

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

1988 MAY 26 PM 3:22

HAND DELIVERED

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

Friends of Bob Torricelli, Inc.

ADDRESS (number and street) ☐ Check if different than previously reported.

P. O. Box 809

CITY, STATE and ZIP CODE

Teaneck, New Jersey 07666

STATE/DISTRICT

NJ/09

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

2. FEC IDENTIFICATION NUMBER

FEC D 000150515 HOUSE 099201

3. IS THIS REPORT AN AMENDMENT?

☐ YES

☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

This report contains activity for

☒ Primary Election

☒ General Election

☐ Special Election

☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4/1/88 through 5/18/88		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	75,388.00	114,772.00
(b) Total Contribution Refunds (from Line 20(d))	- 0 -	4,431.46
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	75,388.00	110,340.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13,656.25	33,947.14
(b) Total Offsets to Operating Expenditures (from Line 14)	- 0 -	- 0 -
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	13,656.25	33,947.14
8. Cash on Hand at Close of Reporting Period (from Line 27)	463,708.82	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	- 0 -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1,477.00	

For further information
contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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

Stephen J. Moses

Signature of Treasurer

Stephen J. Moses

Date

5/26/88

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (in full)

Friends of Bob Torricelli, Inc.

Report Covering the Period:

From: 4/1/88

To: 5/18/88

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				11(a)
(i) Itemized (use Schedule A)	32,550.00			11(a)
(ii) Unitemized	1,838.00			11(b)
(iii) Total of contributions from individuals	34,388.00		65,432.00	11(c)
(b) Political Party Committees	-		-	11(d)
(c) Other Political Committees (such as PACs)	41,000.00		49,340.00	11(e)
(d) The Candidate	-		-	
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	75,388.00		114,772.00	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.	-			12
13. LOANS:				
(a) Made or Guaranteed by the Candidate	-			13(a)
(b) All Other Loans	-			13(b)
(c) TOTAL LOANS (add 13(a) and (b))	-			13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-			14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1,709.48		8,367.77	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	77,097.48		123,139.77	16
II. DISBURSEMENTS				
17. OPERATING EXPENDITURES	13,656.25		33,947.14	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.	-		-	18
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate	-		-	19(a)
(b) Of All Other Loans	-		-	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-		-	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees	-		-	20(a)
(b) Political Party Committees	-		-	20(b)
(c) Other Political Committees (such as PACs)	-		4,431.46	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	-		4,431.46	20(d)
21. OTHER DISBURSEMENTS	-		1,175.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).	13,656.25		39,553.60	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	400,267.59	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	77,097.48	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	477,365.07	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).	\$	13,656.25	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).	\$	463,708.82	27

33013510544

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 11
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)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Swarn Singh Gandehok 88 Vivian Avenue Emerson, New Jersey 07630 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nita Enterprises Occupation businessman Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 4/7/88	Amount of Each Receipt this Period 400.00
B. Full Name, Mailing Address and ZIP Code Gurdarshan Singh Gill 1288 Kiel Avenue Kinnelon, NJ 07405 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation businessman Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code Hardip S. Ahluwalia 27 Kimberley Drive Ocean, New Jersey 07712 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AT&T Occupation Computer engineer Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code Gurcharan S. Sidhu 32 Newport Drive Nanuet, New York Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Montifiore Hospital Occupation physician Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 300.00
E. Full Name, Mailing Address and ZIP Code Amarjit S. Grewal 12 Bates Drive Fairfield, CT 07006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Delaware Truck Stop Occupation manager Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Jagjit Singh 54 N. Queen Street Bergenfield, NJ 07621 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MetPath, Inc. Occupation chemical engineer Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 225.00
G. Full Name, Mailing Address and ZIP Code Pritam S. Grewal 141 Forest Avenue Westwood, NJ 07675 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ADP Enterprises Occupation manager Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

