

48-Hour Notice

Amendment
 Yes No

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 1st Qtrr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtrr-Plus report and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached. This notice may be faxed in order to meet the 48 hour deadline.

a. Full Name Citizens for Higher Education PAC		c. ID Number STA-C3187N-C-001
b. Mailing Address (include City, State and Zip Code) PO Box 12065 Raleigh, NC 27605		d. Report Date 10/31/08
		e. Phone Number (919) 782-9322

a. Full Name, Mailing Address & Phone (include city, state, and zip) John A. Powell 3000 Sand Hill Rd., Ste. 3-240 Menlo Park, CA 94025		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
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: _____		b. Type of Contributor <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: _____	
b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession Managing Director	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field Integral Capital Partners	c. Form of Payment Check	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) 10/30/08	f. Amount \$ 2,500.00	d. Date (mm/dd/yyyy)	f. Amount \$
e. Account Code CHE	g. Election Sum to Date \$ 3,500.00	e. Account Code	g. Election Sum to Date \$
		\$ 2,500.00	
		\$ 2,500.00	

CERTIFICATION

I certify that the Committee or Fund is in compliance with all 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.

Ray F. Peck, Jr.
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

10/31/08
Date

511-03-0802