

24-Hour Notice of Disbursements for Electioneering Communications

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.

Amendment		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Alliance for North Carolina		<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	20-4442398
300 M Street, SE Suite 1102 Washington, DC 20003		N/A	
		N/A	

Craig Varoga		Alliance for North Carolina	
300 M Street, SE Suite 1102 Washington, DC 20003		President	

\$ 500,000
\$ 500,000

I certify that this entity is in full compliance with Article 21E and Article 22R. I further certify that this statement is complete, true and correct.

Craig Varoga
Printed Name of Signer

[Handwritten Signature]
Signature

RECEIVED
OCT 12 2008
NC State Board of Elections
CAMPUS FINANCE DIVISION

10/11/2008
Date

RECEIVED
OCT 10 2008
June 2006
NC State Board of Elections
CAMPUS FINANCE DIVISION

CRO-2310

NC State Board of Elections

5 10-13-08 R

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

RECEIVED
~~OCT 10 2008~~
 NC BOARD OF ELECTIONS
 CAMPAIGN FINANCE DIVISION

RECEIVED
 OCT 12 2008
 NC BOARD OF ELECTIONS
 CAMPAIGN FINANCE DIVISION

CRO-2330

NC State Board of Elections

September 2004

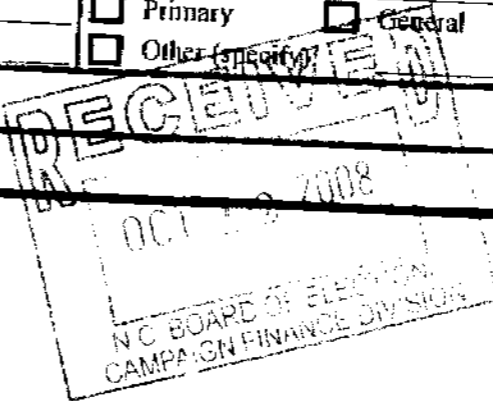
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Disbursements for Electioneering Communications

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	10/10/2008	10/14/2008	TV Ad - "Stand Up"
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	Disbursement For:
Pat McCrory		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input 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. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
			\$
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 <i>(sum all the '1' entries on this page)</i>			\$ 500,000
3. Total Disbursements ALL Pages <i>(sum all the '1' entries on all disbursement pages)</i>			\$ 500,000

CRO-2340

NC State Board of Elections



September 2004

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