

Disclosure Report Cover

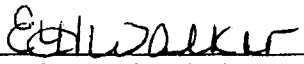
Amendment

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		c. ID Number	
Committee to Elect Bill Knight			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P.O. Box 10705 Greensboro, NC 27404-0705		10/29/2007	
		e. Phone Number	
		336-373-8514	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	10/02/2007	10/26/2007	Beth H. Walker
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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus
<input type="checkbox"/> "Booster Fund"		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
<input type="checkbox"/> Other:		<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	
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Sun Trust Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
For all campaign contribution and expenses	402		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 1,535.70		\$
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).			
Beth H. Walker			10/29/2007
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	RECEIVED OCT 29 2007 GUILFORD COUNTY BOARD of ELECTIONS	Employee:	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
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.			

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Elect Bill Knight		Pre-Election Report			
Start of Election Cycle:	January 1,	2007	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start			\$ 1,535.70	\$ 0	
5) Aggregated Contributions from Individuals	(CRO-1205)		\$ 600	\$ 919	
6) Contributions from Individuals	(CRO-1210)		\$ 2,950	\$ 6,150	
7) Contributions from Political Party Committees	(CRO-1220)		\$ 0	\$ 0	
8) Contributions from Other Political Committees	(CRO-1230)		\$ 0	\$ 0	
9) Loan Proceeds	(CRO-1410)		\$ 6,012.01	\$ 6,012.01	
10) Refunds/Reimbursements To the Committee	(CRO-1240)		\$ 0	\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)		\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)		\$ 0	\$ 0	
11c) Outside Sources of Income	(CRO-1250)		\$ 0	\$ 0	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>			\$ 9,562.01	\$ 13,081.01	
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)		\$ 6,860.89	\$ 8,844.19	
13b) Contributions to Candidates/Political Committees	(CRO-1310)		\$ 0	\$ 0	
13c) Coordinated Party Expenditures	(CRO-1310)		\$ 0	\$ 0	
14) Loan Repayments	(CRO-1420)		\$ 0	\$ 0	
15) Refunds/Reimbursements From the Committee	(CRO-1320)		\$ 0	\$ 0	
16) In-Kind Contributions	(CRO-1510)		\$ 0	\$ 0	
17) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>			\$ 6,860.89	\$ 8,844.19	
18) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 17)</i>			\$ 4,236.82	\$ 4,236.82	
19) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		\$ 0		
20) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		\$ 0		
21) Debts and Obligations owed By the Committee	(CRO-1610)		\$ 0		
22) Debts and Obligations owed To the Committee	(CRO-1620)		\$ 0		
23) Account Transfers Within the Committee	(CRO-1720)		\$ 0		
24) Administrative Support	(CRO-1710)		\$ 0	\$ 0	
25) Forgiven Loans	(CRO-1440)		\$ 0	\$ 0	
26) 48-Hour Notice Reports Sum			\$ 0	\$ 0	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund, if applicable)				2. ID Number		
Committee to Elect Bill Knight						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joseph Guarino 3701 Mossborough Drive Greensboro, NC 27410			Physician			
			c. Employer's Name/Specific Field			
			Sole Proprietor			
			e. Election Sum to Date			
					\$ 750	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/01/2007	\$ 250	
<input type="checkbox"/>	402	Check		10/22/2007	\$ 500	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William M. Stephens 2207 Marston Road Greensboro, NC 27408			Retired			
			c. Employer's Name/Specific Field			
			Retired			
			e. Election Sum to Date			
					\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/10/2007	\$ 200	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Bonnie Amos 3709 Wynnewood Drive Greensboro, NC 27408			Educator			
			c. Employer's Name/Specific Field			
			Guilford County Schools			
			e. Election Sum to Date			
					\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/24/2007	\$ 200	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 650
5. Total of ALL CRO 1210 Pages						\$ 2,950
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Committee to Elect Bill Knight						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Walter Burch 503 Broughton Drive Greensboro, NC 27410			Retired			
			c. Employer's Name/Specific Field			
			Retired			
			e. Election Sum to Date			
					\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/17/2007	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dr. David Grove 3023 Redford Drive Greensboro, NC 27408			Physician			
			c. Employer's Name/Specific Field			
			Greensboro Medical Assoc.			
			e. Election Sum to Date			
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/15/2007	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William Neese 425 W. Radiance Drive Greensboro, NC 27403-1227			Small Business Owner			
			c. Employer's Name/Specific Field			
			Printing Company			
			e. Election Sum to Date			
					\$ 125	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	402	Check		09/25/2007	\$ 25	
<input type="checkbox"/>	402	Check		10/15/2007	\$ 100	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300	
5. Total of ALL CRO-1210 Pages					\$ 2,950	

