Mr. Thomas R. Coderre 18 Angle Street Pawtucket, RI 02860	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$1,323.93
Mr. Thomas R. Coderre 18 Angle Street Pawtucket, RI 02860	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/00	\$1,323.93
Mr. Thomas R. Coderre 18 Angle Street Pawtucket, RI 02860	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$1,323.93
Mr. Thomas R. Coderre 18 Angle Street Pawtucket, RI 02860	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/00	\$1,323.93
Mr. Thomas R. Coderre 18 Angle Street Pawtucket, RI 02860	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/00	\$1,323.93
Mr. Thomas R. Coderre 18 Angle Street Pawtucket, RI 02860	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16/00	\$1,323.93

SUBTOTAL of Disbursements This Page (optional)	\$12,573.58
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 20
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Licht 2000 CD0345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic Mobile P. O. Box 15785 Worcester, MA 01615-0485	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/00	\$251.96
Bell Atlantic Mobile P. O. Box 15785 Worcester, MA 01615-0485	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/00	\$1,384.52
Bell Atlantic Mobile P. O. Box 15785 Worcester, MA 01615-0485	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$48.84
Bell Atlantic Mobile P. O. Box 15785 Worcester, MA 01615-0485	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/8/00	\$57.58
Bell Atlantic Mobile P. O. Box 15785 Worcester, MA 01615-0485	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/00	\$175.54
Bell Atlantic Mobile P. O. Box 15785 Worcester, MA 01615-0485	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$220.92
Simard Printing 300 Salem Street Woburn, MA 01801	Fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$467.78
Mr. Calvin Barber 36 Knowles Pawtucket, RI 02860	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/00	\$1,050.00
Copelco Capital, Inc. One International Blvd., 10th Floor Mahwah, NJ 07430	Office Supply Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/00	\$377.43

SUBTOTAL of Disbursements This Page (optional)

\$4,034.58

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE **3** OF **20**
FOR LINE NUMBER **17**

Operating Expenditures

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)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code Copelco Capital, Inc. One International Blvd., 10th Floor Mahwah, NJ 07430	Purpose of Disbursement Office Supply Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/1/00	Amount of Each Disbursement This Period \$416.08
B. Full Name, Mailing Address and ZIP Code Copelco Capital, Inc. One International Blvd., 10th Floor Mahwah, NJ 07430	Purpose of Disbursement Office Supply Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/24/00	Amount of Each Disbursement This Period \$377.43
C. Full Name, Mailing Address and ZIP Code Sovereign Bank 15 Westminster Street Providence, RI 02903	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/2/00	Amount of Each Disbursement This Period \$5,270.64
D. Full Name, Mailing Address and ZIP Code Sovereign Bank 15 Westminster Street Providence, RI 02903	Purpose of Disbursement Credit Card Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/30/00	Amount of Each Disbursement This Period \$613.93
E. Full Name, Mailing Address and ZIP Code Sovereign Bank 15 Westminster Street Providence, RI 02903	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/3/00	Amount of Each Disbursement This Period \$208.94
F. Full Name, Mailing Address and ZIP Code Sovereign Bank 15 Westminster Street Providence, RI 02903	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/1/00	Amount of Each Disbursement This Period \$5,473.26
G. Full Name, Mailing Address and ZIP Code Sovereign Bank 15 Westminster Street Providence, RI 02903	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/1/00	Amount of Each Disbursement This Period \$5,270.66
H. Full Name, Mailing Address and ZIP Code Sovereign Bank 15 Westminster Street Providence, RI 02903	Purpose of Disbursement Credit Card Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/31/00	Amount of Each Disbursement This Period \$103.03
I. Full Name, Mailing Address and ZIP Code R.I. Div. Of Motor Vehicles State of Rhode Island Providence, RI 02903	Purpose of Disbursement M.V. Registration Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/20/00	Amount of Each Disbursement This Period \$267.50

SUBTOTAL of Disbursements This Page (optional)

\$16,001.47

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 20
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic 220 Brooks Street Worcester, MA 01606	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/31/00	\$837.92
Bell Atlantic 220 Brooks Street Worcester, MA 01606	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/00	\$708.92
Bell Atlantic 220 Brooks Street Worcester, MA 01606	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$470.33
Campaign Finance Consultants 503 Capitol Court, N.E., Suite 100 Washington, DC 20002	Consultants Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/00	\$7,769.06
Campaign Finance Consultants 503 Capitol Court, N.E., Suite 100 Washington, DC 20002	Consultants Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/00	\$7,588.59
Campaign Finance Consultants 503 Capitol Court, N.E., Suite 100 Washington, DC 20002	Consultants Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/00	\$7,672.80
Mr. Adam Bozzi 145 Olney Street North Providence, RI 02911	Transportation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/22/00	\$254.93
Providence Bookstore Cafe 500 Angell Street Providence, RI 02906	Fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/00	\$401.31
Troy, Pires & Alien Insurance P. O. Box 2286 Pawtucket, RI 02861	Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/00	\$336.00

SUBTOTAL of Disbursements This Page (optional)

