

**Contributions from Individuals/Persons**

FOR LINE NUMBER  
**11(a)(i)**

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NAME OF COMMITTEE (in Full)

**Weygard Committee**

**C00307680**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date	Amount this pd.
<b>Alan D. Solomon</b> <b>220 Ridgeway Road</b> <b>Weston, MA 02183</b>	<b>President</b>	<b>03-03-99</b>	<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		
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		
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		
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		
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		
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		
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>