

SCHEDULE A

ITEMIZED RECEIPTS

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Contributions from Individuals/Persons

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Weygand Committee

C00307660

<p>A. Full Name, Mailing Address and ZIP Code Bruce B. Fisher 158 Gibbs Avenue Newport, RI 02540</p>	<p>Name of Employer Northeast Marine Pilot</p>	<p>Date 07-01-98</p>	<p>Amount this pd. \$250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Pilot</p>	<p>Year-to-Date > \$250.00</p>	<p>JOINT FUNDRAISED MEMO</p>
<p>B. Full Name, Mailing Address and ZIP Code Joseph C. Aiello 121 Bartlett Road Winthrop, 02152</p>	<p>Name of Employer Frederic Harris, Inc.</p>	<p>Date 07-02-98</p>	<p>Amount this pd. \$250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Vice President</p>	<p>Year-to-Date > \$250.00</p>	<p>JOINT FUNDRAISED MEMO</p>
<p>C. Full Name, Mailing Address and ZIP Code James L. Carr Jr. P.O. Box 9068 Providence, RI 02904</p>	<p>Name of Employer H. Carr and Sons</p>	<p>Date 07-02-98</p>	<p>Amount this pd. \$250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Contractor</p>	<p>Year-to-Date > \$450.00</p>	<p>JOINT FUNDRAISED MEMO</p>
<p>D. Full Name, Mailing Address and ZIP Code Joanne L. Coady 184 Terry Road Hartford, CT 06106</p>	<p>Name of Employer Town of Bloomfield</p>	<p>Date 07-02-98</p>	<p>Amount this pd. \$250.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Teacher</p>	<p>Year-to-Date > \$250.00</p>	<p>JOINT FUNDRAISED MEMO</p>
<p>E. Full Name, Mailing Address and ZIP Code Stephen J. Karol 86 West Street Attleboro, MA 02703</p>	<p>Name of Employer Self-Employed</p>	<p>Date 07-02-98</p>	<p>Amount this pd. \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Consultant</p>	<p>Year-to-Date > \$600.00</p>	<p>JOINT FUNDRAISED MEMO</p>
<p>F. Full Name, Mailing Address and ZIP Code Peter A. Koch 45 Verdant Ln. Warwick, RI 02886</p>	<p>Name of Employer Koch Eye Associates</p>	<p>Date 07-02-98</p>	<p>Amount this pd. \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Administrator</p>	<p>Year-to-Date > \$600.00</p>	<p>JOINT FUNDRAISED MEMO</p>
<p>G. Full Name, Mailing Address and ZIP Code Catherine M. Venable 205 S. Hoover Boulevard, Suite 403 Tampa, FL 33609</p>	<p>Name of Employer Venable and Venable</p>	<p>Date 07-02-98</p>	<p>Amount this pd. \$500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney at Law</p>	<p>Year-to-Date > \$500.00</p>	<p>JOINT FUNDRAISED MEMO</p>

SUBTOTAL of Receipts This Page (optional) > - 0 -

TOTAL This Period (last page this line number only) > - - - -