

Disclosure Report Cover

Amendment
 Yes No

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

1. Committee Information	
a. Full Name PITTENGER FOR LIEUTENANT GOVERNOR	c. ID Number 2013300
b. Mailing Address (include City, State and Zip Code) 4521 SHARON ROAD SUITE 115 CHARLOTTE, NC 28211	d. Date Filed 7/10/08
	e. Phone Number 704-365-6038

2. Report Year 2008	3. Period Start Date (mm/dd/yy) 04/20/08	4. Period End Date (mm/dd/yy) 06/30/08	5. Treasurer Full Name CHARLES T. GREER
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name FIRST CITIZENS BANK & TRUST	a. Financial Institution Full Name FIRST CITIZENS BANK & TRUST	b. Purpose CAMPAIGN REPORTING	b. Purpose CAMPAIGN REPORTING
b. Purpose CAMPAIGN REPORTING	c. Account Code 23	c. Account Code 33	c. Account Code 33
	d. Period Begin Balance \$ 330,882.90		d. Period Begin Balance \$ 1,457.06

CERTIFICATION
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if 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 and correct and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f).

Charles T. Greer Printed Name of Signer Charles T. Greer Signature of Appointed Treasurer 7/10/08 Date

FOR OFFICE USE ONLY

Date Received: JUL 11 2008 Employee: Rp
 Date Postmarked: 7/10/08 Employee: JT
 Date Scanned: 7/16/08 Employee: JT
 Date Data Entered: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 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.