Contributions from Individuals

Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Committee to Elect Bill Knight						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Evette Neese 1911 Colonial Avenue Greensboro, NC 27408		Small Business Owner				
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		Printing Company		\$ 200		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/24/2007	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Michael Schlosser 908 Sunset Drive Greensboro, NC 27408		Attorney				
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		Self-Employed		\$ 250		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/15/2007	\$ 250	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Dr. Terry Seaks 2000 Brassfield Rd. Greensboro, NC 27410-2156		Educator				
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		UNC-G		\$ 200		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/15/2007	\$ 200	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page				\$ 550		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 2,950		

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Committee to Elect Bill Knight						
3. Contributor Information				Add <input type="checkbox"/> Remove <input type="checkbox"/>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
W. James Sharrard 1123 Kensington Drive High Point, NC 27262		Retired				
		c. Employer's Name/Specific Field				
		Retired		e. Election Sum to Date		
				\$ 250		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/21/2007	\$ 250	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information				Add <input type="checkbox"/> Remove <input type="checkbox"/>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Gary Taft 600 Waycross Drive Greensboro, NC 27410		Retired				
		c. Employer's Name/Specific Field				
		Retired		e. Election Sum to Date		
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/16/2007	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information				Add <input type="checkbox"/> Remove <input type="checkbox"/>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Daniel Witman 910 Butte St. Claremont, CA 91711-3663		Lieutenant				
		c. Employer's Name/Specific Field				
		Police Department		e. Election Sum to Date		
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/15/2007	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page				\$ 450		
5. Total of ALL CRO-1210 Pages (This line must be on the 6 of Detailed Summary Page CRO-1100)				\$ 2,950		

Contributions from Individuals

Pg 5 of 5

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Committee to Elect Bill Knight						
3. Contributor Information				Add <input type="checkbox"/> Remove <input type="checkbox"/>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Mose Kiser 312 Irving Place Greensboro, NC 27408		Retired				
		c. Employer's Name/Specific Field				
		Retired				
				e. Election Sum to Date		
				\$ 200		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/25/2007	\$ 200	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information				Add <input type="checkbox"/> Remove <input type="checkbox"/>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Donald Leonard 215 Staunton Drive Greensboro, NC 27410		Retired				
		c. Employer's Name/Specific Field				
		Retired				
				e. Election Sum to Date		
				\$ 400		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/25/2007	\$ 200	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information				Add <input type="checkbox"/> Remove <input type="checkbox"/>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
Mark Austin 5223 W. Wendover Avenue High Point, NC 27265-9177		Retired				
		c. Employer's Name/Specific Field				
		Retired				
				e. Election Sum to Date		
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	402	Check		10/25/2007	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page				\$ 500		
5. Total of ALL CRO 1210 Pages				\$ 2,950		
<i>(This line must be on line 6 of Detailed Summary Page CRO 1210)</i>						

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Bill Knight						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Page/Grimsley Golf Tournament Greensboro, NC						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 125	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
402	Check	A	10/10/2007	\$125	Golf tournament sponsorship	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
The Rhinoceros Times P.O. Box 9421 Greensboro, NC 27429 336-273-0885						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 1,920	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
402	Check	A	10/15/2007	\$1,920	Advertisement in paper	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Aggregated non-Media Expenditure						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
402	Check	O	10/15/2007	\$46	PO Box fee for 6 months	
				\$		
5. Total only this Page					\$ 2,091	
6. Total of ALL CRO-1310 Pages					\$ 6,860.89	
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (Use down the expenditure in (1) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses O* - Other						

