

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

FOR LINE NUMBER 11(a)(3)

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NAME OF COMMITTEE (in Full) **Weygand Committee** ID NUMBER **00307660**

<p>A. Full Name, Mailing Address and ZIP Code Mark J. Formica 23 Asylum Road Warren, RI 02686</p>	<p>Name of Employer Citizens Bank</p>	<p>Date 06-30-98</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 President</p>	<p>Year-to-Date > \$500.00</p>	<p>JOINT FUNDRAISED MEMO</p>
<p>B. Full Name, Mailing Address and ZIP Code Robert I. Stolzman 56 Hazard Avenue Providence, 02906</p>	<p>Name of Employer Adler, Pollock & Sheehan</p>	<p>Date 06-30-98</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 Attorney</p>	<p>Year-to-Date > \$300.00</p>	<p>JOINT FUNDRAISED MEMO</p>
<p>C. Full Name, Mailing Address and ZIP Code S. Christopher Stowe 300 Centreville Road Warwick, RI 02886</p>	<p>Name of Employer Self-employed</p>	<p>Date 06-30-98</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 Attorney at Law</p>	<p>Year-to-Date > \$1,000.00</p>	<p>JOINT FUNDRAISED MEMO</p>
<p>D. Full Name, Mailing Address and ZIP Code Dorothee Maynard Rogers 75 Roger Williams Drive Wickford, RI 02852</p>	<p>Name of Employer Good Neighbor Alliance Co</p>	<p>Date 06-29-98</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 President</p>	<p>Year-to-Date > \$250.00</p>	<p>JOINT FUNDRAISED MEMO</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date</p>	<p>Amount this pd.</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Year-to-Date ></p>	
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date</p>	<p>Amount this pd.</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Year-to-Date ></p>	
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date</p>	<p>Amount this pd.</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Year-to-Date ></p>	

<p>SUBTOTAL of Receipts This Page (optional) ></p>	<p>- 0 -</p>
<p>TOTAL This Period (last page this line number only) ></p>	