\$25,839.86

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 20
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)			
Licht 2000 CD0345256			
A. Full Name, Mailing Address and ZIP Code College Hill Bookstore 252 Thayer Street Providence, RI 02906	Purpose of Disbursement Books Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/20/00	Amount of Each Disbursement This Period \$175.27
B. Full Name, Mailing Address and ZIP Code College Hill Bookstore 252 Thayer Street Providence, RI 02906	Purpose of Disbursement Books Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/18/00	Amount of Each Disbursement This Period \$175.27
C. Full Name, Mailing Address and ZIP Code Sam's Club 25 Pace Blvd. Warwick, RI 02886	Purpose of Disbursement Reproduction Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/30/00	Amount of Each Disbursement This Period \$143.28
D. Full Name, Mailing Address and ZIP Code Harris Services, Inc. 413 Calvert Avenue Alexandria, VA 22301	Purpose of Disbursement Fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/15/00	Amount of Each Disbursement This Period \$614.22
E. Full Name, Mailing Address and ZIP Code Harris Services, Inc. 413 Calvert Avenue Alexandria, VA 22301	Purpose of Disbursement Fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/26/00	Amount of Each Disbursement This Period \$157.58
F. Full Name, Mailing Address and ZIP Code Harris Services, Inc. 413 Calvert Avenue Alexandria, VA 22301	Purpose of Disbursement Fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/6/00	Amount of Each Disbursement This Period \$2,734.25
G. Full Name, Mailing Address and ZIP Code Town of E. Greenwich Town Hall East Greenwich, RI 02818	Purpose of Disbursement Fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/11/00	Amount of Each Disbursement This Period \$125.00
H. Full Name, Mailing Address and ZIP Code Town of E. Greenwich Town Hall East Greenwich, RI 02818	Purpose of Disbursement Voter Files Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/20/00	Amount of Each Disbursement This Period \$25.00
I. Full Name, Mailing Address and ZIP Code Sheahan Printing Corporation One Front Street Woonsocket, RI 02895	Purpose of Disbursement Fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/6/00	Amount of Each Disbursement This Period \$1,098.88
SUBTOTAL of Disbursements This Page (optional)			\$5,248.75
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 6 OF 20
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345258

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sheahan Printing Corporation One Front Street Woonsocket, RI 02895	Fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$176.55
Sheahan Printing Corporation One Front Street Woonsocket, RI 02895	Fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$1,348.20
Sheahan Printing Corporation One Front Street Woonsocket, RI 02895	Fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/00	\$1,573.25
The Mellman Group 1000 Thomas Jefferson St., NW, Suite 520 Washington, DC 20007	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/00	\$531.74
The Mellman Group 1000 Thomas Jefferson St., NW, Suite 520 Washington, DC 20007	Survey Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/00	\$26,250.00
City of East Providence City Hall East Providence, RI 02914	Voter Files Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/31/00	\$75.00
Mrs. Charlotte B. Thatcher 88 West Road Pascoag, RI 02859	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$1,197.88
Mrs. Charlotte B. Thatcher 88 West Road Pascoag, RI 02859	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$1,197.88
Mrs. Charlotte B. Thatcher 88 West Road Pascoag, RI 02859	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/00	\$1,197.88

SUBTOTAL of Disbursements This Page (optional)

\$33,548.38

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7 OF 20
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Light 2000 CD0345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mrs. Charlotte B. Thatcher 88 West Road Pascoag, RI 02859	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/00	\$1,197.88
Mrs. Charlotte B. Thatcher 88 West Road Pascoag, RI 02859	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/00	\$1,197.88
Mrs. Charlotte B. Thatcher 88 West Road Pascoag, RI 02859	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16/00	\$1,197.88
Cogens Printing Services 135 Washington Street Providence, RI 02903	Printing & Reproduction Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/00	\$642.00
A T & T P. O. Box 2971 Omaha, NE 681032971	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/8/00	\$339.88
A T & T P. O. Box 2971 Omaha, NE 681032971	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$319.29
A T & T P. O. Box 2971 Omaha, NE 681032971	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$528.41
The University Club 219 Benefit Street Providence, RI 02903	Fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$657.40
Cozy Caterers 15 Montrose Street Providence, RI 02908	Fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/00	\$189.93

SUBTOTAL of Disbursements This Page (optional)

\$6,270.53

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 20
FOR LINE NUMBER
17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cozy Caterers 15 Montrose Street Providence, RI 02908	Fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/14/00	\$353.10
B. Full Name, Mailing Address and ZIP Code Executive Conference, Inc. P. O. Box 11679, Dept. 562 Newark, NJ 07101-4679	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/00	\$605.50
C. Full Name, Mailing Address and ZIP Code Executive Conference, Inc. P. O. Box 11679, Dept. 562 Newark, NJ 07101-4679	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/00	\$133.47
D. Full Name, Mailing Address and ZIP Code Executive Conference, Inc. P. O. Box 11679, Dept. 562 Newark, NJ 07101-4679	Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/00	\$117.81
E. Full Name, Mailing Address and ZIP Code Shorr & Associates c/o PNC Bank Philadelphia, PA 19103	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/00	\$100,000.00
F. Full Name, Mailing Address and ZIP Code Shorr & Associates c/o PNC Bank Philadelphia, PA 19103	Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/00	\$33,817.00
G. Full Name, Mailing Address and ZIP Code Mr. Christopher M. Cobleigh 40 Woodland Avenue Smithfield, RI 02917	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16/00	\$835.41
H. Full Name, Mailing Address and ZIP Code Mr. Christopher M. Cobleigh 40 Woodland Avenue Smithfield, RI 02917	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/00	\$465.53
I. Full Name, Mailing Address and ZIP Code Richard A. Licht One Park Row Providence, RI 02903-1288	Interest Reimbursement (See Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$1,558.33

SUBTOTAL of Disbursements This Page (optional)

\$137,886.15

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SCHEDULE B

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Operating Expenditures

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)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard A. Licht One Park Row Providence, RI 02903-1288	Transportation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/00	\$50.00
Atomic Catering 89 Chestnut Street Providence, RI 02903	Fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/31/00	\$1,513.78
Mr. Ryan J. McLeod 223 Oakland Avenue Providence, RI 02908	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/00	\$253.03
Mr. Ryan J. McLeod 223 Oakland Avenue Providence, RI 02908	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/00	\$405.21
NGP Software, Inc. 5440 Nevada Ave., N.W. 3rd Floor Washington, DC 20015	Software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$1,000.00
Mr. Gregory Gagnon 163 Butler Avenue Providence, RI 02908	Copying Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$209.45
Ryder Truck Rentals, Inc. 3 Ricom Way Providence, RI 02908	Campaign Bus Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/00	\$3,200.00
Ambrosino, Muir & Hansen 447 Battery Street, Suite 250 San Francisco, CA 94111	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/00	\$1,000.00
Applied Political Technologies, Inc. 102B North Royal Street, #350 Alexandria, VA 22314	Phone List Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/00	\$1,077.50

SUBTOTAL of Disbursements This Page (optional)

