

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
2000 L STREET, N.W.

JUL 15 3 56 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) ALLIANCE FOR THE WEST		2. FEC IDENTIFICATION NUMBER C 003 35133
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1156 15TH ST. NW		
CITY, STATE and ZIP CODE WASHINGTON, DC 20005		
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 APRIL 1998 through JUNE 1998		
6. (a) Cash on Hand January 1, 19 98		
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)	\$ 15610.00	\$ 15610.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 15610.00	\$ 15610.00
7. Total Disbursements (from Line 30)	\$ 24.78	\$ 24.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,585.52	\$ 15,685.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-894-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
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. Harow	Date 15 July 98
Signature of Treasurer <i>William D. Harow</i>	

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

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 **APRIL** TO:

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$ 5610.00	\$ 5610.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) >	\$ 5610.00	\$ 5610.00	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)	\$ 10000.00	\$ 10000.00	11(d)
d. Total Contributions (add a, ii, b and c) >	\$ 15610.00	\$ 15610.00	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$ 15610.00	\$ 15610.00	20
20. Total Federal Receipts (subtract line 18 from line 19) >	\$ 15610.00	\$ 15610.00	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	\$ 24.78	\$ 24.78	21(b)
c. Total Operating Expenditures (add a, i, ii, and b) >	\$ 24.78	\$ 24.78	22
22. Transfers to Affiliated/Other Party Committees			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(d)) (use Schedule F) ..			26
26. Loan Repayments Made			27
27. Loans Made			28(a)
28. Refunds of Contributions To:			28(b)
a. Individuals/Persons Other Than Political Committees			29(a)
b. Political Party Committees			29(b)
c. Other Political Committees (such as PACs)			29(c)
d. Total Contribution Refunds (add a, b and c) >			29(d)
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$ 24.78	\$ 24.78	31
31. Total Federal Disbursements (subtract line 21 a, ii from line 30) >	\$ 24.78	\$ 24.78	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$ 15610.00	\$ 15610.00	33
33. Total Contribution Refunds (from line 28d)	0	0	34
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$ 15610.00	\$ 15610.00	35
35. Total Federal Operating Expenditures (add 21 a, i and 21 b) >	\$ 24.78	\$ 24.78	36
36. Offsets to Operating Expenditures (from line 15)	0	0	37
37. Net Operating Expenditures (subtract line 36 from 35) >	\$ 24.78	\$ 24.78	

SCHEDULE A

ITEMIZED RECEIPTS

INDIVIDUALS

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

PAGE 1 OF 2

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
William D. Harris 3314 Mantua Dr. Fairfax, VA 22031	William D. Harris & Assoc. Consultant > \$ 1000.00	3/12/98	1000.00
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 Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Hilton H. Ward #2 Sunset Dr. Englewood, CO 80110	CYPRUS A MAX MINERALS Pres. & CEO > \$ 100.00	6/2/98	100.00
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
James B. Christian Jr. 4445 N. 34th St. Arlington, VA 22207	Patton Boars, LLP Attorney > \$ 500.00	4/28/98	500.00
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
Herbert L. Criner 9480 Chadwick Dr. Boise, ID 83704	RETIRED > \$ 50.00	6/7/98	50.00
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
Barbara K. Criner 9480 Chadwick Dr. Boise, ID 83704	 Homemaker > \$ 50.00	6/7/98	50.00
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
Richard Adkerson PO 6119 New Orleans, LA 70161	FREDERICK McFARLAN COPPER & GOLD PRESIDENT > \$ 1000.00	6/5/98	1000.00
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 Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Peter B. Babin 5501 LAKESHORE DR. LITTLETON, CO 80123	ROYAL GOLD PRESIDENT > \$ 500.00	6/5/98	500.00

SUBTOTAL of Receipts This Page (optional)

\$3200.00

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 **11** OF **11**
FOR LINE NUMBER **11 a 1.**

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NAME OF COMMITTEE (In Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code STANLEY DEMPSEY 10899 W. 30TH AVE. LAKEWOOD, CO 80215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ROYAL GOLD Occupation CHAIRMAN, CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/2/98	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Will Hollier P.O. Box 1948 BOISE, ID 83701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CREAFD FOR SENATE Occupation CAMPAIGN MGR. Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 6/19/98	Amount of Each Receipt this Period 10.00
C. Full Name, Mailing Address and ZIP Code ROY LEWIS EIGUREN 277 No. 6th St. BOISE, ID 83701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GIBENS-POWERS, LLP Occupation Attorney Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/19/98	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code MILTON A. WARD #2 SUNSET DR. ENGLEWOOD, CO 80110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CYPRUS-AMAX MINERALS Occupation PRES. & CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 6/2/98	Amount of Each Receipt this Period 900.00
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)	\$2410.00
TOTAL This Period (last page this line number only)	\$5610.00

SCHEDULE A

ITEMIZED RECEIPTS **PACs**

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

PAGE 1 OF 2
FOR LINE NUMBER 112

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NAME OF COMMITTEE (In Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code BANK AMERICA CORP. PAC BAC PAC BOX 37000 UNIT 13117 SAN FRANCISCO, CA 94137	Name of Employer Occupation Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 5/29/98	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 3000.00	Date (month, day, year) 4/23/98	Amount of Each Receipt this Period 3,000.00
B. Full Name, Mailing Address and ZIP Code AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL FUND - 490 LEONARD PL. SUITE 7204 WASHINGTON, DC 20024	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 5/18/98	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code GENERAL ELEC. CO. PAC MULTI-CANDIDATE COMMITTEE	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code CONAZZA, INC. PAC 800 17TH ST. NW WASHINGTON, DC 20006	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) [Blank]	Amount of Each Receipt this Period [Blank]
E. Full Name, Mailing Address and ZIP Code [Blank]	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) [Blank]	Amount of Each Receipt this Period [Blank]
F. Full Name, Mailing Address and ZIP Code ASWORTH CORP. PAC P.O. 217 MEMPHIS, TN 38101	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) [Blank]	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code QYMAX PAC PO Box 3299 Englewood, CO 80155	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) [Blank]	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) \$69,000.00

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 2
FOR LINE NUMBER 11 C

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NAME OF COMMITTEE (In Full)

<p>A. Full Name, Mailing Address and ZIP Code AMPLIFIED SUZUKI CO. PAC PO Box 1520 ORDEEN, UT 84402</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$ 1000.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>	<p>Aggregate Year-to-Date > \$</p>	

SUBTOTAL of Receipts This Page (optional)

\$ 1,000.00

TOTAL This Period (last page this line number only)

\$ 10,000.00

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 <i>7/15/98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	

EF
PREPARER

7/15/98
DATE PREPARED