

RECEIVED  
FEC MAIL ROOM

**OLDAKER & HARRIS, LLP**

818 CONNECTICUT AVENUE, N.W. 7800 OCT 26 P 3 24  
SUITE 1100  
WASHINGTON, D.C. 20008

TELEPHONE: (202) 728-1010  
FAX (202) 728-4044

26 October 2000

Mr. Neil Evans  
Federal Elections Commission  
999 E St. NW  
Washington, DC 20463

Dear Mr. Evans:

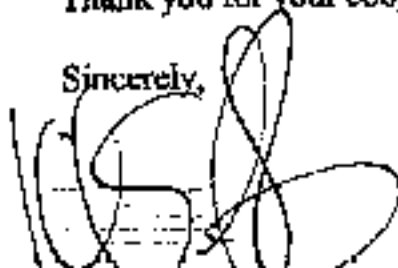
On the basis of our conversations this week I am submitting the attached Pre-Election Report for the Alliance for the West. As we had discussed, the report shows a substantial negative cash balance owing to several earlier accounting errors in handling our Allocation Account transactions.

It appears that several expenditures from the Allocation Account were debited twice to the Federal account - once at the time of the transfer to the Allocation Account and again as a Federal Share of an allocable expenditure. It is our belief that these excess debits total approximately \$13,000.00 resulting in the substantial negative cash balance on the Pre-Election Report though we will need to conduct a detailed review to be certain.

In order to meet the Pre-Election deadline we are submitting the Report as is. We will shortly be filing amended reports as needed to correct these errors and generate a more accurate cash balance figure.

Thank you for your cooperation.

Sincerely,



Keith E. Schutte  
Alliance for the West

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 26 P 3:24

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>ALLIANCE FOR THE WEST</b>		2. FEC IDENTIFICATION NUMBER <b>COO 335133</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>BIB CONNECTICUT AVE. NW #1100</b>		
CITY, STATE and ZIP CODE <b>WASHINGTON, DC 20006</b>		
3. <input type="checkbox"/> 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 GENERAL  
(Type of Election)  
election on 11-7-2000 in the State of DC

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 <u>9-30-00</u> through <u>10-18-00</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 26,938.07
(b) Cash on Hand at Beginning of Reporting Period	\$ (28.19)	
(c) Total Receipts (from Line 19)	\$ 43,099.85	\$ 112,654.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 43,071.66	\$ 139,592.42
7. Total Disbursements (from Line 30)	\$ 53,600.00	\$ 150,220.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ (10,528.34)	\$ (10,528.34)
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 20443 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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. HARTZIS**

Signature of Treasurer

*William D. Hartzis*

Date

10-26-2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X

(revised 8/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 28**

(revised 1/1/91)

NAME OF COMMITTEE <b>ALLIANCE FOR THE WEST</b>	REPORT COVERING PERIOD		
	FROM	TO	
	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year	
<b>Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6250.00	10,500.00	1190
ii. Unitemized	662.00	10,066.50	1190
iii. Total (add i and ii) >	6912.00	20,566.50	1190
b. Political Party Committees	—	—	1191
c. Other Political Committees (such as PACs)	33,878.5	68,187.85	1191
d. Total Contributions (add a ii, b and c) >	40,049.85	94,753.85	1191
12. Transfers From Affiliated/Other Party Committees	—	—	12
13. All Loans Received	—	—	13
14. Loan Repayments Received	3000.00	3000.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	—	—	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	—	—	16
17. Other Federal Receipts (Dividends, Interest, etc.)	—	—	17
18. Transfers from Nonfederal Account for Joint Activity	—	15,000.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	43,049.85	112,754.85	19
20. Total Federal Receipts (subtract line 18 from line 19) >	43,049.85	97,754.85	20
<b>Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	—	21,362.10	2190
ii. Non-Federal Share	—	14,761.19	2190
b. Other Federal Operating Expenditures	600.00	14,502.00	2191
c. Total Operating Expenditures (add a i, a ii, and b) >	600.00	50,625.29	2191
22. Transfers to Affiliated/Other Party Committees	—	6545.47	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	53,000.00	65,000.00	23
24. Independent Expenditures (use Schedule E)	—	—	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)	—	—	25
26. Loan Repayments Made	—	—	26
27. Loans Made	—	3000.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	—	—	28a
b. Political Party Committees	—	—	28b
c. Other Political Committees (such as PACs)	—	5000.00	28c
d. Total Contribution Refunds (add a, b and c) >	—	5000.00	28d
29. Other Disbursements	—	—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	53,600.00	150,220.76	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	53,600.00	125,858.66	31
<b>Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)	40,049.85	94,764.35	32
33. Total Contribution Refunds (from line 28d)	—	5000.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	40,049.85	89,764.35	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	600.00	35,864.10	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) >	600.00	35,864.10	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11a1

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

DONALD J. FIERCE  
3414 SLEEPY HOLLOW RD.  
FALLS CHURCH, VA

Name of Employer

FIERCE, J. ISAKOWITZ

Date (month, day, year)

10-16-00

Amount of Each Receipt this Period

1,000.<sup>00</sup>

Receipt For:  Primary  General  Other (specify):

Occupation

LOBBYIST

Aggregate Year-to-Date

1000.<sup>00</sup>

B. Full Name, Mailing Address and ZIP Code

MICHAEL BOZIK  
7730 MEDICINE BOW, CIR.  
INDIAN WELLS, CA 92210

Name of Employer

EDWARD  
BAGDASARIAN, INC.

