

# 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 Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-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 11/04/08
			e. Phone Number (919) 782-9322

a. Full Name, Mailing Address & Phone (include city, state, and zip) Edward G. Battle 2861 Fairmont Rd. Winston-Salem, NC 27106		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 Owner	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field Battle & Associates	c. Form of Payment Check	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) 11/03/08	f. Amount \$ 2,500.00	d. Date (mm/dd/yyyy)	f. Amount \$
e. Account Code CHE	g. Election Sum to Date \$ 2,500.00	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. Beck Jr  
Printed Name of Signer

Ray F. Beck Jr  
Signature of Appointed Treasurer

11/4/08  
Date