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FEC MAIL ROOM

2000 DEC -5 P 12:06

November 28, 2000

Mr. Thomas F. Maxwell III
Reports Analyst
Federal Election Commission
Washington, DC

Dear Mr. Maxwell:

We have received your letter of 11/8/2000 regarding our First and Second Quarter Reports for the Alliance for the West. I understand that you have been in extensive conversations with my associate, Keith Schuette, over the past days and that all outstanding issues can be resolved by our filing of Amended Reports. While some of these issues were previously discussed and agreed with your predecessor, we believe that we have now fully accommodated your concerns.

The following are the steps we have taken in response to your 11/8/2000 letters and subsequent conversations (issues follow in order of your letters):

Quarter 1:

1. Corrections have been made to Schedule H4 as requested.
2. Corrections have been made to Schedule H4 as requested.
3. Corrections have been made to Schedule H4 as requested.
4. As instructed, we have created a new H2 Event Category called "General Fundraising" (abbreviated GF) and applied this to the appropriate H4 entries.

5. The Items in question here has been moved from the Schedule H4 and entered on a new Schedule B for line 21(b) as they were 100% Federal expenditures.
6. Corrections have been made to Schedule H4 as requested; some items have been moved to Schedule B for Line 21(b).
7. The appropriate changes have been made to Schedule H3 as instructed in telephone conversations.
8. Appropriate changes have been made to H4 and new Schedule B entries for line 21(b) have been made.
9. Coverage dates are provided.
10. As instructed, we have today transferred the amount of \$4585.91 from our Federal Account to the Non-Federal Account (this being the differential between the \$10,000.00 transfer in and the actual Non-Federal share of Allocated Expenses (\$5414.09).

Quarter 2:

1. The Q2 designation for the Allen contribution was an inadvertent error. Schedule B for line 23 has now been amended to reflect the contribution as having been made for the General Election.
2. The negative cash balance issue has been resolved by the above-noted changes to our Q1 report.
3. Requested details on contributors are included on an amended Schedule A for line 11(b).
4. Schedule B for line 23 has been amended to provide the information requested.
5. The entry on line 22 has been removed as a result of the actions taken in our Q1 amendment.
6. Schedule H4 has been amended as requested.

7. Schedule B for line 21(b) has been amended as requested.
8. Schedule H4 for line 21(a) has been amended as requested.
9. Schedule H4 for line 21(a) has been amended to include Year-to-Date totals.
10. Following the Q1 revisions, a new category (General Fundraising) has been created and applied to Schedule H4.
11. Schedule H3 has been amended as requested.
12. Schedule H3 has been amended as requested.

Our Amended Reports reflecting these changes are included. We are also preparing amendments to subsequent reports occasioned by these changes and should have these available shortly. Please call us if you have any further questions.

I hope that this clarifies the matters raised in your letter.

Sincerely,



William D. Harris, Treasurer
Alliance for the West

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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2000 DEC -5 P 12:06

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ALLIANCE FOR THE WEST		2. FEC IDENTIFICATION NUMBER C00335133
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 multi-candidate 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 <u>1-1-2000</u> through <u>3-30-2000</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 26,938.07
(b) Cash on Hand at Beginning of Reporting Period	\$ 26,938.07	
(c) Total Receipts (from Line 10)	\$ 29,628.00	\$ 29,628.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 56,566.07	\$ 56,566.07
7. Total Disbursements (from Line 30)	\$ 25,278.02	\$ 25,278.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 31,288.05	\$ 31,288.05
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 800-424-9630 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
11-28-2000

