

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

1. Committee Information

a. Full Name	c. ID Number
Citizens for Higher Education PAC	STA-C3187N-C-001
b. Mailing Address (include City, State and Zip Code)	d. Report Date
PO Box 12065 Raleigh, NC 27605	10/30/2006
	e. Phone Number
	(919) 782-9322

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
James W. Klutz 709 Arbor Rd. Winston-Salem, NC 27104	

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Charles M. Johnson, III 1800 Bayberry Ct., Suite 300 Richmond, VA 23226	

b. Type of Contributor

Individual (if checked, must specify b2 and b3)
 Political Party
 Other Political Committee (if checked, must specify b1)
 Not-for-Profit (if checked, must specify b4)
 Other Source: _____

b. Type of Contributor

Individual (if checked, must specify b2 and b3)
 Political Party
 Other Political Committee (if checked, must specify b1)
 Not-for-Profit (if checked, must specify b4)
 Other Source: _____

b1. Type of Committee

Federal County: _____
 State Municipality: _____

b1. Type of Committee

Federal County: _____
 State Municipality: _____

b2. Job Title/Profession	b4. Federal ID Number
Branch Manager	
b3. Employer's Name/Specific Field	c. Form of Payment
Wachovia Securities	Check
d. Date (mm/dd/yyyy)	f. Amount
10/27/2006	\$ 2,500.00
e. Account Code	g. Election Cycle Sum to Date
General Operating	\$ 2,500.00

b2. Job Title/Profession	b4. Federal ID Number
CEO	
b3. Employer's Name/Specific Field	c. Form of Payment
Private Advisors	Check
d. Date (mm/dd/yyyy)	f. Amount
10/27/2006	\$ 2,500.00
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)	\$ 5,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$ 15,000

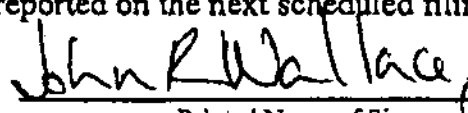
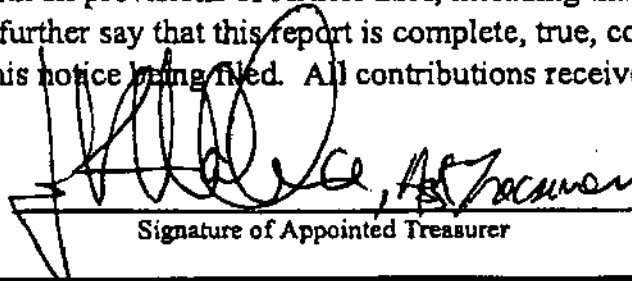
CERTIFICATION

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]
 Signature of Appointed Treasurer

Oct 30, 2006
 Date

To be Used by Committees to Report Contributions of \$1,000 or more			
1. Committee Information			
a. Full Name		c. ID Number	
Citizens for Higher Education PAC		STA-C3187N-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
PO Box 1205 Raleigh, NC 27605		10/30/2006	
		e. Phone Number	
		(919) 782-9322	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
William H. Cameron PO Box 3649 Wilmington, NC 28406		Russell M. Carter 1621 Country Club Rd. Wilmington, NC 28403	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
President		President	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Cameron Co.	Check	Atlantic Packaging	
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/27/2006	\$ 2,500.00	10/30/2006	\$ 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	General Operating	\$ 2,500.00
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 5,000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		Od 30, 2006 Date	

48-Hour Notice

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

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

1. Committee Information

a. Full Name	c. ID Number
Citizens for Higher Education PAC	STA-C3187N-C-001
b. Mailing Address (include City, State and Zip Code)	d. Report Date
PO Box 12065 Raleigh, NC 27605	10/30/2006
	e. Phone Number
	(919) 782-9322

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Susan S. Carter 1621 Country Club Rd. Wilmington, NC 28403	

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
William J. Blair, III 801 S. Lumina Ave. Wrightsville Beach, NC 28480	

b. Type of Contributor

Individual (if checked, must specify b2 and b3)
 Political Party
 Other Political Committee (if checked, must specify b1)
 Not-for-Profit (if checked, must specify b4)
 Other Source: _____

b. Type of Contributor

Individual (if checked, must specify b2 and b3)
 Political Party
 Other Political Committee (if checked, must specify b1)
 Not-for-Profit (if checked, must specify b4)
 Other Source: _____

b1. Type of Committee

Federal County: _____
 State Municipality: _____

b1. Type of Committee

Federal County: _____
 State Municipality: _____

b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Homemaker		Consultant	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
N/A	Check	Blair Squire Management	Check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/27/2006	\$ 2,500.00	10/27/2006	\$ 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	General Operating	\$ 2,500.00

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$ 5,000.00
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$

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] Ast Treasurer
Signature of Appointed Treasurer

Oct 30, 2006
Date