

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION MAIL ROOM

Jul 30 1 52 PM '99

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

ADDRESS (number and street)  Check if different than previously reported  
**818 CONNECTICUT AVENUE, STE 106**

CITY, STATE and ZIP CODE  
**WASHINGTON, DC 20006**

2. FEC IDENTIFICATION NUMBER  
**C00335133**

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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 <u>JAN. 1, 1999</u> through <u>JUNE 30, 1999</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 17,658. <sup>63</sup>
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,658. <sup>63</sup>	
(c) Total Receipts (from Line 1B)	\$ 34,310	\$ 34,310
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 51,968. <sup>63</sup>	\$ 51,968. <sup>63</sup>
7. Total Disbursements (from Line 3C)	\$ 40,434. <sup>48</sup>	\$ 40,434. <sup>48</sup>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,534. <sup>15</sup>	\$ 11,534. <sup>15</sup>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9680 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ —	

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  
**7/30/99**

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

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

E OF COMMITTEE

ALLIANCE FOR THE WEST

REPORT COVERING PERIOD

FROM JAN 1, 1999

TO: JUNE 30, 1999

	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	4,200	4,200	11(a)
ii. Unitemized .....	110	110	11(b)
iii. Total ..... (add i and ii) >	4,310	4,310	11(c)
b. Political Party Committees .....			11(d)
c. Other Political Committees (such as PACs) .....	29,000	29,000	11(e)
d. Total Contributions ..... (add a iii, b and c) >	33,310	33,310	11(f)
12. Transfers From Affiliated/Other Party Committees .....			12
13. All Loans Received .....			13
14. Loan Repayments Received .....			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	1,000	1,000	16
17. Other Federal Receipts (Dividends, Interest, etc.) .....			17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	34,310	34,310	19
20. Total Federal Receipts ..... (subtract line 18 from line 19) >	34,310	34,310	20
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			21(a)
ii. Non-Federal Share .....			21(b)
b. Other Federal Operating Expenditures .....	26,647.64	26,647.64	21(c)
c. Total Operating Expenditures ..... (add a i, a ii, and b) >	26,647.64	26,647.64	21(d)
22. Transfers to Affiliated/Other Party Committees .....			22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	13,786.84	13,786.84	23
24. Independent Expenditures (use Schedule E) .....			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made .....			26
27. Loans Made .....			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....			28(a)
b. Political Party Committees .....			28(b)
c. Other Political Committees (such as PACs) .....			28(c)
d. Total Contribution Refunds ..... (add a, b and c) >			28(d)
29. Other Disbursements .....			29
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	40,434.48	40,434.48	30
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30) >	40,434.48	40,434.48	31
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	33,310	33,310	32
33. Total Contribution Refunds (from line 28d) .....	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	33,310	33,310	34
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b) >	40,434.48	40,434.48	35
36. Offsets to Operating Expenditures (from line 15) .....			36
37. Net Operating Expenditures ..... (subtract line 36 from 35) >	40,434.48	40,434.48	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 11C

PAC'S

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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
THE AMALGAMATED SUGAR CO. PAC P.O. BOX 1520 OGDEN, UT 84402		1/14/99	3,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 3,000
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VOJNOVICH FOR SENATE 25201 CHAGRIN BLVD., STE 200 BEACHWOOD, OHIO 44122	REFUNDED CONTRIBUTION	1/21/99	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1,000
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THE IRVINE COMPANY EMPLOYEES PAC (OKA ICE PAC) 550 NEWPORT CENTER DR. NEWPORT BEACH, CA 92658		3/8/99	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1,000
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RITE AID PAC P.O. BOX 3165 HARRISBURG, PA 17105		4/13/99	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1,000
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CYMAX PAC EXPRESS MAX MINERALS P.O. BOX 3299 ENGLEWOOD, CO 80112		5/6/99	5,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 5,000
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SACRED CLUB INTERNATIONAL P.O. BOX 159 WAPATO, WASHINGTON 98951		5/6/99	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1,000
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.S. WEST PAC 5325 ZUNI ST, RM 630 DENVER, CO 80221		5/4/99	3,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 3,000

SUBTOTAL of Receipts This Page (optional)

