

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Alliance For The West

ADDRESS (number and street) P.O. Box 26366
 Check if different than previously reported. (ACC)
Alexandria VA 22313

2. **FEC IDENTIFICATION NUMBER** C00335133
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2006 through 05 31 2006

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 Mr. Bill Harris

Signature of Treasurer Electronically Filed by Mr. Bill Harris Date 07 13 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Alliance For The West

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">14463.44</td></tr></table>	14463.44
Y	Y	Y	Y									
2	0	0	6									
14463.44												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">7768.44</td></tr></table>	7768.44										
7768.44												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">19500.00</td></tr></table>	19500.00	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">43500.00</td></tr></table>	43500.00								
19500.00												
43500.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">27268.44</td></tr></table>	27268.44	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">57963.44</td></tr></table>	57963.44								
27268.44												
57963.44												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">17126.40</td></tr></table>	17126.40	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">47821.40</td></tr></table>	47821.40								
17126.40												
47821.40												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">10142.04</td></tr></table>	10142.04	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">10142.04</td></tr></table>	10142.04								
10142.04												
10142.04												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: right;">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Alliance For The West

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12500.00	17500.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	12500.00	17500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	7000.00	26000.00
(c) Other Political Committees (such as PACs)	19500.00	43500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19500.00	43500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19500.00	43500.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	12126.40	16321.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	12126.40	16321.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	26500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	17126.40	47821.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	17126.40	47821.40

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19500.00	43500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19500.00	43500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12126.40	16321.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12126.40	16321.40

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James Jay Baker		Date of Receipt MM / DD / YYYY 05 / 05 / 2006
Mailing Address 1331 H Street, NW, 12th Fl		Transaction ID: SA11A1.5008
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Federalist Group	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Christopher Bowlin		Date of Receipt MM / DD / YYYY 05 / 08 / 2006
Mailing Address 5115 North 15th Street		Transaction ID: SA11A1.5006
City Arlington	State VA	Zip Code 22205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bergner Bockorny	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Suzie Brewster		Date of Receipt MM / DD / YYYY 05 / 09 / 2006
Mailing Address 409 South Capitol Street SW Suite 608-A		Transaction ID: SA11A1.5004
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Suzie Brewster & Associates	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Alliance For The West

Full Name (Last, First, Middle Initial) A. Carol Holding		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address PO Box 98		Transaction ID: SA11A1.4999	
City State Zip Code Cody WY 82414		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Sinclair Oil Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. William P. Hollier		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 12707 Westbrook Drive		Transaction ID: SA11A1.5013	
City State Zip Code Fairfax VA 22030		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation The Gallatin Group Partner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. William C. Oldaker		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 818 Connecticut Avenue NW Suite 110		Transaction ID: SA11A1.5016	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Oldaker Ryan & Phillips Partner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 13	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Alliance For The West

A. Full Name (Last, First, Middle Initial)
Patrick J. Raffaniello

Mailing Address 1161 Old Gate Court

City State Zip Code
McLean VA 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Clark & Blades Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.5014

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	12500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Alliance For The West

Full Name (Last, First, Middle Initial) A. MWH AMERICAS INC. EMPLOYEE PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address 301 North Lake Avenue Suite 600		Transaction ID: SA11C.5019
City Pasadena State CA Zip Code 91101	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00242370		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. NRA POLITICAL VICTORY FUND		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 11250 WAPLES MILL ROAD		Transaction ID: SA11C.5000
City FAIRFAX State VA Zip Code 22030	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00053553		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 2600 South River Road		Transaction ID: SA11C.5011
City Des Plaines State IL Zip Code 60018	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00066472		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 13
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Alliance For The West

Full Name (Last, First, Middle Initial) A. SAFARI CLUB INTERNATIONAL POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address PO BOX 159		Transaction ID: SA11C.5010
City WAPATO	State WA	Zip Code 98951
FEC ID number of contributing federal political committee. C C00122101		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. WILLIAMS COMPANIES, INC. PAC, THE		Date of Receipt MM / DD / YYYY 05 / 17 / 2006
Mailing Address 1627 EYE STREET NW SUITE 900		Transaction ID: SA11C.5001
City WASHINGTON	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C C00040394		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	7000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Alliance For The West

Full Name (Last, First, Middle Initial) A. Political Compliance Service		Transaction ID: SB21B.4994																					
Mailing Address P.O. Box 373		Date of Disbursement																					
City Fairfax Station State VA Zip Code 22039		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	3		2	0	0	6														
Purpose of Disbursement Consultant: Compliance		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">917.87</td> </tr> </table>		917.87																			
917.87																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. The Townsend Group		Transaction ID: SB21B.4995																					
Mailing Address 429 N. St. Asaph Street		Date of Disbursement																					
City Alexandria State VA Zip Code 22314		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	6														
Purpose of Disbursement Consultant: Fundraising		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">11203.53</td> </tr> </table>		11203.53																			
11203.53																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	12121.40
TOTAL This Period (last page this line number only)	12121.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Alliance For The West

Full Name (Last, First, Middle Initial)
A. MIKE DEWINE FOR US SENATE

Transaction ID: SB23.4997

Date of Disbursement

Mailing Address PO BOX 340188

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	6

City COLUMBUS State OH Zip Code 43234

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00

Image# 26930215876

Form/Schedule: **F3XA**

This amendment is filed in response to the Commission's letter dated July 5, 2006 regarding expenditures made for 'Consultant:Fundraising'. This payment was made for fundraising for this Committee and none on behalf of specifically identified federal candidates.

Transaction ID:
