

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2009 APR 14 P 3:13

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**ALLIANCE FOR THE WEST**

ADDRESS (number and street)  Check if different than previously reported  
**818 CONNECTICUT AVE. NW #1100**

CITY, STATE and ZIP CODE  
**WASHINGTON, DC 20006**

2. FEC IDENTIFICATION NUMBER  
**600335133**

3.  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	1-1-00 through - -00		
6. (a) Cash on Hand January 1, 19 2000			\$ 26,938.07
(b) Cash on Hand at Beginning of Reporting Period		\$ 26,938.07	
(c) Total Receipts (from Line 19)		\$ 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 30)		\$ 26,090.76	\$ 26,090.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 30,475.31	\$ 30,475.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	
10. Debts and Obligations Owed BY 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 800-424-9880  
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. HAZZIS**

Signature of Treasurer  
*William D. Hazzis*

Date  
**4-14-00**

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 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE <b>ALLIANCE FOR THE WEST</b>	REPORT COVERING PERIOD		
	FROM <b>1-1-00</b>	TO <b>3-31-00</b>	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	3,000.00	3,000.00	11(d)
ii. Unitemized .....	8,128.00	8,128.00	11(e)
iii. Total .....	11,128.00	11,128.00	11(f)
b. Political Party Committees .....	-	-	11(g)
c. Other Political Committees (such as PACs) .....	8,500.00	8,500.00	11(h)
d. Total Contributions .....	19,628.00	19,628.00	11(i)
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 (Dividends, 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>Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	11,545.38	11,545.38	21(a)
ii. Non-Federal Share .....	5,945.38	5,945.38	21(b)
b. Other Federal Operating Expenditures .....	-	-	21(c)
c. Total Operating Expenditures .....	17,540.76	17,540.76	21(d)
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. Individual/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 .....	0	0	28(d)
29. Other Disbursements .....	0	-	29
30. Total Disbursements .....	26,040.76	26,040.76	30
31. Total Federal Disbursements .....	20,095.38	20,095.38	31
<b>Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11 d) .....	19,628.00	19,628.00	32
33. Total Contribution Refunds (from line 28d) .....	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	19,628.00	19,628.00	34
35. Total Federal Operating Expenditures .....	11,545.38	11,545.38	35
36. Offsets to Operating Expenditures (from line 15) .....	0	0	36
37. Net Operating Expenditures .....	11,545.38	11,545.38	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 purposes 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 Mr. DAVID NORCROSS 10 W. ROSEMONT AVE. ALEXANDRIA, VA 22301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BLANK, ROBE, COMISKEY & McCAULEY Occupation ATTORNEY Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 1/22/00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code MR. KENNETH FERGLON 4820 HANWAY # 720 ST. LOUIS PARK, MN 55416 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 2/20/00	Amount of Each Receipt this Period 2,000.00
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
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) .....

3,000.00

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

3,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11 (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. FOR LEGISLATIVE ACTION 11250 WARLES MILL RD. FAIRFAX VA 22030	Name of Employer  Occupation	Date (month, day, year) 1/4/00	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code AMERICAN SUGAR CANE LEAGUE PAC P.O. Box 938 THIBODAUX, LA 70302	Name of Employer  Occupation	Date (month, day, year) 1/4/00	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
C. Full Name, Mailing Address and ZIP Code FEDERAL EXPRESS PAC 1980 NONCONNAH BLVD. MEMPHIS, TN 38132	Name of Employer  Occupation	Date (month, day, year) 3/15/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. 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):	Aggregate Year-to-Date > \$		
E. 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):	Aggregate Year-to-Date > \$		
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):	Aggregate Year-to-Date > \$		
G. 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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

8,500.00

TOTAL This Period (last page this line number only)

8,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OERIN HARK ELECTION CTR. 265 E. 200 SOUTH #950 SALT LAKE CITY, UT 84111	SENATE, UTAH 2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/00	2,500.00
LINCOLN CHAFFEE FOR US SENATE 1600 POST RD. AIRPORT PLAZA #13 WARWICK, RI 02886	SENATE, RHODE IS. 2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/00	1,000.00
FRIENDS OF GEORGE ALLEN P.O. Box 573 RICHMOND, VA 23218	SENATE, VIRGINIA 2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/00	2,500.00
FRIENDS OF GEORGE ALLEN P.O. Box 573 RICHMOND, VA 23218	SENATE, VIRGINIA 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/00	2,500.00
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)	8,500.00
TOTAL This Period (last page this line number only)	8,500.00

**METHOD OF ALLOCATION FOR SHARED FEDERAL  
 AND NON-FEDERAL ADMINISTRATIVE EXPENSES  
 AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE  
ALLIANCE FOR THE WEST

**NATIONAL PARTY COMMITTEES**  
 FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) \_\_\_\_\_ %  
 PRESIDENTIAL YEAR (65%)  
 ALL OTHER YEARS (80%)

**HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**  
 MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) \_\_\_\_\_ %  
 OR  
 FUNDS EXPENDED:  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL \_\_\_\_\_ %  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL \_\_\_\_\_ %  
 ADJUSTMENTS TO FUNDS EXPENDED:  
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ \_\_\_\_\_ %  
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$ \_\_\_\_\_ %  
 NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

**SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES**  
 FUNDS EXPENDED:  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL \_\_\_\_\_ 50 %  
 \* ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL \_\_\_\_\_ 50 %  
 ADJUSTMENTS TO FUNDS EXPENDED:  
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ \_\_\_\_\_ %  
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$ \_\_\_\_\_ %

