

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -8 A 11:46

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Alliance For The West		2. FEC IDENTIFICATION NUMBER 00335133
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 818 Connecticut Ave. NW #1100		
CITY, STATE and ZIP CODE Washington, DC 20006		
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 _____
(Type of Election)
election on _____ in the State of _____

30-Day Post-Election Report following the General Election
on 11-7-2000 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	_____ through _____		
6. (a)	Cash on Hand January 1, 19 <u>2000</u>		\$ 31,937.97
(b)	Cash on Hand at Beginning of Reporting Period	\$ 3688.89	
(c)	Total Receipts (from Line 10)	\$ 13250.00	\$ 126004.35
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 16938.89	\$ 157942.32
7.	Total Disbursements (from Line 30)	\$ 14615.91	\$ 155619.34
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2322.98	\$ 2322.98
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ _____	For further information contact: Federal Election Commission 333 E Street, NW Washington, DC 20462 Toll Free 800-424-9630 Local 202-884-1100
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		Date	
		12-6-2000	

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 3X**

(revised 11/91)

NAME OF COMMITTEE ALLIANCE FOR THE WEST	REPORT COVERING PERIOD FROM 10-19-00 TO 11-27-00		
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3250.00	13750.00	11(a)(1)
ii. Unitemized	---	16066.50	11(a)(ii)
iii. Total (add i and ii) >	3250.00	29816.50	11(a)(iii)
b. Political Party Committees	---	---	11(b)
c. Other Political Committees (such as PACs)	10,000.00	76187.85	11(c)
d. Total Contributions (add a ii, b and c) >	13250.00	108,004.35	11(d)
12. Transfers From Affiliated/Other Party Committees	---	---	12
13. All Loans Received	---	---	13
14. Loan Repayments Received	---	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	---	15000.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	13250.00	124,004.35	19
20. Total Federal Receipts (subtract line 18 from line 19) >	13,250.00	111,004.35	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	---	15383.19	21(a)(i)
ii. Non-Federal Share	---	13777.56	21(a)(ii)
b. Other Federal Operating Expenditures	4030.00	24672.73	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	4030.00	54033.43	21(c)
22. Transfers to Affiliated/Other Party Committees	4585.91	4585.91	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6000.00	89000.00	23
24. Independent Expenditures (use Schedule E)	---	---	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441b(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	---	---	28(a)
b. Political Party Committees	---	---	28(b)
c. Other Political Committees (such as PACs)	---	5000.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	---	5000.00	28(d)
29. Other Disbursements	---	---	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14615.91	138619.34	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	14615.91	141,641.78	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	13250.00	108004.35	32
33. Total Contribution Refunds (from line 28d)	---	5000.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	13250.00	103004.35	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	4030.00	40055.87	35
36. Offsets to Operating Expenditures (from line 15)	---	---	36
37. Net Operating Expenditures (subtract line 35 from 36) >	4030.00	40065.87	37

SCHEDULE A

ITEMIZED RECEIPTS

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 RICHARD A. KALBERGER 77 LONDONDERRY DR. GREENWICH, CT 06830	Name of Employer United States Tobacco, Inc.	Date (month, day, year) 10-27-00	Amount of Each Receipt this Period 1000.⁰⁰
	Occupation Executive	Aggregate Year-to-Date > \$ 1000.⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code DAVID R. ZIGAS 110 CHASE LN. APT 105, CA 95003	Name of Employer	Date (month, day, year) 10-27-00	Amount of Each Receipt this Period 250.⁰⁰
	Occupation	Aggregate Year-to-Date > \$ 250.⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code PHILLIP HANBY PO BOX 3040 WINTER PARK, FL 32740	Name of Employer	Date (month, day, year) 11-9-00	Amount of Each Receipt this Period 2000.⁰⁰
	Occupation	Aggregate Year-to-Date > \$ 2000.⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	3250.⁰⁰
TOTAL This Period (last page this line number only)	3250.⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11(C)

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NAME OF COMMITTEE (In Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code
CREDIT UNION LEGISLATIVE ACTION COUNCIL
805 15TH ST. NW #300
WASHINGTON, DC 20005

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

10-27-00

5000.⁰⁰

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 5000.⁰⁰

B. Full Name, Mailing Address and ZIP Code
AUCTION MARKET PAR OF THE CHICAGO BOARD OF TRADE
141 W. JACKSON BLVD.
CHICAGO, IL 60604

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

11-9-00

1000.⁰⁰

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 1000.⁰⁰

C. Full Name, Mailing Address and ZIP Code
GLAXO WELLCOME POL. ACTION CMTE.
5 MOORE DR.
RESEARCH TRIANGLE PARK, NC 27709

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

11-9-00

2000.⁰⁰

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 2000.⁰⁰

D. Full Name, Mailing Address and ZIP Code
BLUE CROSS BLUE SHIELD ASSN. PAR
1310 E. ST. NW #1200
WASHINGTON, DC 20005

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

11-9-00

2000.⁰⁰

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$ 2000.⁰⁰

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For: Primary General
 Other (specify):

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

Occupation

Receipt For: Primary General
 Other (specify):

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

Occupation

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

10,000.⁰⁰

TOTAL This Period (last page this line number only)

\$ 10,000.⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21 (b)

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
KEITH G. SCHWETZ 818 CONNECTICUT AVE NW WASHINGTON, DC 20006	FEES-PAC ADMINISTRATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-27-00	4000. ⁰⁰
FIRST UNION BANK PO Box 40031 ROANOKE, VA 24022	BANK SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-00	30. 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)

4030.⁰⁰

TOTAL This Period (last page this line number only)

4030.⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
ALLIANCE FOR THE WEST STATE ACCOUNT 818 CONNECTICUT AVE. NW #1100 WASHINGTON, DC 20006	REFUND - Q1 EXCESS TRANSFER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-27-00	4585.91
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)	4585.91

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 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
SANTORUM FOR SENATE 436 South Main St. PITTSBURGH, PA 15220	PA SENATE / 2000	10-30-00	2600.00
THOMAS FOR SENATE PO BOX 1580 CARPER, WY 82602	WY SENATE / 2000	11-6-00	2500.00
HEATHER WILSON FOR CONGRESS PO BOX 14070 ALBUQUERQUE, NM 87191	HOUSE / NM-1 / 2000	11-6-00	10.00.00
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)

6000.00

TOTAL This Period (last page this line number only)

\$6000.00

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) 12/4/08
<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	
 J.A.O. PREPARER	 12/8/08 DATE PREPARED