\$8,711.97

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Light 2000 C00345256

<p>A. Full Name, Mailing Address and ZIP Code Walmart 840 Post Road Warwick, RI 02886</p>	<p>Purpose of Disbursement HQ Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 8/20/00</p>	<p>Amount of Each Disbursement This Period \$58.56</p>
<p>B. Full Name, Mailing Address and ZIP Code Walmart 840 Post Road Warwick, RI 02886</p>	<p>Purpose of Disbursement Headquarters Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/23/00</p>	<p>Amount of Each Disbursement This Period \$44.25</p>
<p>C. Full Name, Mailing Address and ZIP Code Walmart 840 Post Road Warwick, RI 02886</p>	<p>Purpose of Disbursement Headquarters Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/30/00</p>	<p>Amount of Each Disbursement This Period \$77.81</p>
<p>D. Full Name, Mailing Address and ZIP Code Mr. Brian P. Murphy 22 Mount Auburn Street Cambridge, MA 02138</p>	<p>Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 4/1/00</p>	<p>Amount of Each Disbursement This Period \$2,060.64</p>
<p>E. Full Name, Mailing Address and ZIP Code Mr. Brian P. Murphy 22 Mount Auburn Street Cambridge, MA 02138</p>	<p>Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/1/00</p>	<p>Amount of Each Disbursement This Period \$2,060.64</p>
<p>F. Full Name, Mailing Address and ZIP Code Mr. Brian P. Murphy 22 Mount Auburn Street Cambridge, MA 02138</p>	<p>Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/16/00</p>	<p>Amount of Each Disbursement This Period \$2,060.64</p>
<p>G. Full Name, Mailing Address and ZIP Code Mr. Brian P. Murphy 22 Mount Auburn Street Cambridge, MA 02138</p>	<p>Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/1/00</p>	<p>Amount of Each Disbursement This Period \$2,060.64</p>
<p>H. Full Name, Mailing Address and ZIP Code Mr. Brian P. Murphy 22 Mount Auburn Street Cambridge, MA 02138</p>	<p>Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 6/16/00</p>	<p>Amount of Each Disbursement This Period \$2,080.24</p>
<p>I. Full Name, Mailing Address and ZIP Code Mr. Brian P. Murphy 22 Mount Auburn Street Cambridge, MA 02138</p>	<p>Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 4/16/00</p>	<p>Amount of Each Disbursement This Period \$2,060.64</p>

SUBTOTAL of Disbursements This Page (optional)

\$12,564.06

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EPBA P. O. Box 5555 Hampton, NH 03843-5555	Health Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/00	\$702.88
EPBA P. O. Box 5555 Hampton, NH 03843-5555	Health Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/00	\$702.88
EPBA P. O. Box 5555 Hampton, NH 03843-5555	Health Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/00	\$702.88
Mr. Richard J. Amato 61 Blackamore Avenue Cranston, RI 02910	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/15/00	\$348.80 *
Postmaster 24 Corliss Street Providence, RI 02940	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/00	\$300.00
Vestnik of R.I. 410 Elmgrove Avenue Providence, RI 02906	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$300.00
R.I. General Treasurer Dept. of Administration 1 Capitol Hill Providence, RI 02908	Health Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/00	\$233.99
R.I. General Treasurer Dept. of Administration 1 Capitol Hill Providence, RI 02908	Health Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/00	\$233.99
R.I. General Treasurer Dept. of Administration 1 Capitol Hill Providence, RI 02908	Health Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/00	\$233.99

* in-kind received

SUBTOTAL of Disbursements This Page (optional)

\$3,780.41

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ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345258

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Doris Building Associates P. O. Box 2513 Providence, RI 02906	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/00	\$581.31
Doris Building Associates P. O. Box 2513 Providence, RI 02906	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/00	\$589.62
Doris Building Associates P. O. Box 2513 Providence, RI 02906	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/12/00	\$584.94
R.I. Division of Taxation One Capitol Hill - Suite 36 Providence, RI 02908-5829	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$728.30
R.I. Division of Taxation One Capitol Hill - Suite 36 Providence, RI 02908-5829	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/00	\$1,543.88
R.I. Division of Taxation One Capitol Hill - Suite 36 Providence, RI 02908-5828	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$692.24
R.I. Division of Taxation One Capitol Hill - Suite 36 Providence, RI 02908-5829	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$692.24
Varoga & Rice 5311 Kirby Drive, Suite 219 Houston, TX 77005	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$1,985.27
Varoga & Rice 5311 Kirby Drive, Suite 219 Houston, TX 77005	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/00	\$6,929.68

SUBTOTAL of Disbursements This Page (optional)

\$16,325.58

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cantrell/Cutter Printing, Inc. 1789 Olive Street Capitol Heights, MD 20743	Printing & Reproduction Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/00	5372.24
Cantrell/Cutter Printing, Inc. 1789 Olive Street Capitol Heights, MD 20743	Printing & Reproduction Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/00	\$1,385.33
Cantrell/Cutter Printing, Inc. 1789 Olive Street Capitol Heights, MD 20743	Printing & Reproduction Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/00	\$1,026.83
Cantrell/Cutter Printing, Inc. 1789 Olive Street Capitol Heights, MD 20743	Printing & Reproduction Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/00	\$4,355.76
Cantrell/Cutter Printing, Inc. 1789 Olive Street Capitol Heights, MD 20743	Printing & Reproduction Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/31/00	\$1,163.25
Mr. Christian W. Winthrop 81 Elmgrove Avenue Providence, RI 02906	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/00	\$1,025.48
Mr. Christian W. Winthrop 81 Elmgrove Avenue Providence, RI 02906	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/00	\$1,025.48
Mr. Christian W. Winthrop 81 Elmgrove Avenue Providence, RI 02906	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/00	\$1,025.49
Mr. Christian W. Winthrop 81 Elmgrove Avenue Providence, RI 02906	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$1,025.48

SUBTOTAL of Disbursements This Page (optional)

