

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -8 A 11:48

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) ALLIANCE FOR THE WEST		2. FEC IDENTIFICATION NUMBER C00335133
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 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 General
(Type of Election)
election on 11-7-2000 in the State of DC
 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>10-1-2000</u> through <u>10-18-2000</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>			\$ <u>31,937.97</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>14,288.92</u>	
(c) Total Receipts (from Line 1B)		\$ <u>43,099.85</u>	\$ <u>112,754.35</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>57,388.77</u>	\$ <u>144,692.32</u>
7. Total Disbursements (from Line 3D)		\$ <u>53,649.88</u>	\$ <u>141,603.43</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>3,688.89</u>	\$ <u>3,688.89</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>---</u>	For further information contact: Federal Election Commission 939 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-894-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>---</u>	
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 <u>William D. Harris</u>			
Signature of Treasurer <u>William D. Harris</u>			Date <u>11-30-2000</u>

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 9/03)

**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 10-1-2000 TO: 10-18-2000	
		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)	6250.00	10500.00	11(a)(i)
ii. Unitemized	662.00	16066.50	11(a)(ii)
iii. Total (add i and ii) >	6912.00	26566.50	11(a)(iii)
b. Political Party Committees	—	—	11(b)
c. Other Political Committees (such as PACs)	33187.85	68187.85	11(c)
d. Total Contributions (add a ii, b and c) >	40099.85	94754.35	11(d)
12. Transfers From Affiliated/Other Party Committees	—	—	12
13. All Loans Received	—	—	13
14. Loan Repayments Received	3000.00	3000.00	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	—	1500.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	43099.85	112754.35	19
20. Total Federal Receipts (subtract line 16 from line 19) >	43099.85	97754.35	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	—	15383.14	21(a)(i)
ii. Non-Federal Share	—	13977.56	21(a)(ii)
b. Other Federal Operating Expenditures	699.88	20642.73	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	699.88	50003.43	21(c)
22. Transfers to Affiliated/Other Party Committee	—	—	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	53000.00	53000.00	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	—	3000.00	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	28(c)
d. Total Contribution Refunds (add a, b and c) >	—	5000.00	28(d)
29. Other Disbursements	—	—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	53699.88	141003.43	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	53699.88	127025.87	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	40099.85	94754.35	32
33. Total Contribution Refunds (from line 28d)	—	5000.00	33
34. Net Contributions (other than loans) (subtract line 33 from line 32)	40099.85	89754.35	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	699.88	36025.87	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from line 35) >	699.88	36025.87	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)

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

<p>A. Full Name, Mailing Address and ZIP Code Donald J. Fierce 3414 Sleepy Hollow Rd. Falls Church, VA 22044</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Fierce & Isakowitz</p> <p>Occupation Lobbyist</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 10-16-00</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Michael Bozik 7730 Medicine Bow Circle Indian Wells, CA 92210</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Z. Bagdasarian, Inc.</p> <p>Occupation Developer</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 10-16-00</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Thomas T. Ogata US Hwy. 20 Hailey, ID 83333</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Rancher</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10-18-00</p>	<p>Amount of Each Receipt this Period 400.00</p>
<p>D. Full Name, Mailing Address and ZIP Code James S. Heather 10045 Creek Trail Circle Stockton, CA 95209</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year) 10-18-00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)
 TOTAL This Period (last page this line number only) **\$ 6250.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11c

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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 (In Period)
DUPONT GOOD GOVERNMENT FUND PO Box 80268 WILMINGTON, DE 19880		10-11-2000	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code Responsible Citizens Political League 3 Research Pl. Rockville, MD 20850		10-16-00	5000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
C. Full Name, Mailing Address and ZIP Code Sabre Inc. PAC 1101 17th St. NW #602 Washington, D.C. 20036		10-16-00	2000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
D. Full Name, Mailing Address and ZIP Code ENRON CORP. PAC 1400 Smith St. EB1903 Houston, TX 77002		10-16-00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code Bell-South Federal PAC 1133 21st St. #900 Washington, DC 20002-36			2000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
F. Full Name, Mailing Address and ZIP Code Career College Assn. PAC 10 B St. NE #750 Washington, DC 20002		10-16-00	2000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
G. Full Name, Mailing Address and ZIP Code Microsoft Corp. PAC 16011 NE 36th Way Redmond, WA 98073		10-16-00	2000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4000.00	

SUBTOTAL of Receipts This Page (optional) 15,000.⁰⁰

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 11(c)

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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
Florida Power & Light Co. PAC 700 Universe Blvd. Juno Beach, FL 33408		10-16-00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.--	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Amer. Asen. Nurse Anesthetists - CENAPAC 412 First St. SE #12 Washington, DC 20003		10-16-00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.--	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edison Int'l. PAC 2244 Walnut Grove Rosemead, CA 91770		10-18-00	5000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.--	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Albertsons, Inc. PAC PO Box 20 Boise, ID 83726		10-18-00	2500. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2500.--	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NH. Assn. of Insurance & Fin. Advisors NAIFA PAC 2901 Telespar Ct. Falls Church, VA 22042		10-18-00	2500. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2500.--	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Southern Comp. PAC 1130 Connecticut Ave. NW # 330 Washington, D.C. 20036		10-18-00	2500. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2500.--	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RS Reynolds PAC PO Box 718 - 401 North Main St. Winston-Salem, NC 27102		10-18-00	1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.--	

