

48-Hour Notice

Page 1 of 1

Amendment
 Yes No

To be Used by Committees to Report Contributions of \$1,000 or more

1. Committee Information		c. ID Number
a. Full Name		7000007
Citizens for Higher Education PAC		
b. Mailing Address (Include City, State and Zip Code)		d. Report Date
Post Office Box 12065 Raleigh, North Carolina 27605		07/13/2004
		e. Phone Number
		(919) 785-7141

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
W. G. Clark, III Post Office Box 1159 Tarboro, North Carolina 27886			

b. Type of Contributor	b. Type of Contributor
<input checked="" type="checkbox"/> Individual (if checked, must specify c2 and c3)	<input type="checkbox"/> Individual (if checked, must specify c2 and c3)
<input type="checkbox"/> Political Party	<input type="checkbox"/> Political Party
<input type="checkbox"/> Other Political Committee (if checked, must specify c1)	<input type="checkbox"/> Other Political Committee (if checked, must specify c1)
<input type="checkbox"/> Not-for-Profit (if checked, must specify c4)	<input type="checkbox"/> Not-for-Profit (if checked, must specify c4)
<input type="checkbox"/> Other Source:	<input type="checkbox"/> Other Source:

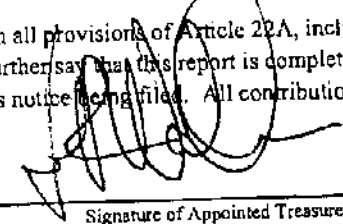
b1. Type of Committee	b1. Type of Committee
<input type="checkbox"/> Federal <input type="checkbox"/> County:	<input type="checkbox"/> Federal <input type="checkbox"/> County:
<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	<input type="checkbox"/> State <input type="checkbox"/> Municipality:

b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
President			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Clark Industries/Farming	Check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
07/12/2004	\$ 2,500.00		\$
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
General Operating	\$ 2,500.00		\$

3. Total Contributions THIS Page (sum all the 'f' entries on this page)	\$ 2,500.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$ 2,500.00

CERTIFICATION
 I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on the next scheduled filing report.

John R. Wallace
 Printed Name of Signer


 Signature of Appointed Treasurer

07/13/2004
 Date