\$12,385.34

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Licht 2000 C:00345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Christian W. Winthrop 81 Elmgrove Avenue Providence, RI 02906	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/00	\$1,025.48
Mr. Christian W. Winthrop 81 Elmgrove Avenue Providence, RI 02906	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/00	\$1,025.48
Cibbank AAdvantage P. O. Box 8001 S. Hackensack, NJ 07606-8001	Credit Card Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$2,200.36
Hyatt Regency Washington 400 New Jersey Ave., NW Washington, DC 20001	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	MEMO \$297.70
Staples Various Locations Providence, RI 02904	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	MEMO \$43.67
Eastside Marketplace 165 Pitman Street Providence, RI 02906	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	MEMO \$13.00
Rivers Edge Flowers & Gifts 2172 Broad Street Providence, RI 02905	Flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/00	MEMO \$58.50
Postmaster 24 Corliss Street Providence, RI 02940	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	MEMO \$936.16
U. S. Air	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	MEMO \$156.50

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\$4,251.32

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NAME OF COMMITTEE (in Full)

Licht 2000 CD0345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period MEMO
Southwest Airlines	Airfare Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$147.00
B. Full Name, Mailing Address and ZIP Code Citibank AAdvantage P. O. Box 8001 S. Hackensack, NJ 07606-8001	Purpose of Disbursement Credit Card Payment Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/00	\$3,609.39
C. Full Name, Mailing Address and ZIP Code Delta Airlines	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/00	\$297.00
D. Full Name, Mailing Address and ZIP Code Amtrak Train Station Providence, RI 02903	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/00	\$30.00
E. Full Name, Mailing Address and ZIP Code Ikon Office P. O. Box 30069 Hartford, CT 06150	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/00	\$802.50
F. Full Name, Mailing Address and ZIP Code Capitol Hilton 16th & K Streets Washington, DC 20036	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/00	\$204.96
G. Full Name, Mailing Address and ZIP Code Twin Oaks 100 Sabra Street Cranston, RI 02910	Purpose of Disbursement Fundraising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/00	\$901.05
H. Full Name, Mailing Address and ZIP Code Staples Various Locations Providence, RI 02904	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/00	\$131.31
I. Full Name, Mailing Address and ZIP Code Eastside Marketplace 165 Pitman Street Providence, RI 02908	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/00	\$151.90

SUBTOTAL of Disbursements This Page (optional)

\$3,609.39

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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Licht 2000 C00345256

<p>A. Full Name, Mailing Address and ZIP Code Rivers Edge Flowers & Gifts 2172 Broad Street Providence, RI 02905</p>	<p>Purpose of Disbursement Flowers</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 4/6/00</p>	<p>Amount of Each Disbursement This Period MEMO \$46.80</p>
<p>B. Full Name, Mailing Address and ZIP Code Holiday Inn 415 New Jersey Ave., NW Washington, DC 20001</p>	<p>Purpose of Disbursement Travel</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 4/6/00</p>	<p>Amount of Each Disbursement This Period MEMO \$147.71</p>
<p>C. Full Name, Mailing Address and ZIP Code Postmaster 24 Corliss Street Providence, RI 02940</p>	<p>Purpose of Disbursement Postage</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 4/6/00</p>	<p>Amount of Each Disbursement This Period MEMO \$377.91</p>
<p>D. Full Name, Mailing Address and ZIP Code U. S. Air</p>	<p>Purpose of Disbursement Travel</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 4/6/00</p>	<p>Amount of Each Disbursement This Period MEMO \$243.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Southwest Airlines</p>	<p>Purpose of Disbursement Travel</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 4/6/00</p>	<p>Amount of Each Disbursement This Period MEMO \$147.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Citibank AAdvantage P. O. Box 8001 S. Hackensack, NJ 07608-8001</p>	<p>Purpose of Disbursement Credit Card Payment</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/31/00</p>	<p>Amount of Each Disbursement This Period MEMO \$2,013.92</p>
<p>G. Full Name, Mailing Address and ZIP Code Amtrak Train Station Providence, RI 02903</p>	<p>Purpose of Disbursement Travel</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/31/00</p>	<p>Amount of Each Disbursement This Period MEMO \$30.00</p>
<p>H. Full Name, Mailing Address and ZIP Code Staples Various Locations Providence, RI 02904</p>	<p>Purpose of Disbursement Office Supplies</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/31/00</p>	<p>Amount of Each Disbursement This Period MEMO \$150.06</p>
<p>I. Full Name, Mailing Address and ZIP Code Eastside Marketplace 165 Pitman Street Providence, RI 02906</p>	<p>Purpose of Disbursement Postage</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/31/00</p>	<p>Amount of Each Disbursement This Period MEMO \$72.86</p>

SUBTOTAL of Disbursements This Page (optional)

\$2,013.92

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the detailed Summary Page

PAGE 17 OF 20
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Light 2000 C00345256

<p>A. Full Name, Mailing Address and ZIP Code Holiday Inn 415 New Jersey Ave, NW Washington, DC 20001</p>	<p>Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/31/00</p>	<p>Amount of Each Disbursement This Period MEMO \$416.21</p>
<p>B. Full Name, Mailing Address and ZIP Code Postmaster 24 Corliss Street Providence, RI 02940</p>	<p>Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/31/00</p>	<p>Amount of Each Disbursement This Period MEMO \$576.73</p>
<p>C. Full Name, Mailing Address and ZIP Code U. S. Air</p>	<p>Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/31/00</p>	<p>Amount of Each Disbursement This Period MEMO \$103.50</p>
<p>D. Full Name, Mailing Address and ZIP Code Southwest Airlines</p>	<p>Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/31/00</p>	<p>Amount of Each Disbursement This Period MEMO \$310.50</p>
<p>E. Full Name, Mailing Address and ZIP Code Mrs. Charlotte B. Thatcher 88 West Road Pascoag, RI 02859</p>	<p>Purpose of Disbursement Expense Reimbursement (see Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 4/14/00</p>	<p>Amount of Each Disbursement This Period MEMO \$131.58</p>
<p>F. Full Name, Mailing Address and ZIP Code Staples Various Locations Providence, RI 02904</p>	<p>Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 4/14/00</p>	<p>Amount of Each Disbursement This Period MEMO \$10.18</p>
<p>G. Full Name, Mailing Address and ZIP Code Walmart 840 Post Road Warwick, RI 02886</p>	<p>Purpose of Disbursement HQ Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 4/14/00</p>	<p>Amount of Each Disbursement This Period MEMO \$12.91</p>
<p>H. Full Name, Mailing Address and ZIP Code Postmaster 24 Corliss Street Providence, RI 02940</p>	<p>Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 4/14/00</p>	<p>Amount of Each Disbursement This Period MEMO \$58.04</p>
<p>I. Full Name, Mailing Address and ZIP Code Mrs. Charlotte B. Thatcher 88 West Road Pascoag, RI 02859</p>	<p>Purpose of Disbursement Expense Reimbursement (see Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/11/00</p>	<p>Amount of Each Disbursement This Period MEMO \$77.45</p>