15,000

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 **116**

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**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
<b>WINE &amp; SPIRIT WHOLESALERS</b> <b>805 15<sup>th</sup> ST, NW, STE 430</b> <b>WASHINGTON, DC 20005</b>		<b>6/15/99</b>	<b>2,500</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <b>2,500</b>	
<b>AMERICAN TRUCKING P&amp;L</b> <b>430 FIRST ST, SE</b> <b>WASHINGTON, DC 20003</b>		<b>6/15/99</b>	<b>1,000</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <b>1,000</b>	
<b>CAREER COLLEGE ASSOC</b> <b>10 G STREET, NE, STE. 750</b> <b>WASHINGTON, DC 20002</b>		<b>6/15/99</b>	<b>1,500</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <b>1,500</b>	
<b>POWER P&amp;L</b> <b>EDISON ELECTRIC INSTITUTE</b> <b>1299 PENNSYLVANIA AVE, NW</b> <b>WASHINGTON, DC 20004</b>		<b>6/15/99</b>	<b>1,000</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <b>1,000</b>	
<b>GENERAL ELECTRICAL</b> <b>1299 PENNSYLVANIA AVE, NW</b> <b>WASHINGTON, DC 20004</b>		<b>6/15/99</b>	<b>1,000</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <b>1,000</b>	
<b>R. DUFFY WALL ASSOC. P&amp;L</b> <b>601 13<sup>th</sup> ST, NW STE 410</b> <b>WASHINGTON, DC 20005</b>		<b>6/24/99</b>	<b>1,000</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <b>1,000</b>	
<b>AANA P&amp;L</b> <b>222 SOUTH PROSPECT AVE</b> <b>DRY RIDGE, IL 60008</b>		<b>6/24/99</b>	<b>1,000</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <b>1,000</b>	

**SUBTOTAL** of Receipts This Page (optional) .....

**9,000**

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

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NAME OF COMMITTEE (In Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code RJR POLITICAL ACTION COMMITTEE P.O. BOX 718 WINSTON-SALEM, NC 27102	Name of Employer  Occupation	Date (month, day, year) 4/24/99	Amount of Each Receipt this Period 1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code AFLAC INCORPORATED A MULTI CANDIDATE COMMITTEE AFLAC CENTER COLUMBUS, GA 31909	Name of Employer  Occupation	Date (month, day, year) 4/24/99	Amount of Each Receipt this Period 5,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....	4,000
TOTAL This Period (last page this line number only) .....	30,000

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER

11a

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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
STEVEN D. SYMMS 210 CAMERON ST. ALEXANDRIA, VA 22314	SYMMS, LEHN, ASSOC	2/18/99	500
	Occupation: PRESIDENT / LOBBYIST	3/8/99	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code RALPH W. GIRTON P.O. BOX 826 BELLEVUE, ID 83313	Name of Employer: RETIRED	Date (month, day, year): 3/8/99	Amount of Each Receipt this Period: 1,000
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code E. HADLEY STUDT BOX 126 BELLEVUE, ID 83313	Name of Employer: RETIRED	Date (month, day, year): 3/8/99	Amount of Each Receipt this Period: 500
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code JOHN MORAN 125 WORTH AVE, STE 202 PALM BEACH, FL 33480	Name of Employer: RETIRED	Date (month, day, year): 5/24/99	Amount of Each Receipt this Period: 1,000
	Occupation:		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
E. Full Name, Mailing Address and ZIP Code PATRICK RAPPANELLO 1161 OLD GATE COURT MCLEAN, VA 22102	Name of Employer: PRYKE WATERHOUSE, COOPER	Date (month, day, year): 4/15/99	Amount of Each Receipt this Period: 200
	Occupation: LOBBYIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
F. Full Name, Mailing Address and ZIP Code MICHAEL TONGOUR 601 PENNSYLVANIA AVE, NW #404 WASHINGTON, DC 20004	Name of Employer: TONGOUR, SCOTT	Date (month, day, year): 6/15/99	Amount of Each Receipt this Period: 500
	Occupation: LOBBYIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

4,200

TOTAL This Period (last page this line number only)