**STATE AND LOCAL PARTY COMMITTEES**  
**BALLOT COMPOSITION**  
 CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT ..... <input type="checkbox"/> (1 POINT) .....	
2. U.S. SENATE ..... <input type="checkbox"/> (1 POINT) .....	
3. U.S. CONGRESS ..... <input type="checkbox"/> (1 POINT) .....	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3) .....	
5. GOVERNOR ..... <input type="checkbox"/> (1 POINT) .....	
6. OTHER STATEWIDE OFFICE(S) ..... <input type="checkbox"/> (1 OR 2 POINTS) .....	
7. STATE SENATE ..... <input type="checkbox"/> (1 POINT) .....	
8. STATE REPRESENTATIVE ..... <input type="checkbox"/> (1 POINT) .....	
9. LOCAL CANDIDATES ..... <input type="checkbox"/> (1 OR 2 POINTS) .....	
10. EXTRA NON-FEDERAL POINT ..... <input type="checkbox"/> (1 POINT) .....	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) .....	
12. TOTAL POINTS (LINE 4 PLUS LINE 11) .....	

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 \_\_\_\_\_ %

**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  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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %
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	FEDERAL %	NON-FEDERAL %

TRANSFERS FROM  
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE <b>ALLIANCE FOR THE WEST</b>		TOTAL AMOUNT TRANSFERRED
NAME OF ACCOUNT <b>NON-FEDERAL ACCOUNT</b>	DATE OF RECEIPT <b>3/1/00</b>	<b>\$ 10,000.<sup>00</sup></b>

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive .....	5912. <sup>81</sup>		
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/DCS
SUBTOTAL THIS PAGE .....	5912. <sup>81</sup>	—	—
TOTAL THIS PERIOD .....	5912. <sup>81</sup>	—	—



NAME OF COMMITTEE						
ALLIANCE FOR THE WEST						
A. FULL NAME, MAILING ADDRESS & ZIP CODE		PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
MARK SHAWNE 1341 EAST CAPITOL ST. SECT 104 WASHINGTON, DC 20003		LOGO DESIGN	1/13/00	\$300.00	\$150.00	\$150.00
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT						
B. FULL NAME, MAILING ADDRESS & ZIP CODE		PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
LUXENS COOK CO. 2800 SHARLINGTON RD. ARLINGTON, VA 22206		NEWSLETTER	1/10/00	820.54	410.27	410.27
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						
C. FULL NAME, MAILING ADDRESS & ZIP CODE		PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
TOWNSEND GROUP 429 N. ST. ASAPH ST. ALEXANDRIA, VA 22314		ADMIN. FUNDRAISING	3/1/00	10,355.24	5,177.62	5,177.62
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" 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
LUXENS COOK CO. 2800 SHARLINGTON RD. ARLINGTON, VA 22206		DIRECT MAIL	2/18/00	541.45	541.45	0
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" 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
LUXENS COOK CO. 2800 SHARLINGTON RD. ARLINGTON, VA 22206		DIRECT MAIL	2/18/00	363.48	363.48	0
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" 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
OFFICE CATERING 1510 WOODBINE ST. ALEXANDRIA, VA 22302		STEERING CMTTE. LUNCH	3/1/00	174.92	0	174.92
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				17,425.63	11,512.82	5,912.81
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a and non-Fed. share to 21 a 4)						
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 51 of the detailed summary page)						

NAME OF COMMITTEE  
**ALLIANCE FOR THE WEST**

A. FULL NAME, MAILING ADDRESS & ZIP CODE <b>SULLIVAN &amp; MITCHELL #330 1100 CONNECTICUT AVE. NW WASHINGTON, DC 20036</b>	PURPOSE/EVENT <b>LEGAL FEES</b>	DATE <b>3/1/00</b>	TOTAL AMOUNT <b>\$ 85.00</b>	FEDERAL SHARE <b>\$ 42.50</b>	NON-FEDERAL SHARE <b>\$ 42.50</b>
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CATEGORY:  ADMINISTRATIVE/VOTER DRIVE     FUNDRAISING     EXEMPT  
EVENT YEAR-TO-DATE: **\$**     DIRECT CANDIDATE SUPPORT

B. FULL NAME, MAILING ADDRESS & ZIP CODE <b>BANK SERVICE CHARGE</b>	PURPOSE/EVENT	DATE <b>1/31/00</b>	TOTAL AMOUNT <b>9.00</b>	FEDERAL SHARE <b>4.50</b>	NON-FEDERAL SHARE <b>4.50</b>
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CATEGORY:  ADMINISTRATIVE/VOTER DRIVE     FUNDRAISING     EXEMPT  
EVENT YEAR-TO-DATE: **\$**     DIRECT CANDIDATE SUPPORT

C. FULL NAME, MAILING ADDRESS & ZIP CODE <b>OLDAKER &amp; HARRIS, LLP 818 CONNECTICUT AVE. NW #818 WASHINGTON, DC 20006</b>	PURPOSE/EVENT <b>OFFICE EXPENSES (MESSENGER)</b>	DATE <b>3/1/00</b>	TOTAL AMOUNT <b>71.13</b>	FEDERAL SHARE <b>35.50</b>	NON-FEDERAL SHARE <b>35.57</b>
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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
[REDACTED]					

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
[REDACTED]					

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
[REDACTED]					

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

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE .....			<b>165.13</b>	<b>82.56</b>	<b>82.57</b>
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TOTAL THIS PERIOD (last page for each line entry) (Fed. share to 21 a) and non-Fed. share to 21 a) ...			<b>17,540.76</b>	<b>11,595.30</b>	<b>5995.30</b>
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TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) .....					<b>5995.30</b>
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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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4-14-00
<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	
 PREPARER	4-14-00 DATE PREPARED