

Federal Political Committee NC Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or account information. You must amend the Federal Political Committee Statement of Organization (CRO-4000) to make those kinds of committee changes.

Use the Addendum form (CRO-4110) if additional information needs to be provided.

1. Committee Information

| | |
|---|-----------------|
| a. Full Name | c. NC ID Number |
| DRIVE-Democrat, Republican, Independent Voter Ed. | 9800056 |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed |
| 25 Louisiana Ave, NW Washington, DC 20001 | |
| | e. Phone Number |
| | 202/624-6905 |

| | | | |
|----------------|-----------------------------------|---------------------------------|--|
| 2. Report Year | 3. Period Start Date (mm/dd/yyyy) | 4. Period End Date (mm/dd/yyyy) | 5. Total Amount Given to NC Committees |
| 2006 | 1/1/06 | 4/15/06 | \$ 5,000.00 |

| | | | | | | | | | | | |
|---|---|-------------|--|-----------------------------------|---------------------------------|-----------------------------------|-------------------------------------|----------------------------------|---------------------------------|--|------------------|
| 6. Type of Report (check one) | 8. Treasurer Full Name <i>(this should appear as listed on the Statement of Organization [CRO-4000])</i> | | | | | | | | | | |
| <table border="0"> <tr> <td>Quarterly</td> <td>Semi-annual</td> </tr> <tr> <td><input checked="" type="checkbox"/> First Plus</td> <td><input type="checkbox"/> Mid Year</td> </tr> <tr> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Year End</td> </tr> <tr> <td><input type="checkbox"/> Third Plus</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Fourth</td> <td></td> </tr> </table> | Quarterly | Semi-annual | <input checked="" type="checkbox"/> First Plus | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Second | <input type="checkbox"/> Year End | <input type="checkbox"/> Third Plus | <input type="checkbox"/> Special | <input type="checkbox"/> Fourth | | C. Thomas Keegel |
| Quarterly | Semi-annual | | | | | | | | | | |
| <input checked="" type="checkbox"/> First Plus | <input type="checkbox"/> Mid Year | | | | | | | | | | |
| <input type="checkbox"/> Second | <input type="checkbox"/> Year End | | | | | | | | | | |
| <input type="checkbox"/> Third Plus | <input type="checkbox"/> Special | | | | | | | | | | |
| <input type="checkbox"/> Fourth | | | | | | | | | | | |
| 7. Special Report Name (if applicable) | 9. Assistant Treasurer Full Name <i>(list the assistant that is a NC resident, if it is not the treasurer)</i> | | | | | | | | | | |
| | Jack Cipriani | | | | | | | | | | |

| | |
|------------------------------------|------------------------------------|
| 10. Account Information | |
| a. Financial Institution Full Name | a. Financial Institution Full Name |
| Wachovia Bank | |
| b. Purpose | c. Code |
| Savings & Checking | Wach |
| d. Period Begin Balance | e. Period End Balance |
| \$ | \$ |

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct.

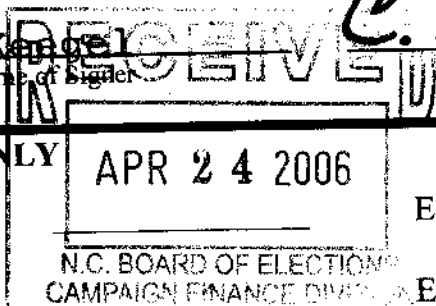
C. Thomas Keegel
 Printed Name of Signer

C. Thomas Keegel
 Signature of Appointed Treasurer

4/20/06
 Date

FOR OFFICE USE ONLY

Date Received:
 4/20/06
 Date Postmarked:
 4/26/06
 Date Scanned:



Employee: JSB
 Employee: KDG
 Employee: KDG

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

certified

Disbursements
1/1/06-4/15/06

Page: 1

04/20/2006

| DATE | PAYEE | ADDRESS | CITY | ST | ZIP | AMOUNT | ELECTION | RPT DSCRPTN |
|------------|---------------------------------|-------------------------|---------|----|-------|-------------------|----------|--------------|
| 01/13/2006 | North Carolina Democratic Party | 220 Hillsborough Street | Raleigh | NC | 27603 | \$5,000.00 | | CONTRIBUTION |
| | | | | | | <u>\$5,000.00</u> | | |
| | | | | | | <u>\$5,000.00</u> | | |

Receipts (Itemized over \$100.00)
1/1/06-4/15/06

| <u>Date</u> | <u>Contributor</u> | <u>Address</u> | <u>City St & Zip</u> | <u>Amount</u> | <u>Employer</u> | <u>Occupation</u> |
|--------------------------------|--------------------|-------------------|-------------------------------|--|-----------------|-------------------|
| CIPRIANI, GIACMO 02/07/2006 | CIPRIANI, GIACMO | 145 MASHIE DRIVE | SUMMERFIELD, NC 27358-7921 | \$120.00 <u>\$120.00</u> | LOCAL 391 | PRESIDENT |
| 1 | | | | | | |
| Gray, Claude 02/07/2006 | Gray, Claude | 511 F DELTA COURT | CARY, NC 27513 | \$120.00 <u>\$120.00</u> <u>\$240.00</u> | IBTU | VICE PRESIDENT |
| 1 | | | | | | |
| 2 | | | | | | |