

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
ALLIANCE FOR THE WEST

ADDRESS (number and street) Check if different than previously reported
1156 15th STREET NW

CITY, STATE and ZIP CODE
WASHINGTON, DC 20005

RECEIVED
FEDERAL ELECTION
COMMISSION
DEC 3 10 25 AM '98

2. FEC IDENTIFICATION NUMBER
000335133

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
- election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Oct 15 through DEC 3, 1998		
6. (a) Cash on Hand January 1, 19 98 0		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,715³⁰	
(c) Total Receipts (from Line 19)	\$ 11,850	\$ 173,010
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 29,565	\$ 173,010
7. Total Disbursements (from Line 30)	\$ 10,200⁰⁰	\$ 54,545⁰⁰
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 19,364⁰⁰	\$ 118,465⁰⁰
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-884-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 6,120¹⁶	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
WILLIAM D. HARRIS

Signature of Treasurer
William D. Harris

Date
2 DEC 98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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FEC FORM 3X
(revised 9/95)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(1)
i. Itemized (use Schedule A)	350. ⁰⁰	14,710	11(a)(1)(i)
ii. Unitemized	0	700	11(a)(1)(ii)
iii. Total (add i and ii) >	350. ⁰⁰	15,410	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)	11,500. ⁰⁰	58,500	11(d)
d. Total Contributions (add a, b, and c) >	11,850	73,910. ⁰⁰	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	11,850. ⁰⁰	73,910. ⁰⁰	20
20. Total Federal Receipts (subtract line 18 from line 19) >	11,850. ⁰⁰	73,910. ⁰⁰	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i. Federal Share			21(a)(1)(i)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures	2,700. ⁸⁰	15,035. ⁸⁰	21(c)
c. Total Operating Expenditures (add a, i, and b) >	2,700. ⁸⁰	15,035. ⁸⁰	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,500. ⁰⁰	39,510. ⁰⁰	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) >			29
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,200. ⁸⁰	54,545. ⁸⁰	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	10,200. ⁸⁰	54,545. ⁸⁰	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11,850. ⁰⁰	73,910. ⁰⁰	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,850. ⁰⁰	73,910. ⁰⁰	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2,700. ⁸⁰	15,035. ⁸⁰	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	2,700. ⁸⁰	15,035. ⁸⁰	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. PNC'S

NAME OF COMMITTEE (in Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERNST & YOUNG 1225 CONNECTICUT AVE, NW WASHINGTON, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 2,500	10/16/98	\$ 2,500
B. Full Name, Mailing Address and ZIP Code AMERICAN DIETETIC ASSN. 1225 I STREET, STE 1250 WASHINGTON, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 1,000	10/27/98	\$ 1,000
C. Full Name, Mailing Address and ZIP Code AMERICAN SUGAR CANE LEAGUE 600 PENNSYLVANIA AVE, SE WASHINGTON, DC 20003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 1,000	10/27/98	\$ 1,000
D. Full Name, Mailing Address and ZIP Code BELL SOUTH 1133 21 ST STREET, NW, #900 WASHINGTON, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 1,000	10/27/98	\$ 2,500
E. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS 300 MARYLAND AVE, NE WASHINGTON, DC 20002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 1,000	10/27/98	\$ 1,000
F. Full Name, Mailing Address and ZIP Code PROMUS HOTEL CORP. EMPLOYEES 100 DANGERFIELD RD ALEXANDRIA, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 1,000	10/27/98	\$ 1,000
G. Full Name, Mailing Address and ZIP Code SYMMS INC 210 CAMERON ST. ALEXANDRIA, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 500	11/12/98	\$ 500

SUBTOTAL of Receipts This Page (optional)

9,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code
GLAXO - WELLCOME
1500 K ST, NW, #650
WASHINGTON, DC 20005

Receipt For: Primary General
 Other (specify):

Name of Employer
 Occupation
 Date (month, day, year) **11/12/98**
 Aggregate Year-to-Date **> \$ 1,000**

Amount of Each Receipt this Period
\$ 1,000

B. Full Name, Mailing Address and ZIP Code
BLUE-CROSS-BLUE SHIELD
1310 G STREET, NW
WASHINGTON, DC 20005

Receipt For: Primary General
 Other (specify):

Name of Employer
 Occupation
 Date (month, day, year) **11/12/98**
 Aggregate Year-to-Date **> \$ 1,000**

Amount of Each Receipt this Period
\$ 1,000

C. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
 Occupation
 Date (month, day, year)
 Aggregate Year-to-Date **> \$**

Amount of Each Receipt this Period

D. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
 Occupation
 Date (month, day, year)
 Aggregate Year-to-Date **> \$**

Amount of Each Receipt this Period

E. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
 Occupation
 Date (month, day, year)
 Aggregate Year-to-Date **> \$**

Amount of Each Receipt this Period

F. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
 Occupation
 Date (month, day, year)
 Aggregate Year-to-Date **> \$**

Amount of Each Receipt this Period

G. Full Name, Mailing Address and ZIP Code

Receipt For: Primary General
 Other (specify):

Name of Employer
 Occupation
 Date (month, day, year)
 Aggregate Year-to-Date **> \$**

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

2,000

TOTAL This Period (last page this line number only)

11,500

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. **INDIVIDUALS**

NAME OF COMMITTEE (In Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID E SPRINGER 1401 K ST. NW, #400 WASHINGTON, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	WASHINGTON GROUP Occupation: PRINCIPAL Aggregate Year-to-Date > \$ 250	10/27/08	\$350
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$ 350

TOTAL This Period (last page this line number only)

\$ 350

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FDX, INC. 300 MARYLAND AVE, NE WASHINGTON, DC 20002	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	2,700.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2,700.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
NEUMANN FOR SENATE P.O. BOX 2830 JANESVILLE, WI 53547	CANDIDATE U.S. SENATE WISCONSIN	10/19/98	2,500
HOSEMAN FOR U.S. HOUSE P.O. BOX 13632 JACKSON, MS 39236	CANDIDATE U.S. HOUSE MISSISSIPPI	10/21/98	5,000
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

7,500

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<p>ALLIANCE FOR THE WEST</p> <p>A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor</p> <p>THE TOWNSEND GROUP 1510 WOODBINE ST. ALEXANDRIA, VA 22302</p>	6,120 th	Ø	Ø	6,120 th
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	6,120 th
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	6,120 th

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

Date of Receipt

12/3/98

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House office of Records and Registration

Date of Receipt

Received from the Senate Office of Public Records

Date of Receipt

Other (Specify):

Postmarked

and/or Date of Receipt

Electronic Filing

187
PREPARER

12/3/98
DATE PREPARED