2425.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 2 OF 11

FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Ranbir Bhalla 7 Woodmont Road Pine Brook, NJ 07058 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bhalla Lighting, Inc. Occupation businessman Aggregate Year-to-Date > \$	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 300.00
B. Full Name, Mailing Address and ZIP Code Harjinder K. Grewal 477 Bergen Avenue Washington Township, NJ 07675 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paks Part Service Occupation businessman Aggregate Year-to-Date > \$	Date (month, day, year) 5/1/88	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and ZIP Code Manjit Singh Bains 75 Burkhardt Lane Harrington Park, NJ 07640 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Memorial Sloan-Kettering Occupation surgeon Aggregate Year-to-Date > \$	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code Gurmish Brar 344 Manchester Road Ridgewood, NJ 07450 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Brar Bye Associates Occupation businessman Aggregate Year-to-Date > \$	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 300.00
E. Full Name, Mailing Address and ZIP Code Avtar S. Narula 26 Natalie Drive W. Caldwell, NJ 07006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ungerer & Co. Occupation chemical engineer Aggregate Year-to-Date > \$	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 300.00
F. Full Name, Mailing Address and ZIP Code Dharam S. Bhatti 18 Sarah Lane Hopewell Junction, NY 12533 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IBM Occupation engineer Aggregate Year-to-Date > \$	Date (month, day, year) 5/21/88	Amount of Each Receipt this Period 200.00
G. Full Name, Mailing Address and ZIP Code Gurmit Singh 13 Ashley Drive Holmdel, NJ 07733 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Indra Engineering Corporation Occupation businessman Aggregate Year-to-Date > \$	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER
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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Jagjit S. Sidhu 57 Van Buren Avenue Westwood, NJ 07675 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mahwah Mobile Occupation executive Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 400.00
B. Full Name, Mailing Address and ZIP Code Charan Jitsingh 7 Lynn Drive Englewood Cliffs, NJ 07632 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nanak Enterprises Occupation businessman Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/30/88	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Ellen R. Levine 470 Highveiw Road Englewood, NJ 07631 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Women's Day Magazine Occupation editor/publisher Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/6/88	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Jeffrey J. Horowitz Pike Street Alpine, NJ 07620 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Vitamin Shop Ind. Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/20/88	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Heidenberg Closter Associates 234 Closter Dock Road Closter, NJ 07624 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ellen Lazar Larry Lazar Occupation importers Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/18/88	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Edward W. Cumins Box 719 Alpine, New Jersey 07620 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cumins Machinery Corporation Occupation businessman Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 4/25/88	Amount of Each Receipt this Period 750.00
G. Full Name, Mailing Address and ZIP Code Murray Goldis 23 Hermhr Drive Closter, NJ 07624 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/28/88	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

3650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Robert H. Lessin 131 S. Woodland Street Englewood, NJ 07631 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Morgan Stanley Occupation managing director Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/6/88	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Victoria B. Kaufman 373 Walnut Street Englewood, NJ 07631 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer V. Kaufman Enterprises Occupation consultant Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/8/88	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Mark Epstein Stonetower Drive Alpine, NJ 07620 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alden Leeds Inc. Occupation executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/9/88	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Burt Ross 106 E. Linden Avenue Englewood, NJ 07631 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/5/88	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Stanley Wild Oxford Way Alpine, NJ 07620 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Wild Co. Occupation sales Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/18/88	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Ravin Sarasohn Cook Baumgarten Fisch & Baime 103 Eisenhower Parkway Roseland, NJ 07068 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer partnership Occupation attorneys Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/18/88	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Martin Todtman 11 Adams Drive Cresskill, NJ 07626 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Todtman Hoffman Epstein Young Occupation attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/19/88	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Charles N. Kaufman 36 Ruby Drive Morganville, NJ 07751 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Summit Office Supply Occupation sales Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/5/88	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Arthur Cohen E. 53 Harmon Drive Paramus, NJ 07652 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Purofied Dolum Properties Corp. Occupation CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/24/88	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Bonnie Englehardt 1050 Park Avenue New York, New York Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer none Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 4/24/88	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code Patricia Baitler 22 Stone Drive W. Orange, NJ 07052 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer none Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/8/88	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Dennis C. Rinzler 42 Lexington Court Washington Township, NJ 07675 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer House Hunters Occupation real estate Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/25/88	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Robert Berkley 20 Birchwood Lane Hillsdale, NJ 07642 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Weave Corporation Occupation CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 4/22/88	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code Richard Kurtz 301 Sylvan Avenue Englewood Cliffs, NJ 07632 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ransone Corporation Occupation real estate Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/21/88	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Amina J. Baig 4401 Dustin Road Burtonsville, MD 20866 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Lawrence P. Fraiberg 584 Anderson Avenue Cliffside Park, NJ 07010 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MCA Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/1/88	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Harcharan S. Dhillon 11022 Pumpkin Place Fairfax, VA 22030 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Wen Yee Liao 918 Moorefield Creek Road Vienna, VA 22180 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation dentist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/2/88	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Marilyn Berry Thompson 1138 Severnview Drive Crownsville, MD 21032 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Keefe Co. Occupation partner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Jane D. Hartley 830 Park Avenue New York, New York Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MCA Occupation vice president Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/26/88	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Robert Bruce Barnett 2801 New Mexico Avenue, NW Washington, DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Williams & Connolly Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/10/88	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