Date (month, day, year)

10-16-00

Amount of Each Receipt this Period

1,000.<sup>00</sup>

Receipt For:  Primary  General  Other (specify):

Occupation

PRESIDENT

Aggregate Year-to-Date

1000.<sup>00</sup>

C. Full Name, Mailing Address and ZIP Code

THOMAS N. OSAGA  
US HWY. 20  
HALEY, ID 83333

Name of Employer

SELF-EMPLOYED

Date (month, day, year)

Amount of Each Receipt this Period

4,000.<sup>00</sup>

Receipt For:  Primary  General  Other (specify):

Occupation

LAUNCHER

Aggregate Year-to-Date

4000.<sup>00</sup>

D. Full Name, Mailing Address and ZIP Code

JAMES G. HEATHER  
10045 CREEK TRAIL CIR.  
STOCKTON, CA 95209

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

250.<sup>00</sup>

Receipt For:  Primary  General  Other (specify):

Occupation

Aggregate Year-to-Date

\$250.<sup>00</sup>

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  Other (specify):

Occupation

Aggregate Year-to-Date

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  Other (specify):

Occupation

Aggregate Year-to-Date

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  Other (specify):

Occupation

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$6250.<sup>00</sup>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3

FOR LINE NUMBER 11 C

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 committees.

NAME OF COMMITTEE (in Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code

DUPONT GOOD GOVERNMENT FUND  
PO Box 80268  
WILMINGTON, DE 19880

Name of Employer

Date (month, day, year)

10/11/00

Amount of Each Receipt this Period

1,000.<sup>00</sup>

Receipt For:  Primary  General  Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1,000.<sup>00</sup>

B. Full Name, Mailing Address and ZIP Code

RESPONSIBLE CITIZENS POLITICAL LEAGUE  
3 RESEARCH PL.  
ROCKVILLE, MD 20850

Name of Employer

Date (month, day, year)

10/16/00

Amount of Each Receipt this Period

5,000.<sup>00</sup>

Receipt For:  Primary  General  Other (specify):

Occupation

Aggregate Year-to-Date > \$ 5,000.<sup>00</sup>

C. Full Name, Mailing Address and ZIP Code

SABRE, INC. PAC  
1101 17TH ST. NW #602  
WASHINGTON, D.C. 20036

Name of Employer

Date (month, day, year)

10/16/00

Amount of Each Receipt this Period

2,000.<sup>00</sup>

Receipt For:  Primary  General  Other (specify):

Occupation

Aggregate Year-to-Date > \$ 2,000.<sup>00</sup>

D. Full Name, Mailing Address and ZIP Code

ENRON CORP. PAC  
1400 SMITH SUITE E81903  
HOUSTON, TX 77002

Name of Employer

Date (month, day, year)

10/16/00

Amount of Each Receipt this Period

1,000.<sup>00</sup>

Receipt For:  Primary  General  Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1,000.<sup>00</sup>

E. Full Name, Mailing Address and ZIP Code

BELL SOUTH FED-PAC  
1133 21st St. #900  
WASHINGTON, DC 20036

Name of Employer

Date (month, day, year)

10/16/00

Amount of Each Receipt this Period

2,000.<sup>00</sup>

Receipt For:  Primary  General  Other (specify):

Occupation

Aggregate Year-to-Date > \$ 2,000.<sup>00</sup>

F. Full Name, Mailing Address and ZIP Code

CAREER COLLEGE ASSN. PAC  
10 G. ST. NE #750  
WASHINGTON, DC 20002

Name of Employer

Date (month, day, year)

10/16/00

Amount of Each Receipt this Period

2,000.<sup>00</sup>

Receipt For:  Primary  General  Other (specify):

Occupation

Aggregate Year-to-Date > \$ 3,000.<sup>00</sup>

G. Full Name, Mailing Address and ZIP Code

MICROSOFT CORP. PAC  
16011 NE 26TH WAY  
REDMOND, WA 98073

Name of Employer

Date (month, day, year)

10/16/00

Amount of Each Receipt this Period

2,000.<sup>00</sup>

Receipt For:  Primary  General  Other (specify):

Occupation

Aggregate Year-to-Date > \$ 4,000.<sup>00</sup>

SUBTOTAL of Receipts This Page (optional)

