

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 13 P 4:47

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>000 335133</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 31 606 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>7-1-00</b> through <b>9-30-00</b>		
6. (a) Cash on Hand January 1, 19_____		\$ 26938.07
(b) Cash on Hand at Beginning of Reporting Period	\$ (1926.99)	
(c) Total Receipts (from Line 1B)	\$ 15523.50	\$ 62654.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13596.51	\$ 96992.57
7. Total Disbursements (from Line 3C)	\$ 13624.70	\$ 96620.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ (28.19)	\$ (28.19)
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 3000.00	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
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. HARRIS**

Signature of Treasurer

*William D. Harris*

Date

10-13-2000

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 8/93)

# 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		TO	
	7-1-00		9-30-00	
	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)	760	00	4250	00
ii. Unitemized	7273	80	13404	50
iii. Total (add i and ii) >	8033	80	14654	50
b. Political Party Committees				
c. Other Political Committees (such as PACs)	7500	00	25000	00
d. Total Contributions (add a ii, b and c) >	15523	80	54654	50
12. Transfers From Affiliated/Other Party Committees				
13. All Loans Received				
14. Loan Repayments Received				
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				
17. Other Federal Receipts (Dividends, Interest, etc.)			15000	00
18. Transfers from Nonfederal Account for Joint Activity	15523	80	64654	50
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	13523	80	54654	50
20. Total Federal Receipts (subtract line 16 from line 19) >				
<b>Disbursements</b>				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21362	10
i. Federal Share			14761	19
ii. Non-Federal Share	6124	90	13902	00
b. Other Federal Operating Expenditures	6124	70	50075	29
c. Total Operating Expenditures (add a i, a ii, and b) >			6395	47
22. Transfers to Affiliated/Other Party Committees	4800	00	32000	00
23. Contributions to Federal Candidates/Committees and Other Political Committees				
24. Independent Expenditures (see Schedule E)				
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)				
26. Loan Repayments Made	3000	00	3000	00
27. Loans Made				
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees				
b. Political Party Committees			5000	00
c. Other Political Committees (such as PACs)			5000	00
d. Total Contribution Refunds (add a, b and c) >				
29. Other Disbursements	13624	70	46620	76
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	13624	70	72258	66
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >				
<b>Net Contributions/Operating Expenditures</b>				
32. Total Contributions (other than loans) (from line 11d)	15523	80	54654	50
33. Total Contribution Refunds (from line 28d)	0		5000	00
34. Net Contributions (other than loans) (subtract line 33 from 32)	15523	80	49654	50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	6124	70	35264	10
36. Offsets to Operating Expenditures (from line 15)	0		0	
37. Net Operating Expenditures (subtract line 36 from 35) >	6124	70	35264	10

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 11e

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

MICROSOFT CORP. POL. ACTION CTR.  
16011 N.E. 36TH WAY BOX 97017  
REDMOND, WA

Name of Employer

Date (month, day, year)

8-14-00

Amount of Each Receipt this Period

2,000.<sup>00</sup>

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > 6

B. Full Name, Mailing Address and ZIP Code

QUEST EMPLOYEE PAC  
8325 ZUNI ST. RM. 724  
DENVER, CO 80221

Name of Employer

Date (month, day, year)

8-14-00

Amount of Each Receipt this Period

2,500.<sup>00</sup>

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > 6

C. Full Name, Mailing Address and ZIP Code

PILOTS SOCIETY PAC  
P.O. Box 906  
PHILADELPHIA, PA 19105-0906

Name of Employer

Date (month, day, year)

8-14-00

Amount of Each Receipt this Period

1,000.<sup>00</sup>

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > 5

D. Full Name, Mailing Address and ZIP Code

LOUISIANA PACIFIC FEDERAL PAC  
111 SW 5TH AVE.  
PORTLAND, OR 97204

Name of Employer

Date (month, day, year)

7-18-00

Amount of Each Receipt this Period

2,000.<sup>00</sup>

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > 5

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > 8

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > 6

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > 5

SUBTOTAL of Receipts This Page (optional)

7,500.<sup>00</sup>

TOTAL This Period (last page this line number only)

7,500.<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 11 a 1

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NAME OF COMMITTEE (in Full)

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code CLIFFORD G. BUXTON 9120 SAN JUAN PL. LA MESA, CA 91941	Name of Employer  Occupation Investor	Date (month, day, year) 8-30-00	Amount of Each Receipt this Period 250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		250. <sup>00</sup>	
B. Full Name, Mailing Address and ZIP Code PRESTON R. NICHOLS PO Box 549 CALDWELL, ID	Name of Employer  Occupation Investor	Date (month, day, year) 8-14-00	Amount of Each Receipt this Period 250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		250	
C. Full Name, Mailing Address and ZIP Code DR. ROBERT P. MEERS PO Box 846 BOZEMAN, MT 59717	Name of Employer Self-employed  Occupation Doctor	Date (month, day, year) 8-14-00	Amount of Each Receipt this Period 250. <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$		250. <sup>00</sup>	
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) .....

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 27

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 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
GREAT NORTHWEST CLASSIC CTR. 818 CONNECTICUT AVE. NW #1100 WASHINGTON, DC 20006	LOAN	7-17-00	3,000 <sup>00</sup>
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)	3,000 <sup>00</sup>
TOTAL This Period (list page this line number only)	3,000 <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
ROD GRANT 2000 PO BOX 1029 ANOKA, MN 55303	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-11-00	2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EDSTON 2000 PO BOX 3348 BELLEVUE, WA 98009	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-18-00	2,500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

4500.00

LOANS

Name of Committee (in Full) <b>ALLIANCE FOR THE WEST</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>ALLIANCE FOR THE WEST 818 CONNECTICUT AVE. NW #1100 WASHINGTON, DC 20006</b>	Original Amount of Loan <b>3,000.<sup>00</sup></b>	Cumulative Payment To Date <b>0</b>	Balance Outstanding at Close of This Period <b>3,000.<sup>00</sup></b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <b>9-17-00</b> Date Due _____ Interest Rate <b>None</b> <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	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (ap) <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) _____			<b>\$ 3,000.<sup>00</sup></b>
TOTALS This Period (last page in this line only) _____			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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 <u>10-13-00</u>
<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	
 <i>KML</i> PREPARER	 <u>10-13-00</u> DATE PREPARED