
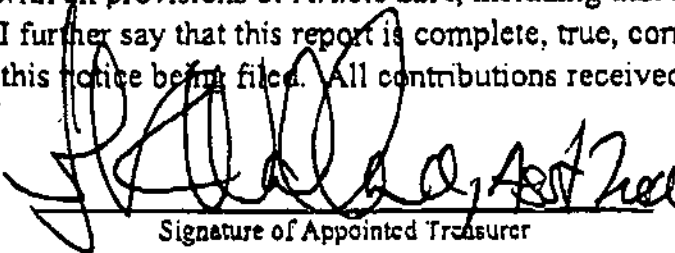


48-Hour Notice

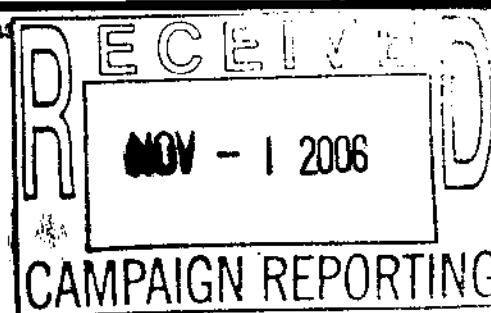
To be Used by Committees to Report Contributions of \$1,000 or more

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		11/01/2006	
		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	
J. Troy Smith, Jr. 1001 College Ct. New Bern, NC 28562		John A. Powell 3000 Sand Hill Rd., Suite 3-240 Menlo Park, CA 94025	
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 type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Attorney		Managing Director	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Ward & Smith, P.A.	Check	Integral Capital Partners	Check
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/31/06	\$ 2,500.00	10/31/2006	\$ 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)		\$ 7,500.00	
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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		Date: <u>Nov 1, 2006</u>	

CRO-2220

NC State Board of Elections

March 2003



511-02-06 02

