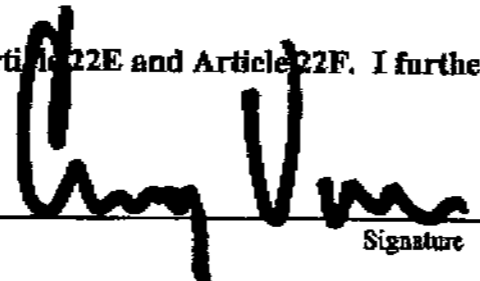


## 24-Hour Notice of Disbursements for Electioneering Communications

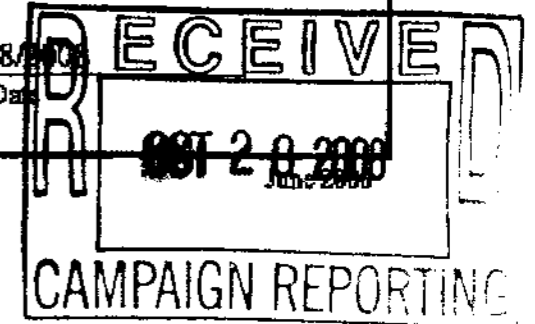
Amendment  
 Yes  No

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		c. Type (Check one)	
Alliance for North Carolina		<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number		d. Federal ID Number	
300 M Street, SE Suite 1102 Washington, DC 20003		20-4442398	
		e. Employer's Name or Principal Place of Business	
		N/A	
		f. Occupation	
		N/A	
<b>2. Period Covered</b>			
Start	10/11/2008	End	10/17/2008
<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			
Craig Varoga			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
300 M Street, SE Suite 1102 Washington, DC 20003		Alliance for North Carolina	
		d. Occupation	
		President	
<b>5. Total Contributions ALL Pages</b>			\$ 1,655,000
<b>6. Total Expenditures ALL Pages</b>			\$ 422,532.85
<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.			
_____ Craig Varoga Printed Name of Signer		 _____ Signature	
		10/18/2008 Date	

CRO-2310

NC State Board of Elections



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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 LT. GOVERNORS ASSOCIATION 412 1ST STREET, SE SUITE 100 WASHINGTON, DC 20003	10/14/2008	\$ 5,000
2	DEMOCRATIC GOVERNORS ASSOCIATION 1401 K ST, NW SUITE 200 WASHINGTON, DC 20005	10/15/2008	\$ 1,000,000
3	DEMOCRATIC GOVERNORS ASSOCIATION 1401 K STREET NW SUITE 200 WASHINGTON, DC 20005	10/15/2008	\$ 650,000
			\$
			\$
			\$
<b>2. Total Receipts THIS Page</b> (sum all the '1d' entries on this page)			\$ 1,655,000
<b>3. Total Receipts ALL Pages</b> (sum all the '1d' entries on all receipt pages)			\$ 1,655,000

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	10/15/2008	10/3/2008 / 10/14/2008	PRODUCTION - "RAISE" + "STAND UP"
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
STRUBBLE EICHENBAUM 700 SEVENTH STREET SE WASHINGTON DC 20003			\$ 7532.85
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))
2	10/17/2008	10/20/2008	TELEVISION ADVERTISEMENT - "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			\$ 415,000
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): _____
2. Total Disbursements THIS Page (sum all the 'If' entries on this page)			\$ 422,532.85
3. Total Disbursements ALL Pages (sum all the 'If' entries on all disbursement pages)			\$ 422,532.85