4,200

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 21 B

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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
U.S. SENATE RESTAURANTS 1ST ST. 1 <sup>ST</sup> CRT, NE WASHINGTON, DC 20510	CATERING FOR CONGRESSIONAL EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/99	1,244.36
PICA DELI GOURMET 4536 LEE HIGHWAY ARLINGTON, VA 22207	CATERING FOR CONGRESSIONAL EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/99	466.55
REPUBLICAN NATIONAL COMM. 310 FIRST ST., SE WASHINGTON	VIDEO TAPING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/99	75.00
THE TOWNSEND GROUP 1510 WOODBINE ST ALEXANDRIA, VA 22302	FUNDRAISING / ADMINISTRATIVE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/21/99 3/30/99 4/21/99	6,204.94 5,121.03 5,120.71
ORACLE CATERING 1612 FOURTEENTH ST, NW WASHINGTON, DC 20009	CATERING MONTHLY MEETINGS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/99 5/6/99 6/29/99	106.12 174.72 172.72
MIKE WARE 4901 OLD DOMINION RD. ARLINGTON, VA 22207	RE-INBURSEMENT FOR MEAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/99	85.00
KEN BURGESS 7200 McMULLEN ST. POISE, ID 83709	RE-INBURSEMENT FOR POSTAL EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/99 5/6/99	58.00 100.00
U.S. POSTMASTER	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/99	1,000

SUBTOTAL of Disbursements This Page (optional)

19,929.41

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 **218**

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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
MERRIL ASSOCIATES 12500 NORTHEAST 10 <sup>th</sup> Pkwy BELLEVUE, WA 98005	LIST RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/99	57. <sup>07</sup>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PROGRESS PRESS 2922 NICHOLAS AVE, NE ROANOKE, VA 24012	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/99	1,971. <sup>88</sup>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COLOR TREE 2519 BRITTONS HILL RD. RICHMOND, VA 23230	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/99	53. <sup>83</sup>
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ORION DIRECT 14320-B SULLYFIELD CIRCLE CHANTILLY, VA 20151	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/99	449. <sup>65</sup>
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMERCE PRINTING 7513 CONNELLY DR, STE E HANOVER, MD 21076	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/99	1265. <sup>00</sup>
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PROSPECT HALL SHOOTING CLUB ROUTE 1, BOX 370 KEARNEYVILLE, WV 25430	CATERING, HALL RENTAL, SUPPLIES FOR EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16/99	2,000
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

**6,718.<sup>23</sup>**

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

**26,617.<sup>64</sup>**



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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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
JOHN KYL FOR SENATE P.O. BOX 10246 PHOENIX, AZ 85064	RE-ELECTION U.S. SENATE ARIZONA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/99	1,000
JEFFORDS FOR VERMONT P.O. BOX 246 MONTPELIER, VT 05601	RE-ELECTION U.S. SENATE VERMONT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/99	1,000
ASHCROFT 2000 8225 CLAYTON RD ST. LOUIS, MO 63117	RE-ELECTION U.S. SENATE MISSOURI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/8/99 6/29/99	1,000 3,000
ROTH FOR SENATE COMMITTEE P.O. BOX 105 WILMINGTON, DE 19809	RE-ELECTION U.S. SENATE DELAWARE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16/99	1,000
ABRAHAM FOR SENATE 2000 26600 TELEGRAPH RD. #410 SOUTHFIELD, MI 48034	RE-ELECTION U.S. SENATE MICHIGAN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/99	3,000
LINCOLN CHAFFEE FOR SENATE P.O. BOX 7329 WARWICK, RI 02887	ELECTION FOR U.S. SENATE RHODE ISLAND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/99	2,000
THE TOWNSEND GROUP 1510 WOODBINE ST. ALEXANDRIA, VA 22302	REIMBURSEMENT FOR IN-KIND DINNER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/99	1,786. <sup>84</sup>
BAROLO RESTAURANT 223 PENNSYLVANIA AVE, SE WASHINGTON, DC	MEAL EXPENSES FOR IN-KIND TO MIKE SIMPSON FOR CONGRESS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/99	1,786. <sup>84</sup> MEMO
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

13,786.<sup>84</sup>

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.

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