

**SCHEDULE A  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 387 / 751	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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

Full Name (Last, First, Middle Initial) A. Fred M Jacobs		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2002
Mailing Address 7 Laurel Court		Amount of Each Receipt this Period 250.00
City Short Hills	State Zip Code NJ	
FEC ID number of contributing federal political committee.		Receipt
Name of Employer St. Barnabus Medical Center		
Occupation Administrator		Transaction ID: 0307200232C261801031
Election Cycle-to-Date 1550.00		
Receipt For: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____		

Full Name (Last, First, Middle Initial) B. Kenneth Jacobson		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2002
Mailing Address 22 West Front Street		Amount of Each Receipt this Period 1000.00
City Media	State Zip Code PA 19063	
FEC ID number of contributing federal political committee.		Receipt
Name of Employer Chimicles, Jacobson & Tikellis		
Occupation Attorney		Transaction ID: 041120025C270841032
Election Cycle-to-Date 1000.00		
Receipt For: X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

Full Name (Last, First, Middle Initial) C. Nancy Jamarow		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2002
Mailing Address 192 Country Farms Road		Amount of Each Receipt this Period 250.00
City Marlton	State Zip Code NJ 08053	
FEC ID number of contributing federal political committee.		Receipt
Name of Employer Information Requested		
Occupation Information Requested		Transaction ID: 0307200231C258921034
Election Cycle-to-Date 250.00		
Receipt For: X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	