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE ALLIANCE FOR THE WEST		REPORT COVERING PERIOD FROM 1-1-2000 TO 3-30-2000		
		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 (see Schedule A)	2000.00	3000.00	11(a)(i)
ii.	Unitemized	8128.00	8128.00	11(a)(ii)
H.	Total	11128.00	11128.00	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)	8500.00	8500.00	11(c)
d.	Total Contributions	19628.00	19628.00	11(d)
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			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Non-Federal Account for Joint Activity	10000.00	10000.00	18
19.	Total Receipts	29628.00	29628.00	19
20.	Total Federal Receipts	19628.00	19628.00	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	5414.08	5414.08	21(a)(i)
ii.	Non-Federal Share	5414.09	5414.09	21(a)(ii)
b.	Other Federal Operating Expenditures	5949.85	5949.85	21(b)
c.	Total Operating Expenditures	16778.02	16778.02	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	8500.00	8500.00	23
24.	Independent Expenditures (see Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441c(d)) (see 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			28(d)
29.	Other Disbursements			29
30.	Total Disbursements	25278.02	25278.02	30
31.	Total Federal Disbursements	19863.93	19863.93	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) from line 11(d)	19628.00	19628.00	32
33.	Total Contribution Refunds (from line 28(d))			33
34.	Net Contributions (other than loans) (subtract line 33 from line 32)	19628.00	19628.00	34
35.	Total Federal Operating Expenditures	11863.93	11863.93	35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures	11863.93	11863.93	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (a) (1)

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 Mr. David Norcross 10 West Rosemont Ave. Arlington, VA	Name of Employer BLANK, ROTTE, CONROY & McCauley Attorney	Date (month, day, year) 1-22-00	Amount of Each Receipt this Period 1,000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1,000. ⁰⁰		
B. Full Name, Mailing Address and ZIP Code Mr. Kenneth Ferguson 4820 Hwy. #7 #720 St. Louis Park, MN 55416	Name of Employer	Date (month, day, year) 2-20-00	Amount of Each Receipt this Period 2,000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 2		
C. 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):	Aggregate Year-to-Date > 3		
D. 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):	Aggregate Year-to-Date > 4		
E. 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):	Aggregate Year-to-Date > 5		
F. 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):	Aggregate Year-to-Date > 6		
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):	Aggregate Year-to-Date > 7		

SUBTOTAL of Receipts This Page (optional)

3,000.⁰⁰

TOTAL This Period (last page this line number only)

3,000.⁰⁰

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)

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
NATIONAL RIFLE ASSOC. / INSTITUTE FOR LEGISLATIVE ACTION 11250 WINDLES MILL RD. FAIRFAX, VA 22030	Occupation	1-4-00	5,000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000. ⁰⁰		
B. Full Name, Mailing Address and ZIP Code AMERICAN SUGAR CANE LEAGUE PAC PO BOX 938 THIBODAUX, LA 70302	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	1-4-00	2,500. ⁰⁰
Aggregate Year-to-Date > \$ 2,500. ⁰⁰			
C. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS PAC 1480 NONCONAH BLVD. MEMPHIS, TN 38132	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	3-15-00	1,000. ⁰⁰
Aggregate Year-to-Date > \$			
D. 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 > \$	
E. 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 > \$	
F. 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 > \$	
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)

8,500.⁰⁰

TOTAL This Period (last page this line number only)

8,500.⁰⁰

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
ORION HATCH ELECTION CITE. 265 E. 200 SOUTH SALT LAKE CITY, UT 84111	SENATE, UT/2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-1-00	2,500.00
B. Full Name, Mailing Address and ZIP Code LINCOLN CHAFFEE FOR SENATE 1800 POST RD. AIRPORT PLAZA #13 WARWICK, RI 02886	SENATE, RI/2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-1-00	1,000.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF GEORGE ALLEN PO BOX 573 RICHMOND, VA 23218	SENATE, VA/2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-15-00	2,500.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF GEORGE ALLEN PO BOX 573 RICHMOND, VA 23218	SENATE, VA/2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-15-00	2,500.00
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)

8,500.00

TOTAL This Period (last page this line number only)