03013510350

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 7 OF 11
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Ruth Weinstein 21 Meadowlark Road Port Chester, NY 10573 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Winthrop Stimson Putnam & Roberts Occupation partner Aggregate Year-to-Date > \$ 325.00	Date (month, day, year) 4/6/88	Amount of Each Receipt this Period 325.00
B. Full Name, Mailing Address and ZIP Code Francis Carling 215 E. 73rd Street New York, New York 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Winthrop Stimson Putnam & Roberts Occupation partner Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 4/5/88	Amount of Each Receipt this Period 350.00
C. Full Name, Mailing Address and ZIP Code Ruben A. Dankoff 203 Leroy Street Tenafly, NJ 07632 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation attorney Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 4/9/88	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code The Pagonis & Donnelly Group 1620 Eye Street, NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thomas Donnelly George Pagonis Occupation partnership Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/2/88	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code William Lilley III 4941 Glenbrook Road, NW Washington, DC 20016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Policy Communications, Inc. Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Steven L. Engelberg 4 813 Grantham Avenue Chevy Chase, MD 20815 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Keck, Mahin & Cate Occupation partner Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Syed H. Saidi 12776 Captains Cove Woodbridge, VA 22192 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Daily Jong Occupation reporter Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1875.00

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Hartstein & Hartstein 157 Engle Street Englewood, NJ 07631		Name of Employer David Hartstein- partner	Date (month, day, year) 4/26/88	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 David Hartstein 157 Engle Street Englewood, NJ 07631		Name of Employer Hartstein & Hartstein	Date (month, day, year) 4/26/88	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation attorney	Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Burton S. Laden 411 Hackensack Avenue Hackensack, NJ 07601		Name of Employer First Realty Corp.	Date (month, day, year) 4/29/88	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation COB	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code Gary Singer 113 Jackson Drive Cresskill, NJ 07627		Name of Employer Mars Normel Construct. Company	Date (month, day, year) 4/28/88	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	
E. Full Name, Mailing Address and ZIP Code Arthur A. Cirkus 1030 Clifton Avenue Clifton, NJ 07013		Name of Employer The Cirkus Real Estate Group	Date (month, day, year) 4/14/88	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-to-Date > \$ 1000.00	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code Richard Russo Graham Street Alpine, NJ 07620		Name of Employer Admire Fashion, Inc.	Date (month, day, year) 4/6/88	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation manufacturer	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Julius Eisen 57 Riverview Terrace Upper Saddle River, NJ 07458		Name of Employer Hudson Transit	Date (month, day, year) 4/5/88	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 executive	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Robert F. Hendrickson 204 Gallop Road Princeton, NJ 08540	Name of Employer Merck	Date (month, day, year) 4/23/88	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 Vice President	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Arnold Podgorsky 1700 K Street, NW Washington, DC 20006	Name of Employer Gerst, Heffner, Foldes & Podgorsky	Date (month, day, year) 4/27/88	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 Sonnenfeldt/Goldman Contribution Acct. The Harborside Financial Center Jersey City, NJ 07302	Name of Employer Mr. Sonnenfeldt Mr. Goldman	Date (month, day, year) 4/28/88	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation developers	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code Henry Taub 111 De Vriese Court Tenafly, NJ 07670	Name of Employer ADP	Date (month, day, year) 4/12/88	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation co-owner	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code Marilyn Taub 111 De Vriese Court Tenafly, NJ 07670	Name of Employer none	Date (month, day, year) 4/12/88	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code Kaytaro G. Sugahara 340 East 57th Street New York, New York 10022	Name of Employer Fairfield Maxwell Ltd.	Date (month, day, year) 4/18/88	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation executive	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code Peter M. Montalbano Box 8507 Woodcliff Lake, New Jersey 07675	Name of Employer Woodcliff Lake Development	Date (month, day, year) 5/2/88	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation builder	Aggregate Year-to-Date > \$ 1300.00	

