

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.

1. Reporting Entity Information

a. Full Name of Entity Making Disbursement Alliance for North Carolina		c. Type (Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization		d. Federal ID Number 20-4442398
b. Mailing Address (include City, State and Zip Code) and Phone Number 300 M Street, SE Suite 1102 Washington, DC 20003		e. Employer's Name or Principal Place of Business N/A		
		f. Occupation N/A		

2. Period Covered Start 09/25/2008 End 10/01/2008

3. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

4. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts
Craig Varoga

b. Mailing Address (include City, State and Zip Code) and Phone Number 300 M Street, SE Suite 1102 Washington, DC 20003	c. Employer's Name or Principal Place of Business Alliance for North Carolina
	d. Occupation President

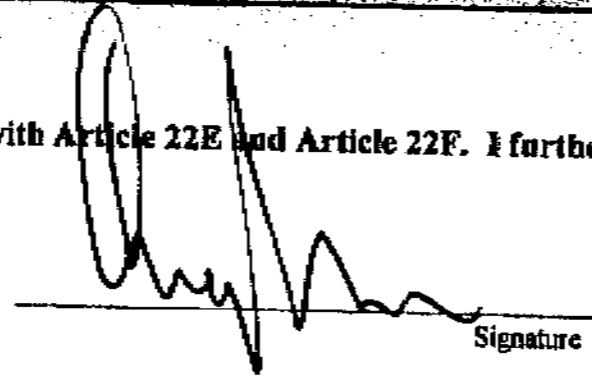
5. Total Contributions ALL Pages \$ 500,000

6. Total Expenditures ALL Pages \$ 457,000

CERTIFICATION

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.

CRAIG VAROGA
Printed Name of Signer


Signature

RECEIVED
 OCT 2 2008
 N.C. BOARD OF ELECTIONS
 CAMPAIGN FINANCE DIVISION
 10/02/2008
 Date

5 10-02-08 *CV*

APR-18-1996 07:14

P.01/03

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 200 WASHINGTON, DC 20005	10/1/2008	\$ 500,000
			\$
			\$
			\$
			\$
			\$
2. Total Receipts THIS Page (sum all the '1d' entries on this page)			\$ 500,000
3. Total Receipts ALL Pages (sum all the '1d' entries on all receipt pages)			\$ 500,000

Disbursements for Electioneering Communications

APR-18-1996 07:20

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))	e. Amount
1	10/11/2008	10/03/2008	TELEVISION AD - RAISE	\$ 457,000
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number MEDIA STRATEGIES + RESEARCH 1580 LINCOLN STREET SUITE 510 DENVER, CO 80203				
Candidate Full Name		Office Sought		Disbursement For:
PAT MCCRORY		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Council of State (specify): GOVERNOR		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____
Candidate Full Name		Office Sought		Disbursement For:
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____
Candidate Full Name		Office Sought		Disbursement For:
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		<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. Amount
				\$
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
Candidate Full Name		Office Sought		Disbursement For:
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____
Candidate Full Name		Office Sought		Disbursement For:
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____
Candidate Full Name		Office Sought		Disbursement For:
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Council of State (specify): _____		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____

2. Total Disbursements THIS Page	(sum all the 'f' entries on this page)	\$ 457,000
3. Total Disbursements ALL Pages	(sum all the 'f' entries on all disbursement pages)	\$ 457,000 - 2008

RECEIVED
 September 2008
 N.C. BOARD OF ELECTIONS
 CAMPAIGN FINANCE DIVISION

TOTAL P.03

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CRO-2340

NC State Board of Elections