

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <b>ALLIANCE FOR THE WEST</b>		2. FEC IDENTIFICATION NUMBER <b>C00335133</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>818 CONNECTICUT AVE. NW #1100</b>		
CITY, STATE and ZIP CODE <b>WASHINGTON, DC 20006</b>		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20

June 20

October 20

March 20

July 20

November 20

April 20

August 20

December 20

May 20

September 20

January 31

12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post Election Report following the General Election

on \_\_\_\_\_ 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 <b>1-1-2000</b> through <b>3-30-2000</b>		
6. (a) Cash on Hand January 1, <b>2000</b>		\$ 26,938.07
(b) Cash on Hand at Beginning of Reporting Period	\$ 26,938.07	
(c) Total Receipts (from Line 1B)	\$ 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 3C)	\$ 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 G and/or Schedule D)	\$ —	
10. Debts and Obligations Owed BY 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  
Tel: Free 800-424-9530  
Local 202-594-1100

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

*William D. Harris*

Date

**11-27-2000**

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 0103)

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

(revised 1/1991)

NAME OF COMMITTEE <b>ALLIANCE FOR THE WEST</b>		REPORT COVERING PERIOD		
		FROM <b>1-1-2000</b>	TO: <b>3-30-2000</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A) .....	3,000.00	3,000.00	11(a)(1)
ii.	Unitemized .....	8,128.00	8,128.00	11(a)(2)
ii.	Total .....	11,128.00	11,128.00	11(a)(3)
b.	Political Party Committees .....			11(b)
c.	Other Political Committees (such as PACs) .....	8,500.00	8,500.00	11(c)
d.	Total Contributions .....	19,628.00	19,628.00	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 (DM Donors, interest, etc.) .....			17
18.	Transfers from Nonfederal Account for Joint Activity .....	10,000.00	10,000.00	18
19.	Total Receipts .....	29,628.00	29,628.00	19
20.	Total Federal Receipts .....	19,628.00	19,628.00	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share .....	5,414.08	5,414.08	21(a)(1)
ii.	Non-Federal Share .....	5,414.09	5,414.09	21(a)(2)
b.	Other Federal Operating Expenditures .....	5,949.85	5,949.85	21(b)
c.	Total Operating Expenditures .....	16,778.02	16,778.02	21(c)
22.	Transfers to Affiliated/Other Party Committees .....			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	8,500.00	8,500.00	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.	Individuals/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 .....	25,278.02	25,278.02	30
31.	Total Federal Disbursements .....	19,863.93	19,863.93	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d) .....	19,628.00	19,628.00	32
33.	Total Contribution Refunds (from line 28d) .....			33
34.	Net Contributions (other than loans)(subtract line 33 from line 32) .....	19,628.00	19,628.00	34
35.	Total Federal Operating Expenditures .....	11,863.93	11,863.93	35
36.	Offsets to Operating Expenditures (from line 15) .....			36
37.	Net Operating Expenditures .....	11,863.93	11,863.93	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
MR. DAVID NORCROSS 10 WEST ROSEMONT AVE. ATLANTON, VA	BLANK, ROTT, CORSEY & McCAULEY ATTORNEY \$ 1,000. <sup>00</sup>	1-22-00	1,000. <sup>00</sup>
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 Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
MR. KENNETH FERRELLSON 4820 HWY #7 R 720 ST. LOUIS PARK, MN 55416		2-20-00	2,000. <sup>00</sup>
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 Aggregate Year-to-Date	Date (month, day, year)	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 Aggregate Year-to-Date	Date (month, day, year)	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 Aggregate Year-to-Date	Date (month, day, year)	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 Aggregate Year-to-Date	Date (month, day, year)	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 Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

3,000.<sup>00</sup>

TOTAL This Period (last page this line number only)

3,000.<sup>00</sup>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 1(c)

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NAME OF COMMITTEE (in Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code NATIONAL RIFLE ASSOC. / INST NOTE FOR LEGISLATIVE ACTION 11250 WARLES MILL RD. FAIRFAX, VA 22030	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	1-4-00	5,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000. <sup>00</sup>		

B. Full Name, Mailing Address and ZIP Code AMERICAN SUGAR CANE LEAGUE PAC PO BOX 438 THIBODAUX, LA 70302	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	1-4-00	2,500. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500. <sup>00</sup>		

C. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS PAC 1480 NONCONNAH BLVD. MEMPHIS, TN 38132	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	3-15-00	1,000. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

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

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

SUBTOTAL of Receipts This Page (optional) ..... 8,500.<sup>00</sup>

TOTAL This Period (last page this line number only) ..... 8,500.<sup>00</sup>

**SCHEDULE B**

**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
OCEAN HARBOR ELECTION CTR. 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. <sup>00</sup>
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. <sup>00</sup>
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. <sup>00</sup>
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. <sup>00</sup>
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.<sup>00</sup>

TOTAL This Period (last page this line number only) .....

8,500.<sup>00</sup>