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Kamaluit Sethi 10616 Hunting Shire Lane Fairfax Station, VA 22039 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/20/88	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Eric M. Rubin 7100 Masters Drive Potomac, MD 20854 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Rubin Winston & Diercks Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Joseph Meadow 7100 Baltimore Avenue College Park, MD 20740 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Thomas E. Cook 4350 So. Wayside Houston, TX 77087 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Keck, Mahin & Cate Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/26/88	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Robert M. Dinneen 3763 Lambeth Hill Drive Waldorf, MD 20601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Renewable Fuels Association Occupation legislative director Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/27/88	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code May-Lieh Tu 10203 Nolan Drive Rockville, MD 20850 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer none Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code David E. Phelps 81 Stonehenge Road Pittsfield, MA 01201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dave Phelps Real Estate Inc. Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/5/88	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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38013510354

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Richard Moe 3611 Underwood Street Chevy Chase, MD Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Davis Polk & Wardwell Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/19/88	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Robert K. Huffman 514 Canterbury Lane Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Miller & Chevalier Occupation attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/20/88	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Steven J. Simmons 66 Winding Lane Greenwich, CT 06830 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Simmons Communication Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/18/88	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Andrew E. Manatos 1750 New York Avenue, NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Manatos & Manatos Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/14/88	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Joseph D. Williams P. O. Box 836 Bernardsville, NJ Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Warner-Lambert Co. Occupation Chairman Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/19/88	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Gary M. Juster 1501 Oakcrest Drive Alexandria, VA 22302 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Keystone Promotions Occupation President Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/27/88	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Edward Jaffy 85 Dyer Court Norwood, NJ 07648 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Glencoe Products Occupation President Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 4/5/88	Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

1700.00

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32550.00

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code National Bi-Partisan PAC 1030 15th Street, NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code O.P.E. Voice of the Electorate 815 16th Street, NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/2/88	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code HillPac 901 31st Street, NW Washington, DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Committee on Political Education/ AFL-CIO Political Contrib. Committee 815 16th Street, NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/27/88	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code ,MCA/PAC 100 Universal City Plaza Universal City, California 91608 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/5/88	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code UPSPAC 493 County Avenue Secaucus, New Jersey 07094 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/16/88	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Seafarers Political Activity Donation 5201 Auth Way Camp Springs, MD 20746 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/31/88	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Preston Thorgrimson Ellis & Holman PAC 1735 New York Avenue, NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Handgun Control PAC 1400 K Street, NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Committee of Concerned Italian American 1725 K Street, NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Dickstein Shapiro & Morin PAC 2101 L Street, NW Washington, DC 20037 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Responsible Citizens Political League 3 Research Place Rockville, MD 20850 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/19/88	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code ComsatPac 950 L'Enfant Plaza, SW Washington, DC 20024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/2/88	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Pan Am PAC 1660 L Street, NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 4/29/88	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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08013310557

