

# 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 Committee to Elect Bill Knight		c. ID Number	
b. Mailing Address (include City, State and Zip Code) P.O. Box 10705 Greensboro, NC 27404-0705		d. Date Filed 10/01/2007	
		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	09/05/2007	10/01/2007	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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>	
II. Account Information		II. Account Information	
a. Financial Institution Full Name SunTrust Bank		a. Financial Institution Full Name	
b. Purpose For all campaign contribution and expenses	c. Account Code 402	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 2,387.83		d. Period Begin Balance \$
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 Printed Name of Signer		 Signature of Appointed Treasurer	10/01/2007 Date
FOR OFFICE USE ONLY			
Date Received:	10-1-07	Employee:	Bmw
Date Postmarked:	OCT 01 2007	Employee:	
Date Scanned:	GUILFORD COUNTY BOARD of ELECTIONS	Employee:	
Date Data Entered:		Employee:	
			Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> 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-Primary Report		
Start of Election Cycle: <b>January 1,</b>		<b>2007</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start			\$ 2,387.83	\$ 0
5) Aggregated Contributions from Individuals (CRO-1205)			\$ 219	\$ 319
6) Contributions from Individuals (CRO-1210)			\$ 750	\$ 3,200
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)			\$ 0	\$ 0
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 (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)			\$ 969	\$ 3,519
13) Disbursements				
13a) Operating Expenditures (CRO-1310)			\$ 1,821.13	\$ 1,983.30
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 (Add lines 13a, 13b, 13c, 14, 15, and 16)			\$ 1,821.13	\$ 1,983.30
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)			\$ 1,535.70	\$ 1,535.70
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

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

<b>1. Committee Full Name (and Fund If applicable)</b>						<b>2. ID Number</b>	
Committee to Elect Bill Knight							
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
Howard Williams P.O. Box 26000 Renaissance Plaza Greensboro, NC 27420			Attorney				
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>		
			Brooks, Pierce, Humphrey & Leonard		\$ 200		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	402	Check		09/05/07	\$ 200		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
Donald Overman, Jr. P.O. Box 3366 301 Battleground Avenue Greensboro, NC 27402			Accountant				
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>		
			Public Accounting Firm		\$ 100		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	402	Check		09/10/2007	\$ 100		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
Sidney Campbell 2702 Asbury Terrace Greensboro, NC 27408			Accountant				
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>		
			Self Employed		\$ 150		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	402	Check		09/17/2007	\$ 150		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 450	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line of Detailed Summary Page CRO-1210)</i>						\$ 750	

# Contributions from Individuals

Pg 2 of 2

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 checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
G. Donald Payne 6313 Frieden Church Road Gibsonville, NC 27249				Director of Security			
				c. Employer's Name/Specific Field			
				Jewelry Repair Shop			
						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		09/21/2007		\$ 100	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" 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			
				Printing Company			
						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		09/25/2007		\$ 100	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Gene Carter 4819 Gaines 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	Cash		09/14/2007		\$ 50	
<input type="checkbox"/>	402	Cash		09/27/2007		\$ 50	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300	
5. Total of ALL CRO-1210 Pages						\$ 750	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</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) 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 (include city, state, & zip) WOMAN P.O. Box 10465 Greensboro, NC 27404 336-254-5889		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	
				\$ 20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
402	Check	O	09/15/2007	\$20	Registration Fee
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Van's Advertising Items & Premiums 3264 Van Drive Burlington, NC 27215 336-226-7400		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	
				\$ 1,196.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
402	Check	B	09/15/2007	\$1,196.13	Signs
				\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Alt Media 101 Greensboro, NC 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	
				\$ 605	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
402	Check	A	09/28/2007	\$605	Blog site design
				\$	
5. Total only this Page					\$ 1,821.13
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>					\$ 1,821.13
7. Purpose Codes (List detailed expenditure code in (h) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				O* - Other	
*Codes require detailed explanation in required remarks field (k)					