SUBTOTAL of Disbursements This Page (optional)

\$209.03

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Licht 2000 CD0345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period MEMO
Walmart 840 Post Road Warwick, RI 02886	HQ Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/00	\$58.94
B. Full Name, Mailing Address and ZIP Code Postmaster 24 Corliss Street Providence, RI 02940	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/00	\$12.01
C. Full Name, Mailing Address and ZIP Code Mr. Brian P. Murphy 22 Mount Auburn Street Cambridge, MA 02138	Purpose of Disbursement Exp Reim. (See Detail) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/00	\$369.45
D. Full Name, Mailing Address and ZIP Code Postmaster 24 Corliss Street Providence, RI 02940	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/00	\$10.40
E. Full Name, Mailing Address and ZIP Code U. S. Air	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/00	\$73.50
F. Full Name, Mailing Address and ZIP Code Southwest Airlines	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/00	\$123.00
G. Full Name, Mailing Address and ZIP Code Richard A. Licht One Park Row Providence, RI 02903-1288	Purpose of Disbursement Interest Reimbursement (See Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/00	\$1,500.00
H. Full Name, Mailing Address and ZIP Code Citizens Bank P. O. Box 8799 Providence, RI 02940-8799	Purpose of Disbursement Interest on L.O.C. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/00	\$1,500.00
I. Full Name, Mailing Address and ZIP Code Mrs. Charlotte B. Thatcher 88 West Road Pascoag, RI 02859	Purpose of Disbursement Expense Reimbursement (see Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/26/00	\$72.49

SUBTOTAL of Disbursements This Page (optional) \$1,841.94

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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Operating Expenditures

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NAME OF COMMITTEE (in Full)

Licht 2000 C00345258

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period MEMO
Walmart 840 Post Road Warwick, RI 02885	HQ Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/26/00	\$29.76
B. Full Name, Mailing Address and ZIP Code Postmaster 24 Corliss Street Providence, RI 02940	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/00	\$42.73
C. Full Name, Mailing Address and ZIP Code Mr. Christian W. Winthrop 81 Elm Grove Avenue Providence, RI 02906	Purpose of Disbursement Expense Reimbursement (see Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/27/00	\$87.05
D. Full Name, Mailing Address and ZIP Code Richard A. Licht One Park Row Providence, RI 02903-1288	Purpose of Disbursement Interest Reimbursement (see Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/20/00	\$1,666.67
E. Full Name, Mailing Address and ZIP Code Citizens Bank P. O. Box 9799 Providence, RI 02940-9799	Purpose of Disbursement Interest on L.O.C. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/00	\$1,666.67
F. Full Name, Mailing Address and ZIP Code Mrs. Charlotte B. Thatcher 88 West Road Pascoag, RI 02859	Purpose of Disbursement Expense Reimbursement (see Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/00	\$46.12
G. Full Name, Mailing Address and ZIP Code Walmart 840 Post Road Warwick, RI 02886	Purpose of Disbursement HQ Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/00	\$29.50
H. Full Name, Mailing Address and ZIP Code Postmaster 24 Corliss Street Providence, RI 02940	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/00	\$2.98
I. Full Name, Mailing Address and ZIP Code Mr. Christian W. Winthrop 81 Elm Grove Avenue Providence, RI 02906	Purpose of Disbursement Expense Reimbursement (See Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/00	\$38.64

SUBTOTAL of Disbursements This Page (optional)

\$1,818.68

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Licht 2000 C00345256

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period MEMO
Eastside Marketplace 165 Pitman Street Providence, RI 02906	Fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$21.21
B. Full Name, Mailing Address and ZIP Code Mr. Brian P. Murphy 22 Mount Auburn Street Cambridge, MA 02138	Purpose of Disbursement Expense Reimbursement (See Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$230.14
C. Full Name, Mailing Address and ZIP Code Amtrak Train Station Providence, RI 02903	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$4.75
D. Full Name, Mailing Address and ZIP Code Eastside Marketplace 165 Pitman Street Providence, RI 02906	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$21.25
E. Full Name, Mailing Address and ZIP Code Kinko's 160 Westminster Street Providence, RI 02903	Purpose of Disbursement Reproduction Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$108.57
F. Full Name, Mailing Address and ZIP Code Mrs. Charlotte B. Thatcher 88 West Road Pascoag, RI 02859	Purpose of Disbursement Expense Reimbursement (See Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$16.68
G. Full Name, Mailing Address and ZIP Code Postmaster 24 Corlies Street Providence, RI 02940	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/00	\$12.96
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$246.82

TOTAL This Period (last page this line number only)

