



DETAILED SUMMARY PAGE  
of Receipts and Disbursements

<b>Weygand Committee</b>		<b>C00307680</b>	
		From	To
		01-01-99	06-30-99
I. RECEIPTS		COLUMN A This Period	COLUMN B Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (Use Schedule A) . . . . .		\$1,000.00	
(ii) Unitemized . . . . .		\$100.00	
(ii) Total of contributions from individuals . . . . .		\$1,100.00	\$1,100.00
(b) Political Party Committees . . . . .			
(c) Other Political Committees (such as PACs) . . . . .		\$11,000.00	\$11,000.00
(d) The Candidate . . . . .			
(e) TOTAL CONTRIBUTIONS (11(a)(ii) + (b) + (c) + (d)) . . . . .		\$12,100.00	\$12,100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES			
13. LOANS:			
(a) Made or Guaranteed by the Candidate . . . . .			
(b) All Other Loans . . . . .			
(c) TOTAL LOANS (add 13(a) and (b)) . . . . .			
14. OFFSETS TO OPERATING EXPENDITURES (refunds, etc.) . . . . .		\$1,019.11	\$1,019.11
15. OTHER RECEIPTS (Dividends, Interest, etc.) . . . . .		\$1,191.37	\$1,191.37
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) . . . . .		\$14,310.48	\$14,310.48
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES . . . . .		\$29,869.25	\$29,869.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES . . . . .		\$198,931.06	\$198,931.06
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate . . . . .			
(b) Of All Other Loans . . . . .			
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) . . . . .			
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals, Persons Other than Political Committees . . . . .			
(b) Political Party Committees . . . . .			
(c) Other Political Committees (such as PACs) . . . . .			
(d) TOTAL CONTRIBUTION REFUNDS (20(a) + (b) + (c)) . . . . .			
21. OTHER DISBURSEMENTS . . . . .			
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) . . . . .		\$229,800.32	\$229,800.32
II. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD . . . . .			\$214,489.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) . . . . .			\$14,310.48
25. SUBTOTAL (add Line 23 and Line 24) . . . . .			\$229,800.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) . . . . .			\$229,800.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Line 25 - Line 26) . . . . .			\$0.00

Contributions from Individuals/Persons

FOR LINE NUMBER  
11(a)(i)

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NAME OF COMMITTEE (in Full) **Waygard Committee** C00307680

A. Full Name, Mailing Address and ZIP Code <b>Alan D. Solomon</b> <b>220 Ridgeway Road</b> <b>Weston, MA 02183</b>	Name of Employer <b>President</b>	Date <b>03-03-99</b>	Amount this pd. <b>\$1,000.00</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Solomont Ballis Ventures</b>	Year-to-Date > <b>\$1,000.00</b>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Year-to-Date >	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Year-to-Date >	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Year-to-Date >	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Year-to-Date >	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Year-to-Date >	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Year-to-Date >	
SUBTOTAL of Receipts This Page (optional) . . . . . >			<b>\$1,000.00</b>
TOTAL This Period (last page this line number only) . . . . . >			<b>\$1,000.00</b>

Contributions from Other Political Committees

FOR LINE NUMBER  
11(c)

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NAME OF COMMITTEE (in Full)

Weygand Committee

C00807860

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
<b>American Health Care Association-PAC</b> 1201 L Street NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		01-08-99	\$500.00
		Year-to-Date >	\$500.00
<b>I.B.E.W.-C.D.P.E.</b> 1125 15th Street N.W. Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		03-08-99	\$2,500.00
		Year-to-Date >	\$2,500.00
<b>Active Ballot Club General Fund-UFCW Int'l Union</b> 1775 K Street, NW Washington, DC 20008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		03-08-99	\$2,600.00
		Year-to-Date >	\$2,600.00
<b>Ironworkers Political Action League</b> 1750 New York Avenue, N.W. Washington, DC 20008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		03-17-99	\$1,000.00
		Year-to-Date >	\$1,000.00
<b>SEIU COPE Fund PCC</b> 1313 L Street, N.W. Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		04-29-99	\$2,500.00
		Year-to-Date >	\$2,500.00
<b>American Fed. of Teachers Comm. of Political Ed.</b> 555 New Jersey Avenue, N.W. Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		03-17-99	\$2,000.00
		Year-to-Date >	\$2,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
		Year-to-Date >	
SUBTOTAL of Receipts This Page (optional)			\$11,000.00
TOTAL This Period (last page this line number only)			\$11,000.00

**Offsets to Operating Expenditures**

FOR LINE NUMBER

14

Information copied from these Reports may not be so used for soliciting contributions or commercial purposes other than using the name and address of a political committee to solicit contributions from it.