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Brand Lowell PAC 923 15th Street, NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/6/88	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Machinists Non-Partisan Political League 1300 Connecticut Avenue, NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/7/88	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Washington PAC 444 North Capitol Street, NW Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/5/88	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code WALPAC 201 Tabor Road Morris Plains, New Jersey 07950 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/11/88	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code PEGPAC 80 Park Plaza Newark, New Jersey 07102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/12/88	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code General Dynamics Voluntary Political Contributions Plan Pierre Clede Center St. Louis, Missouri 63105 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/21/88	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Abbott Laboratories Better Government Fund Rt. 137 & Wlukegan Road North Chicago, Illinois 60064 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/22/88	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code GATX Good Government Program 1205 S. Riverside Plaza Chicago, Illinois 60606 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/18/88	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code National Education Association PAC 1201 16th Street, NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/21/88	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code National Education Association PAC 1201 16th Street, NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/28/88	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Lykes Brothers Steamship Co. Active Citizenship Campaign 300 Poydras Street New Orleans, LA 70130 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/13/88	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code New Jersey Bell Federal PAC 540 Broad Street Newark, New Jersey 07102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/25/88	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code ISIS PAC 1627 K Street, NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/11/88	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Boilem-makers-Blacksmiths LEAP 400 First Street, NW Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/6/88	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

2750.00

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code
Hoffmann-LaRoche Good Government Fund
1050 Connecticut Avenue, NW
Washington, DC 20036

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

5/2/88

500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code
Masters Mates & Pilots Political
Contribution Fund
700 Maritime Boulevard
Linthicum Heights, MD 21090

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

4/26/88

2500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 2500.00

C. Full Name, Mailing Address and ZIP Code
Bowling Proprietor's Association of
America PAC
615 Six Flags Drive
Arlington, VA 76011

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

5/2/88

500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code
Deere & Co. Civic Action Fund
John Deere Road
Moline, IL 61265

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

4/14/88

250.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 250.00

E. Full Name, Mailing Address and ZIP Code
WPPSS PAC
6001 N.S. 153rd Street
Miami Lakes, Florida 33104

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

4/13/88

1000.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1000.00

F. Full Name, Mailing Address and ZIP Code
Joint Action Committee for Political
Affairs
P. O. Box 105
Highland Park, Illinois 60035

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

4/7/88

500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code
IUE District 3 Exchange Account
375 Murray Hill Parkway
East Rutherford, NJ 07073

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

4/18/88

500.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Hotel Employees & Restaurant Employees Internation Union T.I.P. 1219 28th Street, NW Washington, DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/28/88	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Brotherhood of Locomotive Engineers Legislative League 1128 Engineers Building Cleveland, Ohio 44114 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/26/88	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Transportation Political Education League 14600 Detroit Avenue Cleveland, Ohio 44107 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/27/88	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code MEBA Political Action Fund 444 North Capitol Street Washington, DC 2000; Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 2500.00
E. Full Name, Mailing Address and ZIP Code District 2 MEBA-AMO, AFL-CIO Voluntary Political Action Fund 650 Fourth Avenue Brooklyn, New York 11232 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/28/88	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code AGSHF Civic Action Committee 1333 New Hampshire Avenue, NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Non-Partisan Political Support Comm. For General Electric Employees Fairfield, Connecticut 06431 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/26/88	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Lockheed Employees PAC 4500 Park Granada Boulevard Calabasas, California 91399-0610	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/2/88	250.00
Aggregate Year-to-Date > \$		250.00	
B. Full Name, Mailing Address and ZIP Code TRW Good Government Fund 1900 Richmond Road Cleveland, Ohio 44121	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/25/88	250.00
Aggregate Year-to-Date > \$		250.00	
C. Full Name, Mailing Address and ZIP Code Northrop Employees PAC 650 California Street San Francisco, California 94108	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/21/88	250.00
Aggregate Year-to-Date > \$		250.00	
D. Full Name, Mailing Address and ZIP Code Hughes Active Citizenship Fund 7200 Hughes Terrace Los Angeles, California 90045-0066	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/5/88	250.00
Aggregate Year-to-Date > \$		250.00	
E. Full Name, Mailing Address and ZIP Code Johnson & Johnson Employees Good Government Fund One Johnson & Johnson Plaza New Brunswick, New Jersey 08933-7204	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/88	250.00
Aggregate Year-to-Date > \$		250.00	
F. Full Name, Mailing Address and ZIP Code Political Education Fund of the Building & Construction Trades Dept. 815 16th Street, NW	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/88	500.00
Aggregate Year-to-Date > \$		500.00	
G. Full Name, Mailing Address and ZIP Code Committee on Letter Carriers Political Education 1000 Indiana Avenue, NW Washington, DC 20001	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/2/88	500.00
Aggregate Year-to-Date > \$		1000.00	

