

# Federal PAC NC Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 PAC 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	
D.R.I.V.E. - Democrat, Republican, Independent Voter Education		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
2007	10/22/2006	12/31/2006	\$ 0.00

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 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 checked="" type="checkbox"/> Fourth</td> <td></td> </tr> </table>		Quarterly	Semi-annual	<input 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 checked="" type="checkbox"/> Fourth		C. Thomas Keegel	
Quarterly	Semi-annual												
<input 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 checked="" 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											

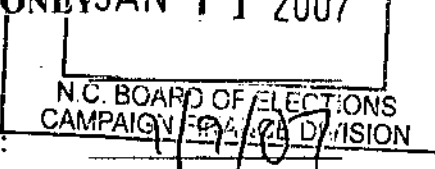
10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Wachovia Bank			
b. Purpose	c. Code	b. Purpose	c. Code
Savings & Checking	Wachovia		
d. Period Begin Balance	e. Period End Balance	d. Period Begin Balance	e. Period End Balance
\$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

## 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  1/9/07  
 Printed Name of Signer Signature of Appointed Treasurer Date

## FOR OFFICE USE ONLY JAN 11 2007

Date Received:		Employee: <u>TRH</u>	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked:	<u>1/9/07</u>	Employee: <u>TRH</u>	
Date Scanned:	<u>1/11/07</u>	Employee: <u>JHC</u>	