

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

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FEC MAIL ROOM  
2001 DEC 12 P 4:48

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: if typing, type  
over the lines.

12FE4M5

Alliance for The West

ADDRESS (number and street)

PO Box 26366

X (Check if address  
is changed)

Alexandria

VA

22313

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

12 05 2001

3. FEC IDENTIFICATION NUMBER ▶

C 00335133

4. IS THIS STATEMENT

NEW (N)

OR

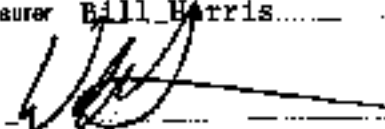
X

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bill Harris

Signature of Treasurer



Date

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Tel Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Great Northwest Classic Committee \_\_\_\_\_

Mailing Address

PO Box 26366 \_\_\_\_\_

Alexandria \_\_\_\_\_

VA \_\_\_\_\_

22313 \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Joint Fundraising Committee \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Alliance for The West

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name | Bill Harris |

Mailing Address | PO Box 26366 |

| Alexandria | VA | 22313 |

Title or Position | | CITY | STATE | ZIP CODE |

| Treasurer | Telephone number | | - | | - | |

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer | Bill Harris |

Mailing Address | PO Box 26366 |

| Alexandria | VA | 22313 |

Title or Position | | CITY | STATE | ZIP CODE |

| Treasurer | Telephone number | | - | | - | |

Full Name of Designated Agent | Keith Schuetz |

Mailing Address | PO Box 26366 |

| Alexandria | VA | 22313 |

Title or Position | | CITY | STATE | ZIP CODE |

| Assistant Treasurer | Telephone number | | - | | - | |

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

First: Union National Bank

Mailing Address

1700 Pennsylvania Avenue, NW

Washington DC 20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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 12-12-01
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	12-13-01 DATE PREPARED