

24-Hour Notice of Disbursements for Electioneering Communications

Amendment
 Yes No

Use this form to report any disbursements for electioneering communications made by an individual, group of individuals, association or any other organization if the communications exceed \$10,000 in a calendar year. If the communications mention or show the likeness of a candidate for the North Carolina Court of Appeals, North Carolina Supreme Court, Commissioner of Insurance, State Auditor or Superintendent of Public Instruction, and any of those candidates or their opponents are participating in public funding, then this form should be filed when disbursements exceed \$5,000 in a calendar year. This form can be faxed to (919) 715-8047.

1. Reporting Entity Information		
a. Full Name of Entity Making Disbursement	c. Type (Check one)	d. Federal ID Number
ALLIANCE FOR NORTH CAROLINA	<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	20-4442398
b. Mailing Address (include City, State and Zip Code) and Phone Number	e. Employer's Name or Principal Place of Business	
300 M STREET, SE SUITE 1102 WASHINGTON, DC 20003	N/A	
	f. Occupation	
	N/A	

2. Period Covered Start 10/18/2008 End 10/22/2008

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	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

5. Total Contributions ALL Pages \$ 0

6. Total Expenditures ALL Pages \$ 985,000

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] Signature

23 Oct 2008 Date

Receipts for Electioneering Communications

1. Receipt Information

a. Item Num	b. FxR Name, Mailing Address & Phone Number (include city, state, and zip)	c. Date (mm/dd/yyyy)	d. Amount
	<i>NO RECEIPTS</i>		\$
			\$
			\$
			\$
			\$
			\$
2. Total Receipts THIS Page <i>(sum all the 'd' entries on this page)</i>			\$
3. Total Receipts ALL Pages <i>(sum all the 'd' entries on all receipt pages)</i>			\$

Disbursements for Electioneering Communications

P.04/04

TOTAL P.04

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	10/22/2008	10/22/2008, 10/23/2008	TV ADS - "STAND UP" + "RESULT"
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			\$ 985,000
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): _____
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>			\$ 985,000
3. Total Disbursements ALL Pages <i>(sum all the '1' entries on all disbursement pages)</i>			\$ 985,000

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