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund, if applicable) Committee to Elect Bill Knight					2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Alt Media 101 P.O. Box 782 Greensboro, NC 27402 336-288-2245			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 749	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
402	Check	A	10/15/2007	\$144	Blog site maintenance	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) News & Record 200 East Market Street Greensboro, NC 27420 336-373-7150			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 1,138.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
402	Check	A	10/17/2007	\$1,138.59	Advertisement in paper	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sun Trust Bank P.O. Box 622227 Orlando, FL 32862-2227 1-800-786-8787			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 259.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
402	Check	O	10/18/2007	\$150	Certified check for NCA&T	
				\$	parade entry fee	
5. Total only this Page					\$ 1,432.59	
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 6,860.89	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		O* - Other
* Codes require detailed explanation in required remarks field (k.)						

Disbursements

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) Committee to Elect Bill Knight					2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Bill Knight 214 Ridgeway Drive Greensboro, NC 27403 336-373-8514		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 3,362.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
402	Check	B	10/23/2007	\$32.03	1,000 Name Cards
402	Check	O	10/23/2007	\$12.81	Name badge
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Bill Knight 214 Ridgeway Drive Greensboro, NC 27403 336-373-8514		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 3,362.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
402	Check	A	10/23/2007	\$2,270	Advertisement in paper
402	Check	K	10/23/2007	\$10.45	Copy paper
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Bill Knight 214 Ridgeway Drive Greensboro, NC 27403 336-373-8514		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 3,362.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
402	Check	A	10/14/2007	\$885	Advertising in Rhino & Times
402	Check	K	10/14/2007	\$70.81	Office supplies & map
5. Total only this Page					\$ 3,281.10
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 6,860.89
7. Purpose Codes <i>(List detailed expenditure code in (k) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
		K* - Office Expenses		H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable): Committee to Elect Bill Knight				2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Knight 214 Ridgeway Drive Greensboro, NC 27403 336-373-8514			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 3,362.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
402	Check	I	10/14/2007	\$8.20	
402	Check	O	10/14/2007	\$48	PO Box fee for 6 months
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 56.20
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 6,860.89
7. Budget Codes (Use detailed explanation in required remarks field (k))					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	O* - Other		

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund#, applicable)		2. ID Number	
Committee to Elect Bill Knight			
3. Lender Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Bill Knight 214 Ridgeway Drive Greensboro, NC 27403 336-373-8514		Retired	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Retired	10/11/2007
			f. End Date (mm/dd/yyyy)
			N/A
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
N/A %	N/A	402	Check
k. Amount		\$ 6,012.01	
l. Full Name of Lending Institution			m. Loan Number
N/A			N/A
4. Endorsers/Makers <small>(The people who guarantee the loan)</small>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
N/A			
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages			\$ 6,012.01

Loan Proceeds Statement

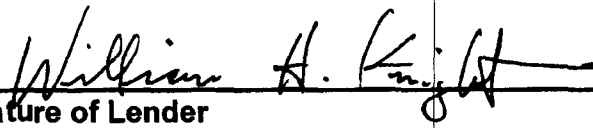
The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Name of committee to receive loan:	Committee to Elect Bill Knight
Person lending money to committee (Lender):	Bill Knight
Date of loan to committee:	10/11/2007
Name of lending institution and account number (source):	N/A
Amount of loan:	\$6,012.01
Names of all parties responsible for payment of loan (guarantor):	N/A
Period of loan:	N/A
Rate of interest of loan:	N/A
Security pledged for loan:	N/A

I, **Bill Knight**
(Person lending money to committee)

acknowledge that all of the

information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.



Signature of Lender



Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.