15,000.<sup>00</sup>

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 3  
FOR LINE NUMBER 11 C

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FPL PAC 700 UNIVERSE BLVD. JUNO BEACH, FL 33408		10/16/00	1,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000. <sup>00</sup>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRNA PAC 412 FIRST ST. SE #12 WASHINGTON, DC 20003		10/16/00	1,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000. <sup>00</sup>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDISON INTL. PAC 2244 WALNUT GROVE AVE. ROSENHED, CA 91770		10/20/00	5,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000. <sup>00</sup>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALBERTSON'S INC PAC PO BOX 20 BOISE, ID 83726		10/20/00	2,500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,500. <sup>00</sup>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAIFA PAC 2901 TELESTAR CT. FALLS CHURCH, VA 22042		10/20/00	2,500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500. <sup>00</sup>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SOUTHERN COMPANY PAC 1130 CONNECTICUT AVE NW #530 WASHINGTON DC 20036		10/19/00	2,500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500. <sup>00</sup>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RJR PAC PO BOX 718 - 401 NORTH PLAIN ST. WINSTON SALEM, NC 27102		10-19-00	1,800. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,800. <sup>00</sup>	

SUBTOTAL of Receipts This Page (optional)

15,500.<sup>00</sup>

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3  
FOR LINE NUMBER 12

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

Pinnacle West Pac  
400 North 5th St.  
Phoenix, AZ 85004

Name of Employer

Date (month, day, year)

10-19-00

Amount of Each Receipt this Period

4,000.00

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date > \$

1,000.00

B. Full Name, Mailing Address and ZIP Code

REALTORS PAC  
430 North Michigan Ave.  
Chicago IL 60611

Name of Employer

Date (month, day, year)

10-19-00

Amount of Each Receipt this Period

1,000.00

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date > \$

1,000.00

C. Full Name, Mailing Address and ZIP Code

Great Northwest Classic Cttee.  
818 Connecticut Ave. NW #1100  
Washington, DC 20006

Name of Employer

Date (month, day, year)

10-14-00

Amount of Each Receipt this Period

687.85

Receipt For:

Primary

General

Other (specify):

Occupation

Aggregate Year-to-Date > \$

687.85

D. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary

General

Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

2,687.85

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 21b

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 Expenses	Date (month, day, year)	Amount of Each Disbursement This Period
TOWNSEND GROUP 429 W. ST. ASAPH ST. ALEXANDRIA, VA	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		600.00
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 (sum page like line number only)



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be 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)

ALUMNAE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STENBERG FOR SENATE 2000 12100 WEST CENTER RD. OMAHA, NE 68144	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-00	5,000. <sup>00</sup>
ASHCROFT FOR SENATE 2000 2326 MILLPARK DR. ST. LOUIS, MO 63043	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-00	4,500. <sup>00</sup>
BUSH DTEP FOR CONGRESS 2000 PO Box 1456 BOISE, ID 83701	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-14-00	2,500. <sup>00</sup>
SLADE GORTON FOR SENATE 2000 PO Box 3348 BELLINGHAM, WA 98009	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000. <sup>00</sup>
CONRAD BURNS FOR SENATE 2000 PO Box 1532 BILLINGS, MT 59103	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000. <sup>00</sup>
ROD GRANT FOR SENATE 2000 PO Box 1029 ANDOKA, MN 55303	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000. <sup>00</sup>
SPENCER ABRAHAM FOR SENATE 2000 26555 EVERGREEN RD. SOUTHFIELD, MI 48028	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000. <sup>00</sup>
WILLIAM ROTH FOR SENATE 2000 PO Box 105 WILMINGTON, DE 19899	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-00	5,000. <sup>00</sup>
RICK LAZIO FOR SENATE 2000 3 EAST MAIN ST. BAYSHORE, NY 11706	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-00	5,000. <sup>00</sup>

SUBTOTAL of Disbursements This Page (optional)

42,000.<sup>00</sup>

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be 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 obtain contributions from such committee.

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
BILL MCCOLLUM FOR SENATE 2000 605 EAST ROBINSON ST. #205 ORLANDO, FL 32801	CONTRIBUTION	10-23-00	\$5,000. <sup>00</sup>
BOB FRANKS FOR SENATE 2000 934 STUYVESANT AVE. UNION, NJ 07083	CONTRIBUTION	10-23-00	\$5,000. <sup>00</sup>
MIKE DELBINE FOR SENATE 2000 PO Box 340188 COLUMBUS, OH 43234	CONTRIBUTION	10-23-00	\$1,000. <sup>00</sup>
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)

11,000.<sup>00</sup>

TOTAL This Period (see page this line number only)

53,000.<sup>00</sup>

**LOANS**

Name of Debtor (in full) <b>ALLIANCE FOR THE WEST</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>ALLIANCE FOR THE WEST 818 CONNECTICUT AVE. NW #1100 WASHINGTON, DC 20006</b>	Original Amount of Loan <b>\$3,000.<sup>00</sup></b>	Cumulative Payment To Date <b>\$3,000.<sup>00</sup></b>	Balance Outstanding at Close of This Period <b>0</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <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			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <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) .....			
TOTALS This Period (last page in this line only) .....			
Carry outstanding balance 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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10-26-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
JG PREPARER	10-26-00 DATE PREPARED