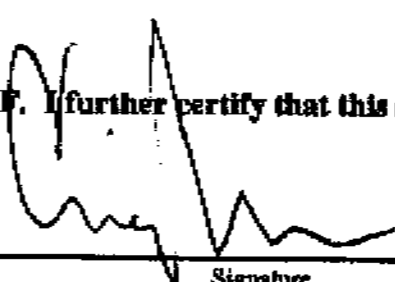


# 24-Hour Notice of Disbursements for Electioneering Communications

Amendment  
 Yes  No

Use this form to report any disbursements for electioneering communications that exceed \$10,000 in a calendar year which are made by; an individual, group of individuals, association or any other organization. This form may be faxed and must be filed within 24 hours of each disclosure date.

<b>1. Reporting Entity Information</b>		
a. Full Name of Entity Making Disbursement <b>ALLIANCE FOR NORTH CAROLINA</b>	c. Type (Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	d. Federal ID Number <b>20-4442398</b>
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>300 M STREET, SE SUITE 1102 WASHINGTON, DC 20003</b>	e. Employer's Name or Principal Place of Business <b>N/A</b>	f. Occupation <b>N/A</b>
<b>2. Period Covered</b> Start _____ End _____		
<b>3. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>4. Custodian of Books</b>		
a. Full Name of Entity's Custodian of Books and Accounts <b>CRAIG VAROGA</b>	c. Employer's Name or Principal Place of Business <b>ALLIANCE FOR NORTH CAROLINA</b>	
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>300 M STREET, SE SUITE 1102 WASHINGTON, DC 20003</b>	d. Occupation <b>PRESIDENT</b>	
<b>5. Total Contributions ALL Pages</b>		<b>\$ 500,000</b>
<b>6. Total Expenditures ALL Pages</b>		<b>\$ 500,000</b>
<b>CERTIFICATION</b>		
I certify that this entity is in full compliance with Article 22E and Article 22F. I further certify that this statement is complete, true and correct.		
<b>CRAIG VAROGA</b> Printed Name of Signer	 Signature	<b>25 Sept 08</b> Date

CRO-2310

NC State Board of Elections

June 2006

509-25-08 JV

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Receipts for Electioneering Communications

1. Receipt Information			
a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Date (mm/dd/yyyy)	d. Amount
1	DEMOCRATIC GOVERNORS ASSOCIATION 1401 K STREET NW SUITE WASHINGTON, DC 20005	9/19/2008	\$ 500,000
			\$
			\$
			\$
			\$
			\$
<b>2. Total Receipts THIS Page</b> (sum all the 'd' entries on this page)			\$ 500,000
<b>3. Total Receipts ALL Pages</b> (sum all the 'd' entries on all receipt pages)			\$ 500,000

CRO-2330

NC State Board of Elections

September 2004

# Disbursements for Electioneering Communications

1. Disbursement Information			
a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
1	9/24/2008	9/25/2008	RAISE
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
MEDIA STRATEGIES + RESEARCH 1580 LINCOLN STREET SUITE 510 DENVER, CO 80203			\$ 500,000
Candidate Full Name		Office Sought	
PAT MCCRORY		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): GOVERNOR	
Disbursement For:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	
Disbursement For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	
Disbursement For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	
a. Item Num	b. Disbursement Date (mm/dd/yyyy)	c. Communication Date (mm/dd/yyyy)	d. Purpose (including title(s) of communication(s))
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
			\$
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	
Disbursement For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	
Disbursement For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	
Candidate Full Name		Office Sought	
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____	
Disbursement For:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	
2. Total Disbursements THIS Page <small>(sum all the 'f' entries on this page)</small>			\$
3. Total Disbursements ALL Pages <small>(sum all the 'f' entries on all disbursement pages)</small>			\$

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NC State Board of Elections

September 2004

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