NAME OF COMMITTEE (in Full)

**Weygand Committee**

**C00307650**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
<b>Robert A. Weygand</b> <b>96 Glen Hill Drive</b> <b>Saunderstown, RI 02874</b>	<b>U.S. House of Representat</b>	<b>03-08-89</b>	<b>\$276.33</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Member</b>	<b>03-09-89</b>	<b>\$742.78</b>
Year-to-Date >			<b>\$1,019.11</b>
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Year-to-Date >	
<b>SUBTOTAL of Receipts This Page (optional)</b>			<b>\$1,019.11</b>
<b>TOTAL This Period (last page this line number only)</b>			<b>\$1,019.11</b>

**Other Receipts (Dividends, Interest, etc.)**

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NAME OF COMMITTEE (in Full)

**Weygand Committee**

**000307660**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
<b>Citizens Bank One Citizens Plaza Providence, RI 02903</b>		<b>01-29-99</b>	<b>\$642.69</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	<b>02-26-99</b>	<b>\$548.48</b>
<input type="checkbox"/> Other (specify):	Year-to-Date > <b>\$1,191.37</b>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Year-to-Date >		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Year-to-Date >		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Year-to-Date >		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Year-to-Date >		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Year-to-Date >		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input type="checkbox"/> Other (specify):	Year-to-Date >		
SUBTOTAL of Receipts This Page (optional) . . . . .			<b>\$1,191.37</b>
TOTAL This Period (last page this line number only) . . . . .			<b>\$1,191.37</b>

**Operating Expenditures**

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NAME OF COMMITTEE (In Full) **Weygand Committee** C00307680

A. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
<b>Seth M. Klaiman</b> <b>44 Wayland Trail</b> <b>Narragansett, RI 02882</b>	<b>Payroll</b>	<b>01-04-99</b>	<b>\$599.78</b>
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other		
<b>(same as above)</b>	<b>Reimbursement</b>	<b>01-06-99</b>	<b>\$192.58</b>
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other		
<b>(same as above)</b>	<b>Payroll</b>	<b>01-16-99</b> <b>01-29-99</b>	<b>\$899.78</b> <b>\$899.78</b>
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other		
<b>(same as above)</b>	<b>Reimbursement</b>	<b>02-05-99</b> <b>02-11-99</b>	<b>\$81.58</b> <b>\$149.79</b>
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other		
<b>(same as above)</b>	<b>Payroll</b>	<b>02-12-99</b> <b>02-26-99</b>	<b>\$999.78</b> <b>\$999.79</b>
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other		
<b>(same as above)</b>	<b>mileage</b>	<b>03-02-99</b>	<b>\$70.84</b>
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other		
<b>(same as above)</b>	<b>Payroll</b>	<b>03-12-99</b>	<b>\$899.78</b>
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other		
<b>(same as above)</b>	<b>Reimbursement</b>	<b>03-17-99</b>	<b>\$88.78</b>
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other		
<b>Citizens Bank</b> <b>One Citizens Plaza</b> <b>Providence, RI 02903</b>	<b>Payroll Taxes</b>	<b>01-04-99</b>	<b>\$634.39</b>
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other		
			<b>\$7,096.85</b>

SUBTOTAL of Disbursements This Page (optional) ..... >  
 TOTAL This Period (last page this line number only) ..... >

**Operating Expenditures**

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NAME OF COMMITTEE (in Full) **Wayland Committee** **C00344104**

A. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
<b>Citizens Bank</b> <b>One Citizens Plaza</b> <b>Providence, RI 02903</b>	<b>Payroll Taxes</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-16-99</b>	<b>\$634.39</b>
<b>(same as above)</b>	<b>Bank Charges</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-26-99</b>	<b>\$9.81</b>
<b>(same as above)</b>	<b>Payroll Taxes</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-29-99</b>	<b>\$534.39</b>
		<b>02-12-99</b>	<b>\$534.39</b>
		<b>02-26-99</b>	<b>\$534.39</b>
<b>(same as above)</b>	<b>Bank Charges</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>02-26-99</b>	<b>\$16.95</b>
<b>(same as above)</b>	<b>Payroll Taxes</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>03-12-99</b>	<b>\$528.93</b>
<b>Docu-Print Incorporated</b> <b>10 Boyd Avenue</b> <b>East Providence, RI 02914</b>	<b>Printing</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-05-99</b>	<b>\$2,733.32</b>
<b>Trish Gilmore Photography</b> <b>P.O. Box 41402</b> <b>Providence, RI 02940</b>	<b>Photography</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-06-99</b>	<b>\$236.00</b>
<b>Albert Scaramia and Estate of Benjamin</b> <b>1050 Reservoir Avenue</b> <b>Cranston, RI 02910</b>	<b>Rent</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-07-99</b>	<b>\$300.00</b>
<b>(same as above)</b>	<b>Rent</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>02-05-99</b>	<b>\$400.00</b>
		<b>02-25-99</b>	<b>\$400.00</b>

**\$6,769.67**

SUBTOTAL of Disbursements This Page (optional) ... >

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

PAGE	3	OF	8
FOR LINE NUMBER			
17			

**Operating Expenditures**

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NAME OF COMMITTEE (in Full): **Weygard Committee**      C00307060

A. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
<b>Bell Atlantic</b> P.O. Box 958 Providence, RI 02901	<b>Telephone</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	01-07-99	\$336.46
(same as above)	<b>Telephone</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	01-20-99 02-05-99 03-17-99	\$17.11 \$319.20 \$443.20
<b>Psychex Inc.</b> 601 Wampanoag Trail East Providence, RI 02916	<b>Payroll Expenses</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	01-11-99	\$82.40
(same as above)	<b>Payroll Expenses</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	01-31-99 02-10-99 03-10-99	\$9.61 \$416.10 \$72.03
<b>Providence Newspaper Guild</b> 270 Westminster Street Providence, RI 02903	<b>Donation</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	01-15-99	\$390.00
<b>Postmaster</b> 24 Corlies Street Providence, RI 02904	<b>Post Office Box Rental</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	01-20-99	\$32.00
(same as above)	<b>Postage</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	02-17-99	\$320.00
<b>IDS Capital</b> P.O. Box 9115 Macon, GA 31208-9115	<b>Office Equipment</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	01-20-99	\$321.00
(same as above)	<b>Office Equipment</b>		
	For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	02-25-99	\$321.00

\$2,748.13

SUBTOTAL of Disbursements This Page (optional) . . . . . ?  
TOTAL This Period (last page this line further only) . . . . . ?

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

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NAME OF COMMITTEE (if full) **Weyand Committee** ID NUMBER **C00307660**

A. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
<b>I.B.S.</b> <b>2220 Plainfield Pike</b> <b>Cranston, RI 02921</b>	<b>Insurance</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-20-99</b>	<b>\$114.00</b>
B. Full Name, Address and ZIP Code (same as above)	<b>Insurance</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>02-11-99</b> <b>03-17-99</b>	<b>\$114.00</b> <b>\$114.00</b>
C. Full Name, Address and ZIP Code <b>MC</b> <b>P.O. Box 86053</b> <b>Louisville, KY 40286</b>	<b>Telephone</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>01-20-99</b>	<b>\$130.64</b>
D. Full Name, Address and ZIP Code (same as above)	<b>Telephone</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>02-06-99</b> <b>03-17-99</b>	<b>\$333.54</b> <b>\$364.57</b>
E. Full Name, Address and ZIP Code <b>Citizens Bank Visa</b> <b>One Citizens Plaza</b> <b>Providence, RI 02903</b>	<b>Credit Card Payment</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>01-20-99</b>	<b>\$192.45</b> <b>Credit Card Payment</b>
F. Full Name, Address and ZIP Code (same as above)	<b>Credit Card Payment</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>02-11-99</b>	<b>\$1,906.24</b> <b>Credit Card Payment</b>
G. Full Name, Address and ZIP Code (same as above)	<b>Credit Card Payment</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>02-11-99</b>	<b>\$2,966.94</b> <b>Credit Card Payment</b>
H. Full Name, Address and ZIP Code <b>Internal Revenue Service</b> — <b>Andover, MA 05501</b>	<b>Taxes</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>02-25-99</b>	<b>\$1,756.00</b>
I. Full Name, Address and ZIP Code <b>Rhode Island Division of Taxation</b> <b>One Capitol Hill</b> <b>Providence, 02903</b>	<b>Taxes</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>02-25-99</b>	<b>\$1,076.00</b>

\$9,136.28

SUBTOTAL of Disbursements This Page (optional) >

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

**Operating Expenditures**

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NAME OF COMMITTEE (in Full) **Weyand Committee** C00344184

A. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
<b>Rhode Island Division of Taxation</b> <b>One Capitol Hill</b> <b>Providence, RI 02903</b>	<b>Taxes</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>03-02-99</b>	<b>\$480.00</b>
<b>Ricci Properties</b> <b>225 Dean Street</b> <b>Providence, RI 02903</b>	<b>Rent</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>02-26-99</b>	<b>\$900.00</b>
<b>Frazier and Sons Telecommunications</b> <b>43 Baldwin Street</b> <b>East Providence, RI 02814</b>	<b>Telephones</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>02-26-99</b>	<b>\$226.00</b>
<b>American Speedy Printing Centers</b> <b>635 Arnold Road</b> <b>Coventry, RI 02816</b>	<b>Printing Costs</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>03-02-99</b>	<b>\$891.83</b>
<b>Bittersweet Catering</b> <b>103 North Alfred Street</b> <b>Alexandria, VA 22314</b>	<b>Food and Beverage</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-06-99</b>	<b>\$329.45</b> <b>Credit Card</b> <b>MEMO</b>
<b>Hotel Eva</b> <b>Av Da Republica</b> <b>8000, - Faro</b>	<b>Miscellaneous</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-13-99</b>	<b>\$304.93</b> <b>Credit Card</b> <b>MEMO</b>
<b>Rest Tp Sr Vinha</b> <b>R. Do Melo A</b> <b>Lapa, - Lisboa</b>	<b>Food and Beverage</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-16-99</b>	<b>\$444.38</b> <b>Credit Card</b> <b>MEMO</b>
<b>Hotel Tivoli</b> <b>Av Da Liberdade 1985</b> <b>1250, - Lisboa</b>	<b>Miscellaneous</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-16-99</b>	<b>\$437.95</b> <b>Credit Card</b> <b>MEMO</b>
<b>Del Direct Sales</b> <b>P.O. Box 224689</b> <b>Dallas, TX 76222-4688</b>	<b>Computer Supplies</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>01-25-99</b>	<b>\$2,833.94</b> <b>Credit Card</b> <b>MEMO</b>

**\$1,848.93**

SUBTOTAL of Disbursements (this Page optional) .....

TOTAL This Period (last page this line number only) .....

**Operating Expenditures**

Information reported from these Reports may not be sold or used for soliciting contributions or commercial purposes, other than using the name and address of a political committee to solicit contributions from it.

NAME OF COMMITTEE (In Full)

**Weygand Committee**

**C00307690**

A. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
<b>Southwest Airlines</b> <b>P.O. Box 38611</b> <b>Dallas, TX 75236-1811</b>	<b>Travel</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>03-06-89</b>	<b>\$99.00</b> <b>Credit Card</b> <b>MEMO</b>
<b>(name as above)</b>	<b>Travel</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>03-08-89</b>	<b>\$140.00</b> <b>Credit Card</b> <b>MEMO</b>
<b>C Full Name, Address and ZIP Code</b> <b>New England Audio Visual</b> <b>145 Edgemoor Road</b> <b>Warwick, RI 02889</b>	<b>Telephone</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>03-17-89</b>	<b>\$339.48</b> <b>Credit Card</b> <b>MEMO</b>
<b>D. Full Name, Address and ZIP Code</b>  <b>UNITEMIZED DISBURSEMENTS</b>	<b>Purpose of Disbursement</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>Date</b>	<b>Amount</b>  <b>\$2,282.80</b>
<b>E. Full Name, Address and ZIP Code</b>	<b>Purpose of Disbursement</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>Date</b>	<b>Amount</b>
<b>F Full Name, Address and ZIP Code</b>	<b>Purpose of Disbursement</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>Date</b>	<b>Amount</b>
<b>G. Full Name, Address and ZIP Code</b>	<b>Purpose of Disbursement</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>Date</b>	<b>Amount</b>
<b>H. Full Name, Address and ZIP Code</b>	<b>Purpose of Disbursement</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>Date</b>	<b>Amount</b>
<b>I Full Name, Address and ZIP Code</b>	<b>Purpose of Disbursement</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	<b>Date</b>	<b>Amount</b>

SUBTOTAL of Disbursements This Page (optional) . . . . .	<b>\$2,282.80</b>
TOTAL This Period (last page this line number only) . . . . .	<b>\$29,859.26</b>

Transfers to Authorized Committees

FOR LINE NUMBER  
18

Information copied from these Reports may not be sold or used for soliciting contributions or commercial purposes, other than using the name and address of a political committee to solicit contributions from it.

NAME OF COMMITTEE (in Full) **Weygand Committee** C003441894

A. Full Name, Address and ZIP Code	Purpose of Disbursement	Date	Amount
<b>Weygand Committee - FEC # C003441894</b> <b>P.O. Box 7818</b> <b>Warwick, RI 02887-7818</b>	<b>Transfer to Affiliated Committee</b> For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	<b>06-30-99</b>	<b>\$198,931.06</b>
B. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date	Amount
C. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date	Amount
D. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date	Amount
E. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date	Amount
F. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date	Amount
G. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date	Amount
H. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date	Amount
I. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other	Date	Amount

\$198,931.06

\$198,931.06

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