8,500.00

**METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

ALLIANCE FOR THE WEST

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (65%)
 ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) %
 OR
 FUNDS EXPENDED:
 * ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 * ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 * ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL 50 %
 * ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL 50 %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT <input type="checkbox"/> (1 POINT)	<input type="text"/>
2. U.S. SENATE <input type="checkbox"/> (1 POINT)	<input type="text"/>
3. U.S. CONGRESS <input type="checkbox"/> (1 POINT)	<input type="text"/>
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)	<input type="text"/>
5. GOVERNOR <input type="checkbox"/> (1 POINT)	<input type="text"/>
6. OTHER STATEWIDE OFFICE(S) <input type="checkbox"/> (1 OR 2 POINTS)	<input type="text"/>
7. STATE SENATE <input type="checkbox"/> (1 POINT)	<input type="text"/>
8. STATE REPRESENTATIVE <input type="checkbox"/> (1 POINT)	<input type="text"/>
9. LOCAL CANDIDATES <input type="checkbox"/> (1 OR 2 POINTS)	<input type="text"/>
10. EXTRA NON-FEDERAL POINT <input type="checkbox"/> (1 POINT)	<input type="text"/>
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)	<input type="text"/>
12. TOTAL POINTS (LINE 4 PLUS LINE 11)	<input type="text"/>

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

ALLOCATION RATIOS

NAME OF COMMITTEE

ALLIANCE FOR THE WEST

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
<p>GENERAL FUNDRAISING (GF)</p> <p>ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	50	50
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED</p>	FEDERAL %	NON-FEDERAL %

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE ALLIANCE FOR THE WEST	TOTAL AMOUNT TRANSFERRED
---	--------------------------

NAME OF ACCOUNT	DATE OF RECEIPT 3-1-2000	\$ 10,000.⁰⁰
-----------------	------------------------------------	--------------------------------

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive	10,000.⁰⁰			
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE	10,000.⁰⁰			
TOTAL THIS PERIOD	10,000.⁰⁰			

DISBURSEMENT SCHEDULE H4 JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE (effective 1/1/91)

NAME OF COMMITTEE
ALLIANCE FOR THE WEST

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
MARK SHORCE 1341 E. CAPITOL ST. SE #104 WASHINGTON, DC 20003	LOGO DESIGN	1-13-00	300. ⁰⁰	150. ⁰⁰	150. ⁰⁰
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 300.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
LUXENS COOK CO. 2000 SHREVESTON RD. ARLINGTON, VA 22206	NEWSLETTER	1-10-00	820. ⁵⁴	410. ²⁷	410. ²⁷
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 1120.54 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
TOWNSEND GROUP 429 S. ST. ASAPH ALEXANDRIA, VA 22314	ADMIN	3-1-00	3542. ⁵⁰	1771. ²⁵	1771. ²⁵
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 4163.04 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
TOWNSEND GROUP 429 S. ST. ASAPH ALEXANDRIA, VA 22314	GF	3-1-00	6000. ⁰⁰	3000. ⁰⁰	3000. ⁰⁰
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 6000.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
SULLIVAN & MITCHELL 1100 CONNECTICUT AVE. NW #300 WASHINGTON, DC 20036	LEGAL FEES	3-1-00	85. ⁰⁰	42. ⁵⁰	42. ⁵⁰
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 4748.04 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
FIRST UNION BANK PO BOX 40031 ROANOKE, VA 24022	SERVICE CHARGE	1-31-00	900	450	450
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 4757.04 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			\$10,757.04	\$5,378.52	\$5,378.52
TOTAL THIS PERIOD (last page for each line only)/(Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

ONE PAYMENT

ONE PAYMENT

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE
ALLIANCE FOR THE WEST

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
OLDAKER & HARRIS, LLP 810 CONNECTICUT AVE. NW #1100 WASHINGTON, DC 20006	OFFICE (MESSAGE) EXPENSES	3-1-00	71.13	35.56	35.57
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 4828.17 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			71.13	35.56	35.57
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a 1 and non-Fed. share to 21 a 1)			10,828.17	5414.08	5414.09
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

SCHEDULE B

ITEMIZED DISBURSEMENTS

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
LUXENS COOK CO. 2800 SHIRLINGTON RD ARLINGTON, VA 22206	DIRECT MAIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-18-00	5411.45
LUXENS COOK CO. 2800 SHIRLINGTON RD. ARLINGTON, VA 22206	DIRECT MAIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-18-00	363.48
OFFICE CATERING 1510 WOODBINE ST. ALEXANDRIA, VA 22302	STEELING COMMITTEE LUNCH Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-1-00	174.92
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)	5949.85
TOTAL This Period (last page this line number only)	5949.85

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) 11/29/00
<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	
 PREPARER	 DATE PREPARED