\$311,241.75

LOANS

Name of Committee (in Full) Light 2000 Committee C00345256			
A. Full Name, Mailing Address and ZIP Code of Loan Source Richard A. Licht One Park Row - Personal Funds Providence, RI 02903 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$5,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$5,000.00
Terms: Date Incurred 5/28/99 Date Due 1/1/2001 Interest Rate 0.0 % (apr) Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Richard A. Licht One Park Row - Personal Funds Providence, RI 02903 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$95,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$95,000.00
Terms: Date Incurred 6/30/99 Date Due 1/1/2001 Interest Rate 0.0 % (apr) Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			\$100,000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Name of Committee (if Full) Light 2000				C00345256
A. Full Name, Mailing Address and ZIP Code of Loan Source Citizens Bank of R. I. One Citizens Plaza Providence, RI 02903		Original Amount of Loan \$200,000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period \$200,000.00
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Terms: Date Incurred <u>12/28/99</u> Date Due <u>12/28/00</u> Interest Rate <u>8.5</u> % (per) <input type="checkbox"/> Secured		
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code Richard A. Licht One Park Row Providence, RI 02903		Name of Employer Trillight, Licht & Semonoff		
		Occupation Attorney		
		Amount Guaranteed Outstanding: \$ 200,000.00		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan		Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Cumulative Payment To Date		Secured
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (per)				
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) _____				
TOTALS This Period (last page in this line only) _____				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) Light 2000		FEC IDENTIFICATION NUMBER C00345256	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) Citizens Bank of Rhode Island One Citizens Plaza Providence, RI 02903		AMOUNT OF LOAN \$200,000.00	INTEREST RATE (APR) 8.5
		DATE INCURRED OR ESTABLISHED 12/28/99	DATE DUE 12/28/00

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: \$200,000.00 total outstanding balance: \$200,000.00

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?
 No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

Net worth and future earnings of the borrower

G. COMMITTEE TREASURER	DATE
TYPED NAME William J. Piccerelli SIGNATURE _____	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE <i>CITIZENS BANK OF RI</i>	TITLE <i>Vice Pres</i>	DATE <i>1/25/00</i>
TYPED NAME George Anter SIGNATURE _____		

FEB44111 George Anter

**CAMERON &
MITTLEMAN LLP**
ATTORNEYS AT LAW

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Providence, Rhode Island 02903
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Don E. Winberg*
Robert A. Migliaccio
Karen G. DellPonte*

Christian T. Schneider
John W. Wolfe
Clara S. Seal**
Kathy I. Kusner
Joseph A. Arena

*Also admitted in
Massachusetts

**Also admitted in
New York

December 24, 1999

**VIA TELECOPY - 456-1210
and HAND DELIVERY**

Richard Licht, Esq.
Tillinghast, Licht & Semonoff Ltd.
10 Weybosset Street
Providence, RI 02903

Dear Richard:

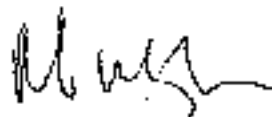
Enclosed please find a proposed form of Line of Credit Promissory Note in the amount of \$200,000. This will be the only document executed to evidence your \$200,000 line of credit with Citizens Bank.

Please review the enclosed carefully and advise of any comments or questions you may have. If it is acceptable, please date and sign the same (noting that your signature should be witnessed and notarized) and deliver it directly to George Anter. Please note that you need to fill in two dates on page 2, which dates should correspond to the date the note is executed.

Our bill will follow under separate cover once the note is signed and delivered.

If you have any comments or questions, please do not hesitate to contact me.
Thank you.

Sincerely yours,



Robert A. Migliaccio

RAM/ch

Enclosures

cc: George Anter, Vice President (w/encls. - Via Telecopy and Hand Delivery)

LINE OF CREDIT PROMISSORY NOTE

Providence, Rhode Island

\$200,000
December 28, 1999

LOAN: FOR VALUE RECEIVED, the Undersigned unconditionally promises to pay to Citizens Bank of Rhode Island, a Rhode Island financial institution ("Bank"), or order, at its offices at One Citizens Plaza, Providence, Rhode Island, or at such other place as may be designated in writing by Bank, the principal sum of Two Hundred Thousand Dollars (\$200,000), or, if less, the aggregate unpaid principal amount of advances made by Bank to the Undersigned hereunder, together with interest in arrears from the date hereof on the unpaid principal balance hereunder, computed daily, at the RATE per annum indicated below payable in accordance with the particular PAYMENT SCHEDULE indicated below.

RATE: A RATE based on the Prime Rate of Bank will change each time and as of the date that the Prime Rate of Bank changes.

The Prime Rate of Bank means the variable per annum rate of interest so designated from time to time by Bank as its prime rate. The Prime Rate is a reference rate and does not necessarily represent the lowest or best rate being charged to any customer.

Interest will be calculated on the basis of the actual number of days elapsed over a year of three hundred sixty (360) days. Whenever there is an Event of Default in existence under this Note, the RATE of interest on the unpaid principal and interest shall, at the option of Bank, be at the Default Rate (hereinafter defined).

Notwithstanding any other limitations contained in this Note, Bank does not intend to charge and the Undersigned shall not be required to pay any interest or other fees or charges in excess of the maximum permitted by applicable law. Any payments in excess of such maximum shall be refunded to the Undersigned or credited against principal.

The RATE shall be the Prime Rate of Bank plus zero percent (0%).

PAYMENT SCHEDULE: In the event that any payment of principal and/or interest shall not be received by Bank within TEN (10) days of the due date, the Undersigned shall, upon notice from Bank and to the extent permitted by law, pay Bank not later than one (1) month thereafter a late charge of the greater of FIVE percent (5%) of the overdue payment or Thirty-Five Dollars (\$35). All payments received hereunder may be applied first to the payment of any expenses or charges payable hereunder and accrued interest and the balance only applied to principal.

Principal may be repaid at any time, in whole or in part, however, all outstanding principal, if any, shall be paid in full on or before December 28, 2000. Interest shall be payable monthly commencing on January 28, 2000, and continuing on the same day of each successive month thereafter until the principal is paid in full.