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Realtors PAC 430 N. Michigan Avenue Chicago, Illinois 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/9/88	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code American International Group Employees PAC 1455 Pennsylvania Avenue, NW Washington, DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/18/88	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code DRIVE Political Fund 25 Louisiana Avenue, NW Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 4000.00	Date (month, day, year) 5/9/88	Amount of Each Receipt this Period 4000.00
D. Full Name, Mailing Address and ZIP Code Mid-Am Dairymen ADEPT 3253 E. Chestnut Expressway Springfield, MD 65802 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 5/6/88	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code American Federation of Teachers COPE #2 555 New Jersey Avenue, NW Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 5/6/88	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code NRLCA PAC 1448 Duke Street Alexandria, Virginia 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/9/88	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code AT&T PAC 60 Columbia Turnpike Morristown, NJ 07960 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/29/88	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Gulf. & Western PAC 1 Gulf & Western Plaza New York, New York 10023 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/15/88	Amount of Each Receipt this Period 750.00
B. Full Name, Mailing Address and ZIP Code ALPA PAC 1625 Massachusetts Avenue, NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/17/88	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code Hawn Sugar PAC 99-193 Aiea Heights Drive Aiea, Hawaii 96701 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/13/88	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Carpenters Legislative Improvement Committee 101 Constitution Avenue, NW Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/27/88	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code Committee on Political Action of the American Postal Workers 1300 L Street, NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/5/88	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Boeing PAC P. O. Box 3707 MIS 14-49 Seattle, Washington 98124 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/9/88	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code DISPAC 1250 Eye Street, NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/5/88	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code ATLA PAC 1050 31st Street, NW Washington, DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/7/88	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Sea-Land Good Government Fund 1331 Pennsylvania Avenue, NW Washington, DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/8/88	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Amalgamated Transit Union COPE Account Voluntary Fund 5025 Wisconsin Avenue, NW Washington, DC 20016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/3/88	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code NARFE PAC 1533 New Hampshire Avenue, NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/8/88	Amount of Each Receipt this Period 4000.00
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

41,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Interchange State Bank Park 80 West/Plaza Two Saddle Brook, NJ 07662 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer interest Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 4/29/88	Amount of Each Receipt this Period 1709.48
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

1709.48

TOTAL This Period (last page this line number only)

