

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEC MAIL ROOM

For Other Than An Authorized Committee
(Summary Page)

2000 NOV 21 P 2:19

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) ALLIANCE FOR THE WEST	2. FEC IDENTIFICATION NUMBER 000335133
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 818 CONNECTICUT AVE. NW # 1100	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE WASHINGTON, DC 20006	

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>4-1-2000</u> through <u>6-30-2000</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 10)	\$ 31,288.05	\$ 26,938.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 24,503.00	\$ 54,131.00
7. Total Disbursements (from Line 9)	\$ 55,791.05	\$ 81,069.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 49,363.83	\$ 74,641.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 6,427.22	\$ 6,427.22
10. Debts and Obligations Owed BY 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 800-424-9530
Local 202-694-1100

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
11-27-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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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 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	3500.00	11(b)(1)
ii. Unitemized	3.00	2131.00	11(b)(4)
iii. Total	503.00	5631.00	11(c)(ii)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)	19,000.00	27,500.00	11(e)
d. Total Contributions	19,503.00	33,131.00	11(f)
12. Transfers From Affiliated/Other Party Committees			12
13. At 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.)	5000.00	15,000.00	17
18. Transfers from Nonfederal Account for Joint Activity	24503.00	54,131.00	18
19. Total Receipts	49503.00	89,131.00	19
20. Total Federal Receipts			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	4248.96	14,663.04	21(a)(i)
ii. Non-Federal Share	8327.57	13,751.66	21(a)(ii)
iii. Total	12676.53	28,414.70	21(b)
b. Other Federal Operating Expenditures	25263.83	42,141.85	21(c)
c. Total Operating Expenditures			22
22. Transfers to Affiliated/Other Party Committees	19,000.00	27,500.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(4)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			28
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 Contribution Refunds	5000.00	5000.00	28(d)
29. Other Disbursements	49363.83	74,141.85	29
30. Total Disbursements	41,026.26	60,890.19	30
31. Total Federal Disbursements			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	19503.00	33,131.00	32
33. Total Contribution Refunds (from line 28d)	5000.00	5000.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	14503.00	28,131.00	34
35. Total Federal Operating Expenditures	17026.26	28,390.19	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures	17026.26	28,390.19	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets (a) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 11a i

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
BOCK JOHN'S 3501 JAMBANE RD. S. TOWER NEWPORT BEACH CA 92666 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	APRIANO WIRELESS, INC. Occupation:	5/12/00 Aggregate Year-to-Date > \$ 45.00	\$ 50.00
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 schedules for each category of the Detailed Summary Page

PAGE 1 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
UNION PACIFIC RESOURCES PAC 555 13TH ST. NW #450 WEST WASHINGTON, DC 20004	SEE AMENDED SCHEDULE A	5/25/00	\$1,000.-
UNION PACIFIC RESOURCES PAC 555 13TH ST. NW #450 WEST WASHINGTON, DC 20004	SEE AMENDED SCHEDULE A	6/25/00	\$3,000.-
AMERICAN TALKING PAC 430 FIRST ST. SE WASHINGTON, D.C. 20005	SEE AMENDED SCHEDULE A	5/25/00	\$1,000.-
AMERICAN PLANTIDE OBJECTS PAC 650 FORTTH AVE. BROOKLYN, NY 11232	SEE AMENDED SCHEDULE A	5/25/00	\$1,000.-
NANA WHEAT PAC 415 2ND ST. NE #300 WASHINGTON, DC 20002	SEE AMENDED SCHEDULE A	5/25/00	\$1,000.-
SOFT DRINK PAC 1101 16TH ST. NW WASHINGTON, DC 20036	SEE AMENDED SCHEDULE A	5/25/00	\$1,000.-
SAF PAC 1601 DUKE ST. ALEXANDRIA, VA 22314	SEE AMENDED SCHEDULE A	5/25/00	\$1,000.-

GRAND TOTAL of Receipts This Page (continued)

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 116

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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 #425 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):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.-	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$2,000.-
B. Full Name, Mailing Address and ZIP Code LSTEAM PAC 100 WEST PUTNAM AVE. GREENWICH, CT 06030	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.-
C. Full Name, Mailing Address and ZIP Code RE PAC PO BOX 4587 HOUSTON, TX 77210	Name of Employer SEE ATTENDED SCHEDULE A Occupation Aggregate Year-to-Date > \$ 1,000.-	Date (month, day, year) 6/16/00	Amount of Each Receipt this Period \$1,000.-
D. Full Name, Mailing Address and ZIP Code CRNA PAC 412 EAST ST. SE #12 WASHINGTON, DC 20003	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.-
E. Full Name, Mailing Address and ZIP Code TRANSPORTATION FOR EDUCATION LEADERS 14600 DETROIT AVE. CLEVELAND, OH 44107	Name of Employer SEE ATTENDED SCHEDULE A Occupation Aggregate Year-to-Date > \$ 5,000.-	Date (month, day, year) 6/14/00	Amount of Each Receipt this Period \$5,000.-
F. 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
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 (optional)