ADDITIONAL TERMS AND CONDITIONS:

1. The maker and any co-makers, any indorser hereof or any other party hereto or any guarantor hereof (collectively,

"Obligors") and each of them: (i) waives presentment, demand, notice of demand, protest, notice of protest and notice of nonpayment and any other notice required to be given under the law to any of Obligors, in connection with the delivery, acceptance, performance, default or enforcement of this Note, of any indorsement or guaranty of this Note or of any document or instrument evidencing any security for payment of this Note; (ii) consents to any and all delays, extensions, renewals or other modifications of this Note or waivers of any term hereof or release or discharge by Bank of any of Obligors or release, substitution or exchange of any security for the payment hereof or the failure to act on the part of Bank or any indulgence shown by Bank, from time to time and in one or more instances (without notice to or further assent from any of Obligors), and agrees that no such action, failure to act or failure to exercise any right or remedy, on the part of Bank shall in any way affect or impair the obligations of any Obligors or be construed as a waiver by Bank of, or otherwise affect, any of Bank's rights under this Note, under any indorsement or guaranty of this Note or under any document or instrument evidencing any security for payment of this Note (provided however, the prior consent of the Undersigned shall be required prior to any extensions, renewals or other modifications of this Note); and (iii) (jointly and severally, if more than one) agrees to pay, on demand, all costs and expenses of collection of this Note or of any indorsement or any guaranty hereof and/or the enforcement of Bank's rights with respect to, or the administration, supervision,

preservation, protection of, or realization upon, any property securing payment hereof, including reasonable attorneys' fees .

2. This Note is delivered in and shall be construed under the internal laws (and not the law of conflicts) of the State of Rhode Island, and in any litigation in connection with, or enforcement of, this Note or of any indorsement or guaranty of this Note or any security given for payment hereof, Obligors, and each of them, CONSENTS TO AND CONFERS PERSONAL JURISDICTION ON COURTS OF THE STATE OF RHODE ISLAND OR OF THE FEDERAL GOVERNMENT, AND EXPRESSLY WAIVES ANY OBJECTIONS AS TO VENUE IN ANY OF SUCH COURTS, AND AGREES THAT SERVICE OF PROCESS MAY BE MADE ON OBLIGORS BY MAILING A COPY OF THE SUMMONS TO THEIR RESPECTIVE ADDRESSES. The term "Bank" as used in this Note shall include Bank's successors, indorsees and assigns.

3. The occurrence of any of the following events shall constitute an "Event of Default" hereunder:

- (a) default on the payment of any installment of the principal of, or interest or fees on, this Note after the date when the same shall become due and payable, whether at the due date thereof or at a date fixed or prepayment or by acceleration or otherwise; or
- (b) default in the due observance or performance of any covenant, promise or provision contained herein (other than payment); or
- (c) default, after the expiration of any applicable grace periods, in the payment of any installment of the principal of, or fees or interest on, any other indebtedness of the Undersigned to Bank after the date when the same shall become due and payable; or
- (d) default, after the expiration of any applicable grace periods, in the due observance or performance of any covenant, promise or provision contained in any other agreement of the Undersigned in favor of

Bank, including without limitation, any other loan agreement, mortgage deed, guaranty or security document; or

- (e) the Undersigned shall (i) apply for or consent to the appointment of a receiver, trustee or liquidator of it or any of its property, (ii) admit in writing inability to pay its debts as they mature, (iii) make a general assignment for the benefit of creditors, (iv) be adjudicated a bankrupt or insolvent or (v) file a voluntary petition in bankruptcy, or a petition or an answer seeking reorganization or an arrangement with creditors or to take advantage of any bankruptcy, reorganization, insolvency, readjustment of debt, dissolution or liquidation law or statute, or an answer admitting the material allegations of a petition filed against it in any proceeding under any such law or if corporate action shall be taken for the purpose of effecting any of the foregoing; or
- (f) an order, judgment or decree shall be entered, without the application, approval or consent of the Undersigned by any court of competent jurisdiction, approving a petition seeking reorganization of the Undersigned or appointing a receiver, trustee or liquidator of the Undersigned or of all or a substantial part of the assets of the Undersigned, provided, however, with respect to such involuntary proceedings, the Undersigned shall have thirty (30) days from the date of such order, judgment or decree to discharge the same; or
- (g) final judgment for the payment of money in excess of an aggregate of Twenty Five Thousand Dollars (\$25,000) shall be rendered against the Undersigned and the same shall remain undischarged for a period of thirty (30) consecutive days, during which execution shall not be effectively stayed; or
- (h) the occurrence of any attachment of any deposits or other property of the Undersigned in the hands or possession of Bank, or the occurrence of any attachment of any other property of the Undersigned in an amount exceeding Fifty Thousand Dollars (\$50,000) which shall not be discharged within thirty (30) days of the date of such attachment.

4. Whenever there is an Event of Default in existence under this Note, (a) the entire balance outstanding hereunder and all

other liabilities, indebtedness and obligations of Obligors to Bank (however acquired or evidenced) shall, at the option of Bank, become forthwith due and payable, without presentment, notice, protest or demand of any kind (all of which are expressly waived by Obligors) for the payment of the whole or any part hereof, and/or (b) to the extent permitted by law, the rate of interest on the unpaid principal shall, at the option of Bank, be increased to four percent (4%) over the Prime Rate of Bank (the "Default Rate"). The Default Rate will change each time and as of the date that the Prime Rate of Bank changes. Failure at any time to exercise any of the aforesaid options or any other rights of Bank hereunder shall not constitute a waiver thereof, nor shall it be a bar to exercise any of the aforesaid options or rights at a later date.

5. In the event any one or more of the provisions of this Note shall for any reason be held to be invalid, illegal or unenforceable, in whole or in part or in any respect or in the event that any one or more of the provisions of this Note operate or would prospectively operate to invalidate this Note, then and in either of those events, such provision or provisions only shall be deemed null and void and shall not affect any other provision of this Note and the remaining provisions of this Note shall remain operative and in full force and effect and shall in no way be affected, prejudiced or disturbed thereby.

6. Obligors, and each of them, hereby expressly WAIVE ANY RIGHT TO TRIAL BY JURY of any claim, demand, action or cause of action (a) arising under this Note or any other instrument, document or agreement executed or delivered in connection herewith,

(b) in any way connected with or incidental to the dealings of Obligors or Bank or any of them with respect to this Note or any other instrument, document or agreement executed or delivered in connection herewith, or the transactions related hereto or thereto, in each case whether now existing or hereafter arising and whether sounding in contract or tort or otherwise; AND OBLIGORS HEREBY AGREE AND CONSENT THAT ANY SUCH CLAIM, DEMAND, ACTION OR CAUSE OF ACTION SHALL BE DECIDED BY A COURT TRIAL WITHOUT A JURY AND THAT BANK MAY FILE AN ORIGINAL COUNTERPART OR A COPY OF THIS SECTION WITH ANY COURT AS WRITTEN EVIDENCE OF THE CONSENT OF OBLIGORS TO THE WAIVER OF THEIR RIGHT TO TRIAL BY JURY. THIS WAIVER CONSTITUTES A MATERIAL INDUCEMENT FOR BANK TO ACCEPT THIS NOTE AND MAKE THE LOAN EVIDENCED HEREBY.

7. Bank agrees to make advances hereunder in amounts which in the aggregate shall not exceed the face amount hereof; provided, however, Bank's agreement to make such advances shall terminate immediately and all future advances shall be at the sole discretion of Bank if an Event of Default has occurred hereunder. The advances made by Bank shall be recorded on the grid attached hereto as Annex 1.

8. Whenever the Undersigned desires to borrow under this Note, it shall deliver to Bank a notice of borrowing (which may be telephonic confirmed promptly in writing) which shall specify a proposed funding date and the amount of the proposed advance. Promptly after receipt of a notice of borrowing (or a telephonic notice in lieu thereof) with respect to an advance, Bank shall, subject to Section 7 hereof, make the advance available to the

Undersigned on such funding date by causing an amount of same day funds equal to such advance to be credited to the account of the Undersigned at the office of Bank. Bank shall not incur any liability to the Undersigned in acting upon any telephonic notice referred to above which Bank believes in good faith to have been given by the Undersigned or for otherwise acting in good faith and, upon the funding of an advance by the Bank in accordance with this Note pursuant to any telephonic notice, the Undersigned shall have borrowed such advance hereunder.

9. The Undersigned hereby agrees: (i) to promptly furnish Bank from time to time with such information in such form, concerning the financial condition of the Undersigned, as Bank may reasonably request, including, without limitation, updated personal financial statements to be delivered to Bank within ninety (90) days of the end of each calendar year and tax returns for such calendar year to be delivered to Bank upon the filing thereof or the October 15 following such calendar year end, whichever is earlier; and (ii) to promptly notify Bank of any known condition or event which constitutes, or would constitute with the passage of time or giving of notice or both, an Event of Default.

10. The Undersigned represents and warrants to Bank (which representations and warranties shall survive the delivery of this Note) that: (i) no material adverse change in the financial condition of the Undersigned has occurred since the date of the most recent financial statements submitted to and approved by Bank; (ii) there is no action, suit or proceeding at law or in equity or by or before any governmental authorities or other agencies now

pending or, to the knowledge of the Undersigned, threatened against or affecting the Undersigned which, if adversely determined, would have a material adverse effect on the business operations, properties, assets or condition (financial or otherwise) of the Undersigned; (iii) the Undersigned is not in default with respect to any order of any courts, arbitrators or governmental authorities arising out of any action, suit or proceeding under any statute or other law; (iv) the Undersigned is not a party to any agreement or instrument or subject to any restriction adversely affecting its business, properties or assets, operations or conditions, financial or otherwise; (v) the Undersigned is not in material default in the performance, observance or fulfillment of any of the obligations, covenants or conditions contained in any agreement or instrument to which it is a party or by which its assets may be bound, and no Event of Default has occurred and is continuing hereunder with respect to any such obligations; (vi) the Undersigned's execution of this Note does not and will not render the Undersigned insolvent; (vii) the Undersigned is not contemplating either the filing of a petition under any state or federal bankruptcy or insolvency laws or the liquidation of all or a major portion of its property and the Undersigned has no knowledge of any person contemplating the filing of any such petition against it; (viii) this Note executed by the Undersigned is the legal, valid and binding obligation of the Undersigned, enforceable against the Undersigned in accordance with its respective terms, except to the extent that such enforcement may be limited by applicable bankruptcy, insolvency and similar laws affecting creditors' rights

generally and except as certain remedies thereunder may be subject to equitable principles; (ix) the proceeds of this Note will be used solely for commercial purposes; and (x) the Undersigned has taken all necessary action to assess, evaluate and correct all of the hardware, software, embedded microchips and other processing capabilities it uses, directly or indirectly, to insure that it will be able to function accurately and without interruption or ambiguity using date information before, during and after January 1, 2000..

SECURITY: As security for this Note Bank has a lien on, a continuing security interest in, and a right to set-off at any time after the occurrence of an Event of Default against, without notice, all tangible and intangible personal property and deposit accounts in the possession, or under the control, of Bank which belong to any Obligors. ANY AND ALL RIGHTS TO REQUIRE BANK TO EXERCISE ITS RIGHTS OR REMEDIES WITH RESPECT TO ANY OTHER COLLATERAL WHICH SECURES THIS NOTE, PRIOR TO ITS EXERCISING ITS RIGHT OF SETOFF WITH RESPECT TO SUCH PROPERTY OR DEPOSITS ARE HEREBY KNOWINGLY, VOLUNTARILY AND IRREVOCABLY WAIVED.

WITNESS:

Karen R. Habelk

BORROWER:

Richard A. Licht
Richard A. Licht

One Park Row
Providence, Rhode Island
Address

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

In Providence, on the 28th day of December, 1999, before me personally appeared Richard A. Licht, to me known and known by me to be the party executing the foregoing instrument, and he

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

FAX (48-HOUR NOTICES) _____
Date of Receipt

INSIDE MAIL _____
Date of Receipt

RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER _____
Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____
Date of Receipt

FIRST CLASS MAIL _____
Postmarked

REGISTERED/CERTIFIED MAIL 7/14/00
Postmarked

NO POSTMARK **POSTMARK ILLEGIBLE**

OTHER (Specify): _____
 AIRBORNE EXPRESS
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
Postmark and/or Date of Receipt

RD _____ 7/17/00
Preparer Date Prepared