

**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)

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NAME OF COMMITTEE (in Full)

Friends of Bob Torricelli, Inc.

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

SUBTOTAL of Receipts This Page (optional) .....	2500.00
TOTAL This Period (last page this line number only) .....	

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