1709.48

1033310566

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Einson Freeman Graphics 20-10 Maple Avenue Fair Lawn, New Jersey 07410	Purpose of Disbursement printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 4/1/88	Amount of Each Disbursement This Period 2655.80
B. Full Name, Mailing Address and ZIP Code Alert Graphics Box 101 Bogota, New Jersey 07603	Purpose of Disbursement printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 4/1/88 4/1/88 4/11/88	Amount of Each Disbursement This Period 2028.69 1301.12 200.00
C. Full Name, Mailing Address and ZIP Code Postmaster Washington, DC 20515	Purpose of Disbursement postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 4/1/88 4/3/88 5/11/88	Amount of Each Disbursement This Period 150.00 25.00 50.00
D. Full Name, Mailing Address and ZIP Code David R. Ramage, Inc. WA29 Rayburn Washington, DC 20515	Purpose of Disbursement printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 4/3/88	Amount of Each Disbursement This Period 451.00
E. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy Street, SE Washington, DC 20003	Purpose of Disbursement catering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 4/3/88	Amount of Each Disbursement This Period 500.00
F. Full Name, Mailing Address and ZIP Code Amoco Oil Company Des Moines, IA 50362	Purpose of Disbursement gasoline Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 4/4/88 5/10/88	Amount of Each Disbursement This Period 31.02 40.68
G. Full Name, Mailing Address and ZIP Code Victoria Durbin 110 D Street, SE Washington, DC 20003	Purpose of Disbursement reimbursement-travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 4/25/88	Amount of Each Disbursement This Period 200.00
H. Full Name, Mailing Address and ZIP Code PR Promotions P. O. Box 34407 W. Bethesda, MD 20034	Purpose of Disbursement magnets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 4/28/88	Amount of Each Disbursement This Period 2827.60
I. Full Name, Mailing Address and ZIP Code Postmaster Washington, DC 20515	Purpose of Disbursement postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year) 4/29/88	Amount of Each Disbursement This Period 25.00

SUBTOTAL of Disbursements This Page (optional)

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03013510567

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Metro One P. O. Box 7555 Baywood, New Jersey 07607	Purpose of Disbursement phone bill Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/29/88	Amount of Each Disbursement This Period 54.80
B. Full Name, Mailing Address and ZIP Code Victoria Durbin 110 D Street, SE Washington, DC 20003	Purpose of Disbursement reimburse- fundraising expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/3/88	Amount of Each Disbursement This Period 60.00
C. Full Name, Mailing Address and ZIP Code Estelle Friedberg 185 Reservoir Avenue River Edge, NJ 07661	Purpose of Disbursement consulting Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/4/88	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Whittley's Flower Shop 260 Main Street Hackensack, NJ 07601	Purpose of Disbursement balloons Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/9/88	Amount of Each Disbursement This Period 198.75
E. Full Name, Mailing Address and ZIP Code Noel Symons 329 Essex Street Hackensack, NJ 07601	Purpose of Disbursement reimburse- travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/10/88	Amount of Each Disbursement This Period 100.00
F. Full Name, Mailing Address and ZIP Code Sunoco P. O. Box 8159 Philadelphia, PA 19184-0001	Purpose of Disbursement gasoline Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/10/88	Amount of Each Disbursement This Period 199.54
G. Full Name, Mailing Address and ZIP Code Signs by Blohm 230 River Road New Milford, NJ 07646	Purpose of Disbursement sign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/10/88	Amount of Each Disbursement This Period 750.48
H. Full Name, Mailing Address and ZIP Code Gulf Oil P. O. Box 33140 Louisville, KY 40232-3140	Purpose of Disbursement gasoline Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/11/88	Amount of Each Disbursement This Period 34.30
I. Full Name, Mailing Address and ZIP Code Visa 5401 Port Royal Road Springfield, VA 22151	Purpose of Disbursement airfare-- Continental Airlines Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/6/88	Amount of Each Disbursement This Period 138.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code American Express P. O. Box 5485 Chicago, IL 60679-0001	Purpose of Disbursement see memo items Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/4/88	Amount of Each Disbursement This Period 136.97
B. Full Name, Mailing Address and ZIP Code Maggie's Restaurant Wisconsin Avenue Washington, DC	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/15/88	Amount of Each Disbursement This Period 19.30 (memo)
C. Full Name, Mailing Address and ZIP Code Speghattatta Englewood, NJ 07631	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/26/88	Amount of Each Disbursement This Period 17.70 (memo)
D. Full Name, Mailing Address and ZIP Code Speghattatta Englewood, NJ 07631	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/20/88	Amount of Each Disbursement This Period 14.03 (memo)
E. Full Name, Mailing Address and ZIP Code Cafe Metro Fort Lee, NJ 07024	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/13/88	Amount of Each Disbursement This Period 62.62 (memo)
F. Full Name, Mailing Address and ZIP Code Hunan Gallery Washington, DC	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/17/88	Amount of Each Disbursement This Period 23.32 (memo)
G. Full Name, Mailing Address and ZIP Code Shawmut Bank/Master Card P. O. Box 1002 E. Longmeadow, MA 01028	Purpose of Disbursement see memo items Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/26/88	Amount of Each Disbursement This Period 241.00
H. Full Name, Mailing Address and ZIP Code Pappardelle Restaurant Cliffside Park, NJ 07010	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/8/88	Amount of Each Disbursement This Period 63.70 (memo)
I. Full Name, Mailing Address and ZIP Code Continental Airlines Newark, NJ 07101	Purpose of Disbursement airfare Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/31/88	Amount of Each Disbursement This Period 178.00 (memo)

