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FEC MAIL ROOM
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Alliance for the West
William D. Harris, Treasurer
818 Connecticut Ave. NW #1100
Washington, DC 20006

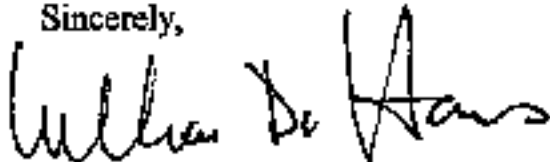
27 February 2000

Mr. Thomas Maxwell III
Reports Analyst
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

Dear Mr. Maxwell:

The revisions to our Q3 2000 report requested in your letter of 2/24/01 are included.
Please let me know if you require anything further.

Sincerely,



William D. Harris,
Treasurer

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2001 MAR -7 A 8:52

(ATTENDED)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
23

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.

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
ROD GRANT 2000 PO BOX 1029 ANOKA, MN 55303	MINN. SENATE 2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-11-00	2,000.00
B. Full Name, Mailing Address and ZIP Code EDITH 2000 PO BOX 3348 BELLEVUE, WA 98009	PURPOSE OF DISBURSEMENT WASHINGTON SENATE 2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-18-00	2,500.00
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)

4500.00

TOTAL This Period (last page this line number only)

4500.00

SCHEDULE A

ITEMIZED RECEIPTS (AMENDED)

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

PAGE 1 OF 1
FOR LINE NUMBER 11 CC

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.

NAME OF COMMITTEE (in Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code MICROSOFT CORP. POL ACTION CMTTEE. 16011 NE 36TH WAY BOX 97077 REDMOND, WA	Name of Employer Occupation Aggregate Year-to-Date > \$ 3000.00	Date (month, day, year) 8-14-00	Amount of Each Receipt this Period 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 8-14-00	Amount of Each Receipt this Period 2,500.00
B. Full Name, Mailing Address and ZIP Code QUWEST EMPLOYEE PAC 5325 ZUNI ST. RM. 724 DENVER, CO 80221	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 8-14-00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code SOCIETY FOR THE RELIEF OF DISTRESSED & DELAYED PILOTS... PAC PO BOX 906 PHILADELPHIA, PA 19105	Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 7-15-00	Amount of Each Receipt this Period 2000.00
D. Full Name, Mailing Address and ZIP Code LOUISIANA PACIFIC CORPORATION FEDERAL PAC 11 SW 5TH AVE. PORTLAND, OR 97204	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	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	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	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	7500.00

SCHEDULE C
(Revised 3/80)

(AMENDED)

LOANS

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

Name of Committee (In Full) ALLIANCE FOR THE WEST			
A. Full Name, Mailing Address and ZIP Code of Loan Source ALLIANCE FOR THE WEST 818 CONNECTICUT AVE. NW #1108 WASHINGTON, DC 20006 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 3,000.⁰⁰	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 3,000.⁰⁰
Terms: Date Incurred 9-17-00 Date Due _____ Interest Rate _____ % (ap) NONE <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source GREAT NORTHWEST CLASSIC COMMITTEE 818 CONNECTICUT AVE. NW #1108 WASHINGTON, DC 20006 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 3,000.⁰⁰	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 3,000.⁰⁰
Terms: Date Incurred 9-19-00 Date Due 11-30-00 Interest Rate _____ % (ap) NONE <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) _____			\$3,000.⁰⁰
TOTALS This Period (last page in this line only) _____			\$3,000.⁰⁰
Carry outstanding balances only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 3-5-01
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SK</i>	3-7-01
PREPARER	DATE PREPARED