

Disclosure Report Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed form
Do not use this form to update information

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. Date Filed	
POST OFFICE BOX 12065 RALEIGH, NC 27605		07/26/2007	
		e. Phone Number	
		(919) 782-9322	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	01/01/2007	06/30/2007	RAY F PECK JR
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BANK OF AMERICA			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
GENERAL OPERATING ACCOUNT	CHE		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 185,945.99		\$
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 and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).			
<u>John R. Wallace</u>		<u>[Signature]</u>	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	
		07/26/2007	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: <u>08-28-07</u>	Employee: <u>BC</u>	<input type="checkbox"/> Registered Mail	
Date Data Entered _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			