SUBTOTAL of Disbursements This Page (optional)

377.97

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code American Express P. O. Box 1270 Newark, NJ 07101-1270	Purpose of Disbursement see memo items Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/25/88	Amount of Each Disbursement This Period 578.50
B. Full Name, Mailing Address and ZIP Code Primavera New York, New York	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/11/88	Amount of Each Disbursement This Period 154.20 (memo)
C. Full Name, Mailing Address and ZIP Code The Hill Cafe Pennsylvania Avenue, SE Washington, DC 20003	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/22/88	Amount of Each Disbursement This Period 56.95 (memo)
D. Full Name, Mailing Address and ZIP Code Charlie Browns Tenafly, NJ 07632	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/23/88	Amount of Each Disbursement This Period 28.36 (memo)
E. Full Name, Mailing Address and ZIP Code Kiku Fort Lee, NJ 07024	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/13/88	Amount of Each Disbursement This Period 78.22 (memo)
F. Full Name, Mailing Address and ZIP Code La Colline Washington, DC	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/29/88	Amount of Each Disbursement This Period 110.04 (meal)
G. Full Name, Mailing Address and ZIP Code Newark Marriott Newark, New Jersey 07101	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/18/88	Amount of Each Disbursement This Period 15.53 (memo)
H. Full Name, Mailing Address and ZIP Code La Comita Pennsylvania Avenue, SE Washington, DC 20003	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/15/88	Amount of Each Disbursement This Period 20.30 (memo)
I. Full Name, Mailing Address and ZIP Code Software Publishing Hackensack, NJ 07601	Purpose of Disbursement computer equipment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/20/88	Amount of Each Disbursement This Period 103.71 (memo)

SUBTOTAL of Disbursements This Page (optional)

578.50

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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FOR LINE NUMBER

17

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

A. Full Name, Mailing Address and ZIP Code Speghattatta Englewood, NJ 07631	Purpose of Disbursement meal Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/28/88	Amount of Each Disbursement This Period 11.19 (memo)
B. Full Name, Mailing Address and ZIP Code Choice/Chase Manhattan Bank Chase Manhattan Plaza New York, New York	Purpose of Disbursement airfare- Continental, Newark Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/17/88	Amount of Each Disbursement This Period 178.00
C. 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
D. 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
E. 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
F. 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
G. 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
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)

178.00

TOTAL This Period (last page this line number only)

13,656.25

30013510371

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Friends of Bob Torricelli, Inc.				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Bell Atlanticom Systems 105 Carnegie Center Princeton, New Jersey 08540	477.00			477.00
Nature of Debt (Purpose): phone lease (in dispute)				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Edmunds Showcase Restaurant 825 Franklin Avenue Garden City, New York	1000.00			1000.00
Nature of Debt (Purpose): catering				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				1477.00
2) TOTAL This Period (last page this line only)				1477.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				1477.00

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