

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

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 C00 385133
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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 4-1-2000 through 6-30-2000		
6. (a) Cash on Hand January 1, 19_____		\$ 26988.07
(b) Cash on Hand at Beginning of Reporting Period	\$ 31288.05	
(c) Total Receipts (from Line 19)	\$ 24503.00	\$ 54181.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 55791.05	\$ 81069.07
7. Total Disbursements (from Line 30)	\$ 49363.83	\$ 74641.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6427.22	\$ 6427.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)	\$ —	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-584-1100
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 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 8/98)

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

(revised 1/1/81)

NAME OF COMMITTEE ALLIANCE FOR THE WEST		REPORT COVERING PERIOD FROM 4-1-00 TO: 6-30-00	
		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)	500.00	3,500.00	11(b)
ii. Unitemized	3.00	8131.00	11(a)(i)
iii. Total (add i and ii) >	503.00	11,631.00	11(a)(ii)
b. Political Party Committees	—	—	11(b)
c. Other Political Committees (such as PACs)	19,000.00	27,500.00	11(c)
d. Total Contributions (add a ii, b and c) >	19,503.00	39,131.00	11(c)
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 (Demands, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity	5000.00	16,000.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	24,503.00	54,131.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	19,503.00	39,131.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	9248.96	14,663.04	21(a)(i)
ii. Non-Federal Share	8337.57	13,761.66	21(a)(ii)
b. Other Federal Operating Expenditures	7777.30	13,727.15	21(b)
c. Total Operating Expenditures (add a i, ii, and b) >	25,363.83	42,141.85	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	19,000.00	27,500.00	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)	5000.00	5000.00	28(c)
d. Total Contributor Refunds (add a, b and c) >	5000.00	5000.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	49363.83	74,441.85	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	41,026.26	60,680.19	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	19,503.00	39,131.00	32
33. Total Contribution Refunds (from line 28d)	5000.00	5000.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	14,503.00	34,131.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	17,026.26	28,340.19	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 35 from 36) >	17,026.26	28,340.19	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BUCK JOHNS 3501 JAMBORNE RD. S. TOWER NEWPORT BEACH CA 92666 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AFFIRM WIRELESS INC. Occupation:	5/12/00 Aggregate Year-to-Date > \$ 500.00	\$500.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation:	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation:	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation:	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation:	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation:	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation:	Date (month, day, year) Aggregate Year-to-Date > \$	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FORM LINE NUMBER 11b

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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
UNION PACIFIC RESOURCES PAC 555 13TH ST. NW #450 WEST WASHINGTON, DC 20004	SEE ATTENDED SCHEDULE A	5/25/00	\$1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.-	
UNION PACIFIC RESOURCES PAC 555 13TH ST. NW #450 WEST WASHINGTON, DC 20004	SEE ATTENDED SCHEDULE A	5/25/00	\$3,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,000.-	
AMERICAN TRUCKING PAC 430 FIRST ST. SE WASHINGTON, DC 20003	SEE ATTENDED SCHEDULE A	5/25/00	\$1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.-	
AMERICAN FIBERIDE PRODUCTS PAC 650 FORTY AVENUE BROOKLYN, NY 11232	SEE ATTENDED SCHEDULE A	5/25/00	\$1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.-	
NAWS WHEAT PAC 415 2ND ST. NE #300 WASHINGTON, DC 20002	SEE ATTENDED SCHEDULE A	5/25/00	\$1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.-	
SOFT DRINK PAC 1101 16TH ST. NW WASHINGTON, DC 20036	SEE ATTENDED SCHEDULE A	5/25/00	\$1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.-	
SAF PAC 1601 DUKE ST. ALEXANDRIA, VA 22314	SEE ATTENDED SCHEDULE A	5/25/00	\$1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.-	

SUBTOTAL of Receipts This Page (optional) 9,000.00

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 11b

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NAME OF COMMITTEE (in full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code RJR POL. ACTION COMMITTEE 1455 PENNSYLVANIA AVE, NW #925 WASHINGTON, DC 20004	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.-	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	B. Full Name, Mailing Address and ZIP Code LUSTEAM PAC 100 WEST PUTNAM AVE. GREENWICH, CT 06030	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$2,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	C. Full Name, Mailing Address and ZIP Code RE PAC PO BOX 4507 HOUSTON TX 77210	Name of Employer SEE ATTENDED SCHEDULE A Occupation Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	D. Full Name, Mailing Address and ZIP Code CRNA PAC 412 FIRST ST. SE #12 WASHINGTON, DC 20003	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$1,000.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	E. Full Name, Mailing Address and ZIP Code TRANSPORTATION POL. EDUCATION LEAGUE 1400 DETROIT AVE. CLEVELAND, OH 44102	Name of Employer SEE ATTENDED SCHEDULE A Occupation Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$5,000.-
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 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):	G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

19,000.00

AMENDED

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NAME OF COMMITTEE (In Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code UNION PACIFIC RESOURCES GROUP INC POLITICAL ACTION COMMITTEE 17001 NORTHCHASE DR. HOUSTON, TX 77060	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/25/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 4,000.00	Date (month, day, year) 5/25/00	Amount of Each Receipt this Period \$3,000.00
B. Full Name, Mailing Address and ZIP Code UNION PACIFIC RESOURCES GROUP, INC. POLITICAL ACTION CMTTE. 17001 NORTHCHASE DR. HOUSTON, TX 77060	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/25/00	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code TRUCKING POL. ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS 430 FIRST ST, SE WASHINGTON, DC 20003	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/25/00	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code AMERICAN MARITIME OFFICERS, AFL-CIO VOLUNTARY POL. ACTION FUND 650 4TH AVE. BROOKLYN, NY 11232	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/25/00	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code UNITED TRANSPORTATION UNION POLITICAL EDUCATION LEAGUE 14600 DETROIT AVE. CLEVELAND, OH 44107	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$5,000.00
F. Full Name, Mailing Address and ZIP Code RELIANT ENERGY INC. POL. ACTION CMTTE. PO Box 4567 HOUSTON, TX 77210	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (columns)

