

# 48-Hour Notice

Use this form to report all contributions of \$1,000 or more.

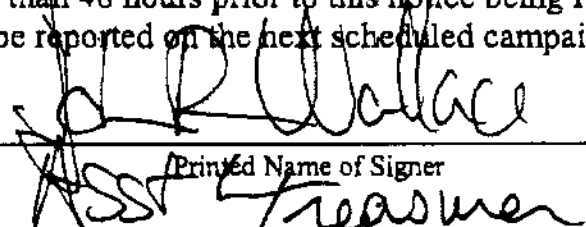
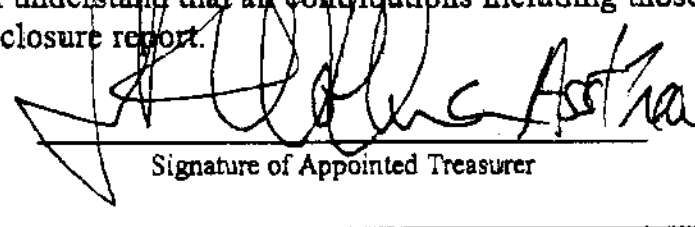
Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1<sup>st</sup> Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3<sup>rd</sup> Quarter-Plus report period and ends the day of the General Election.

This notice may be faxed in order to meet the 48 hour deadline.

<b>a. Full Name</b> Citizens for Higher Education	<b>c. ID Number</b> STA-C3187N-C-001
<b>b. Mailing Address (include City, State and Zip Code)</b> PO Box 12065 Raleigh, NC 27605	<b>d. Report Date</b> 5/2/08
	<b>e. Phone Number</b> 919-782-9322

<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, and zip) Charles Sanders 3200 Rugby Rd. Durham, NC 27707		<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, and zip)	
<b>b. Type of Contributor</b> <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: _____		<b>b. Type of Contributor</b> <input 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: _____	
<b>b1. Type of Committee</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<b>b1. Type of Committee</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
<b>b2. Job Title/Profession</b> Self-Employed	<b>b4. Federal ID Number</b>	<b>b2. Job Title/Profession</b>	<b>b4. Federal ID Number</b>
<b>b3. Employer's Name/Specific Field</b> Self	<b>c. Form of Payment</b> Check	<b>b3. Employer's Name/Specific Field</b>	<b>c. Form of Payment</b>
<b>d. Date (mm/dd/yyyy)</b> 4/30/08	<b>f. Amount</b> \$ 2,500.00	<b>d. Date (mm/dd/yyyy)</b>	<b>f. Amount</b> \$
<b>e. Account Code</b> CHE	<b>g. Election Sum to Date</b> \$ 2,500.00	<b>e. Account Code</b>	<b>g. Election Sum to Date</b> \$
		\$ 2,500.00	
		\$ 2,500.00	

**CERTIFICATION**  
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.



 Date: May 2, 08