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

<p>A. Full Name, Mailing Address and Zip Code Davide Pugliara 496 Wolcott Hill Road Wethersfield, CT 06109-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer East Lander Group LLC</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 06/06/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Joan Quigley 384 Fairmount Ave Jersey City, NJ 07306</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bon Secours Hospital</p> <p>Occupation Hospital Administrator</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 04/28/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Sherry A. Quirk Verner, Liipfert, Lloyd & Hand 901 Fifteenth Street, NW Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Verner Liipfert</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 02/04/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Lawrence Rabbio The Regency Hotel #1128 New York, NY 10021-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bell Atlantic</p> <p>Occupation President & COO</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 06/06/2000</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Gerald Radzivil 9709 N. New River Canal Road Plantation, FL 33324-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Tender Loving Care</p> <p>Occupation V.P.</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 06/02/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Gerald Radzivil 9709 N. New River Canal Road Plantation, FL 33324-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Tender Loving Care</p> <p>Occupation V.P.</p> <p>Aggregate Year-to-Date -> \$333.33</p>	<p>Date (month, day, year) 06/09/2000</p>	<p>Amount of Each Receipt this Period \$83.33</p> <p>Partnership->All Florida Partners MEMO</p>
<p>G. Full Name, Mailing Address and Zip Code All Florida Partners 5881 N. West 151st Street Suite 200 Miami Lakes, FL 33014-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Partnership Attribution Listed Individually</p> <p>Occupation See separate listing for partnership</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)	\$3500.00
TOTAL This Period (last page this line number only)	