10,000.00

TOTAL This Period (last page this line number only)

19,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11(b)

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) 3/25/00	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 Date (month, day, year) Occupation Aggregate Year-to-Date > \$ 4,000.00	Date (month, day, year) 6/25/00	Amount of Each Receipt this Period \$3,000.00
B. Full Name, Mailing Address and ZIP Code UNION PACIFIC RESOURCES GROUP, INC. POLITICAL ACTION COMITE. 17001 NORTHCHASE DR. HOUSTON, TX 77060	Name of Employer Date (month, day, year) 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 Date (month, day, year) 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 Date (month, day, year) 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 Date (month, day, year) 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 ELIANT ENERGY INC. POL. ACTION CITE. PO BOX 4567 HOUSTON, TX 77210	Name of Employer Date (month, day, year) 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

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)	4/29/00	\$24.50
B. Full Name, Mailing Address and ZIP Code PINNACLE LIST 2800 STRLINGTON RD. #401 ARLINGTON, VA 22206	PURPOSE OF DISBURSEMENT DIRECT MAIL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/00	\$3227.50
C. Full Name, Mailing Address and ZIP Code BANK OF OHAMA 20405 STATE HWY. 249 HOUSTON TX 77070	SERVICE CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/3/00	\$75.00
D. Full Name, Mailing Address and ZIP Code LUKENS COOK CO. 2800 STRLINGTON RD. #401 ARLINGTON, VA 22206	PURPOSE OF DISBURSEMENT DIRECT MAIL EXPENSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/00	\$450.00
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)

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

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.-
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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.-
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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.-
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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.-
E. 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)	6/15/00	\$3,000.-
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LINCOLN CHAPPEL 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.-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SLADE GORTON-SENATE 2000 PO BOX 3348 BELLINGHAM, WA 98204	SENATE, WA-2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	\$2,500.-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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.-
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

AMENDED TO GENERAL

AMENDED

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

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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
EDISON INTL. PAC 520 S. GRAND AVE. #700 LOS ANGELES, CA 90071	REFUND CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	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 %
<p>MAY SHOOT</p> <p>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</p>	85%	15%
<p>NAME OF ACTIVITY OR EVENT</p> <p>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</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 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 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 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 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 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

ATTENDED

NAME OF COMMITTEE ALLIANCE FOR THE WEST	TOTAL AMOUNT TRANSFERRED
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NAME OF ACCOUNT ALLOCATION ACCOUNT	DATE OF RECEIPT 5-30-00	\$ 5,000.⁰⁰
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	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	\$
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	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 40081 ROANOKE, VA 24022	SERVICE CHARGE	4-28-00	9.00	4.50	4.50

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ 4837.17 DIRECT CANDIDATE SUPPORT

B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
LEITA SCHUETTE 9325 JUDGE PL. MONTGOMERY VILLAGE, MD 20816	CONTRIBUTING FEES ADMIN/FEC	5-25-00	6000.00	3000.00	3000.00

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ 10837.17 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. ALEXANDRIA ALEXANDRIA, VA 22314	GF FUNDRAISING	5-31-00	7275.55	3637.78	3637.77

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ 15,243.25 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. ALEXANDRIA ALEXANDRIA, VA 22314	ADMIN	5-31-00	3000.00	1500.00	1500.00

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ 13,837.17 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	MAX SHOOT FOOD	5-22-00	597.00	507.45	89.55

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ 597.00 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. SLEW DALE, MD 20769	TRAP SHOOT FAMILY RENTAL	5-22-00	704.98	599.23	105.75

CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT
EVENT YEAR-TO-DATE: \$ 1301.98 DIRECT CANDIDATE SUPPORT

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE	17,586.53	9,248.96	8,337.57
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TOTAL THIS PERIOD (see page for each line only)/(Fed. share to 21 a i and non-Fed. share to 21 a ii) ...			
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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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one disbursement

one disbursement

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
BILL PROFWATER 601 13TH ST. NW #410 WASHINGTON, DC 20005	TINY SHOOT PARTIES	5/22/00	706.00	600.10	105.90
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 2009.90 <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
NETIVATION 806 WEST CLEWATER SUITE N POST FALLS, ID 83854	WEBSITE HOSTING	5/22/00	240.00	120.00	120.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ 11,099.77 <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			946.00	720.10	225.90
TOTAL THIS PERIOD (total page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a f)			18,532.53	9969.06	8563.47
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

**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 11/27/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
 <u>CR</u>	 <u>11/27/00</u>
PREPARER	DATE PREPARED