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 216

AMENDED

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NAME OF COMMITTEE (In Full)

ALLIANCE FOR THE WEST

AMENDED

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FIRST UNION BANK PO BOX 40031 ROANOKE, VA 24022	SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/00	\$24.80
PINNACLE LIST 2800 SHILLINGTON RD. #401 ARLINGTON, VA 22206	DIRECT MAIL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/00	\$3227.50
BANK OF OMAHA 20405 STATE HWY. 249 HOUSTON TX 77070	SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/00	\$25.00
LUKENS COOK CO. 2800 SHILLINGTON RD. #401 ARLINGTON, VA 22206	DIRECT MAIL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$4500.-
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)	7777.30
TOTAL This Period (last page this line number only)	7777.30

SCHEDULE B

AMENDED

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

AMENDED TO GENERAL

AMENDED

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LAZIO 2000 3 EAST MAIN ST. PO BOX 5063 BAY SHORE, NY 11706	SENATE, NY-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/00	\$2,000.-
FRANKS FOR SENATE 934 STUYVESANT AVE. UNION, NJ 07083	SENATE, NJ-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/00	\$1,500.-
CONRAD BURNS 2000 P.O. Box 1532 BILLINGS, MT 59103	SENATE, MT-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/25/00	\$3,000.-
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)	6/2/00	\$2,500.-
LAZIO 2000 3 EAST MAIN ST. PO BOX 5063 BAY SHORE, NY 11706	SENATE, NY-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/00	\$3,000.-
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)	6/15/00	\$2,000.-
SLADE GORTON-SENATE 2000 PO BOX 3348 BELLUVE, WA 98004	SENATE, WA-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	\$2,500.-
BUTCH OTTER FOR IDAHO PO BOX 1456 BOISE, ID 83701	HOUSE, ID-1/2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	\$2,500.-

SUBTOTAL of Disbursements This Page (optional)	19,000. ⁰⁰
TOTAL This Period (last page this line number only)	19,000. ⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 28c

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NAME OF COMMITTEE (in Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement REFUND CONTRIBUTION 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
EDISON INTL. PAC 520 S. GRAND AVE. #700 LOS ANGELES, CA 90071		5/14/00	\$5,000.-
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)

\$5,000.-

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 %
FLAY SHOOT ACTIVITY IS: <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	85%	15%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

ATTENDED

NAME OF COMMITTEE ALLIANCE FOR THE WEST		TOTAL AMOUNT TRANSFERRED
NAME OF ACCOUNT ALLOCATION ACCOUNT	DATE OF RECEIPT 5-30-00	\$ 5,000.⁰⁰

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive	5,000.⁰⁰			
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/DIRECT CANDIDATE SUPPORT
SUBTOTAL THIS PAGE	5000.⁰⁰		5,000.⁰⁰
TOTAL THIS PERIOD	5000.⁰⁰		5,000.⁰⁰

AMENDED

NAME OF COMMITTEE

ALLIANCE FOR THE WEST

A. 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	4-28-00	5.00	4.50	4.50
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 14837.17 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
LEITH SCHUETTE 9325 JUDGE PL. MONTBONNEY VILLAGE, MD 20846	CONCERNING FEES ADMIN/FEC	5-25-00	6000.00	3000.00	3000.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 10837.17 <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 NORTH ST. ASAPH ALEXANDRIA, VA 22314	GF FUNDRAISING	5-31-00	7275.55	3637.78	3637.77
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 13,275.55 <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 NORTH ST. ASAPH ALEXANDRIA, VA 22314	ADMIN	5-31-00	3000.00	1500.00	1500.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 13,887.17 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
ADAMS RIB EAST 921 C CHESAPEAKE AVE. ANNAPOLIS, MD 20769	MAY SHOOT FOOD	5-22-00	597.00	507.45	89.55
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 1597.00 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
PRINCE GEORGES TRAP & SHOOT 10400 GOOD LUCK RD. SLEN DALE, MD 20769	MAY SHOOT FACILITY RENTAL	5-22-00	704.98	599.23	105.75
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: 1301.98 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			17,586.53	9,248.96	8,337.57
TOTAL THIS PERIOD (Just page for each line only) (Fed. share to 21 e 1 and non-Fed. share to 21 e 3)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

LINE DISBURSEMENT

one disbursement

AMENDED

NAME OF COMMITTEE

ALLIANCE FOR THE WEST

A. FULL NAME, MAILING ADDRESS & ZIP CODE BILL BREWSTER 601 13TH ST. NW #410 WASHINGTON, DC 20005	PURPOSE/EVENT TRAY SHOOT PRIZES	DATE 5/22/00	TOTAL AMOUNT 706.00	FEDERAL SHARE 600.10	NON-FEDERAL SHARE 105.90
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ **2009.90** DIRECT CANDIDATE SUPPORT

B. FULL NAME, MAILING ADDRESS & ZIP CODE NETIVATION 806 WEST CLERWATER SUITE N POST FALLS, ID 83854	PURPOSE/EVENT WEBSITE HOSTING	DATE 5/22/00	TOTAL AMOUNT 240.00	FEDERAL SHARE 120.00	NON-FEDERAL SHARE 120.00
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ **14,079.77** DIRECT CANDIDATE SUPPORT

C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
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CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE	946.00	720.10	225.90
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TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a I and non-Fed. share to 21 a II)	18,532.53	9969.06	8563.47
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TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)			
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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	12/8/00 DATE PREPARED