SUBTOTAL of Receipts This Page (optional)

15,500.--

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 3 OF 3
FOR LINE NUMBER 11 CC

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NAME OF COMMITTEE (In Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code Pinnacle West PAC 400 North 5th St. Phoenix, AZ 85004	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>1000.-</u>	Date (month, day, year) 10-18-00	Amount of Each Receipt This Period 1000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 10-18-00 Occupation Aggregate Year-to-Date > \$ <u>1000.-</u>	Amount of Each Receipt This Period 1000. ⁰⁰	Name of Employer Date (month, day, year) 10-18-00 Occupation Aggregate Year-to-Date > \$ <u>1000.-</u>
B. Full Name, Mailing Address and ZIP Code Realtors PAC 430 North Michigan Ave. Chicago, IL 60611	Name of Employer Date (month, day, year) 10-14-00 Occupation Aggregate Year-to-Date > \$ <u>687.85</u>	Amount of Each Receipt This Period 687. ⁸⁵	Name of Employer Date (month, day, year) 10-14-00 Occupation Aggregate Year-to-Date > \$ <u>687.85</u>
C. Full Name, Mailing Address and ZIP Code Great Northwest Classic. Cmte 810 Connecticut Ave. NW #1100 Washington, DC 20006	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$	Amount of Each Receipt This Period	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$
D. Full Name, Mailing Address and ZIP Code	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$	Amount of Each Receipt This Period	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$
E. Full Name, Mailing Address and ZIP Code	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$	Amount of Each Receipt This Period	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$
F. Full Name, Mailing Address and ZIP Code	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$	Amount of Each Receipt This Period	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$	Amount of Each Receipt This Period	Name of Employer Date (month, day, year) Occupation Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional) 2687.85

TOTAL This Period (last page this line number only) 33,187.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21Cb

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NAME OF COMMITTEE (In Full)

ALLIANCE FOR THE WEST

A. 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
Townsend Group 429 N. ST. ASAPH ALEXANDRIA, VA 22314	DIRECT MAIL-POSTAGE	10-4-2000	\$ 600.00
Townsend Group 429 N. ST. ASAPH ALEXANDRIA, VA 22314	WEB HOSTING	10-18-2000	\$ 99.88
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)

699.88

TOTAL This Period (last page this line number only)

699.88

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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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
Great Northwest Classic Centre 818 Connecticut Ave. NW #1100 Washington, DC 20006		10-11-00	3000. ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000. ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3000.⁰⁰

LOANS

Name of Committee (In Full) ALLIANCE FOR THE WEST			
A. Full Name, Mailing Address and ZIP Code of Loan Source ALLIANCE FOR THE WEST 818 CONNECTICUT AVE. NW #1100 WASHINGTON, DC 20006	Original Amount of Loan \$3,000.00	Cumulative Payment To Date \$3,000.00	Balance Outstanding at Close of This Period 0
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer:		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 9, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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
STENBERG FOR SENATE 2000 12100 WEST CENTER RD. OMAHA, NE 68144	NE-Senate 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-00	5,000. ⁰⁰
ASHCROFT FOR SENATE 2000 2326 MILLPARK DR. ST. LOUIS, MO 63043	MO-Senate 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-11-00	4,500. ⁰⁰
BURKH OTTER FOR CONGRESS 2000 PO Box 1456 BOISE, ID 83701	ID HOUSE CONTRIBUTION -1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-14-00	2,500. ⁰⁰
SLADE GORTON FOR SENATE 2000 PO Box 3348 BELLINGHAM, WA 98009	WA-Senate 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000. ⁰⁰
CONRAD BURNS FOR SENATE 2000 PO Box 1532 BILLINGS, MT 59103	MT-Senate 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000. ⁰⁰
ROD GRAMS FOR SENATE 2000 PO Box 1029 LAKOTA, MN 55303	MN-Senate 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000. ⁰⁰
SPENCER ABRAHAM FOR SENATE 2000 26555 EVERGREEN RD. SOUTHFIELD, MI 48028	MI-Senate 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000. ⁰⁰
WILLIAM TOTH FOR SENATE 2000 PO Box 105 WILMINGTON, DE 19849	DE-Senate 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000. ⁰⁰
RICK LAZIO FOR SENATE 2000 3 EAST MAIN ST. BAYSHORE, NY 11706	NY-Senate 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000. ⁰⁰

SUBTOTAL of Disbursements This Page (optional)

42,000.⁰⁰

TOTAL This Period (last page this line number only)

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
BILL McCOLLUM FOR SENATE 2000 605 EAST ROBINSON ST. #205 ORLANDO, FL 32801	FL - Senate 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000.⁰⁰
BOB FRANKS FOR SENATE 2000 934 STUYVESANT AVE. UNION, NJ 07083	NJ - Senate 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-00	5,000.⁰⁰
NICK DELANE FOR SENATE 2000 PO Box 340188 COLUMBUS, OH 43234	OH - Senate 2000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-00	1,000.⁰⁰
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)	11,000.⁰⁰
TOTAL This Period (last page this line number only)	53,000.⁰⁰

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>12.6-02</i>
<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	
<i>JM 12</i> PREPARER	<i>12-8-02</i> DATE PREPARED