

STATEMENT OF ORGANIZATION

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U.S. SENATE

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1. (a) NAME OF COMMITTEE IN FULL Weygand Committee	<input type="checkbox"/> (Check if name is changed)	2. DATE 10-04-00
(b) Number and Street Address 150 Midway Road	<input type="checkbox"/> (Check if address is changed)	3. FEC ID NUMBER C00344184
(c) City, State and ZIP Code Cranston, RI 02920		4. AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This is an authorized, NOT a principal committee (Complete the candidate information below.)

Name of Candidate Robert A. Weygand	Candidate Party Democrat	Office Sought U.S. Senate	State/District RI
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(c) This committee supports _____ and is NOT an authorized committee.
(name of candidate)

(d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports more than one Federal candidate and is NOT a fund or party committee

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Rhode Island Senate 2000	430 South Capitol Street, S.E. Washington, DC 20003	Affiliated Committee

Type of Connected Organization:

Corporation Corporation w/o Capital Stock

Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Seth M. Kjalman	P.O. Box 20415, Cranston, RI 02920-0415	Records Custodian

8. Treasurer: List the name and address of the committee treasurer and of any assistant treasurer.

Full Name	Mailing Address	Title or Position
Peter Fogarty CPA/CFE	321 Hope Street, Providence, RI 02606	Treasurer
Timothy P. Gallogly	10 Weybosset Street, Providence, RI 02903	Asst. Treasurer

9. Banks or Other Depositories: List all in which the committee deposits or maintains funds or accounts.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Citizens Bank	One Citizens Plaza, Providence, RI 02903

I certify that I have examined this Statement and to the best of my knowledge it is correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
Peter Fogarty CPA/CFE		10-04-00

NOTE: Submission of false, erroneous, or incomplete information may subject signer to penalties.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

