

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 09/04/2007
	e. Phone Number 336-373-8514

2. Reported Year 2007	3. Reported Period Start Date 01/01/2007	4. Reported Period End Date 09/04/2007	5. Name of Appointed Treasurer Beth H. Walker
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6. Type of Campaign (check all that apply)		7. Type of Election (check all that apply)		
<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 checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
8. Type of Fund (check all that apply)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<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	
9. Number of Candidates 0				

10. Financial Institution Information		11. 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 \$ 0		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

Beth H. Walker
Signature of Appointed Treasurer

09/04/2007
Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: **RECEIVED** _____ Employee: _____

Date Scanned: **SEP 14 2007** _____ Employee: _____

Date Data Entered: **GUILFORD COUNTY** _____ Employee: _____

BOARD of ELECTIONS

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.

Detailed Summary

Amendment
 Yes No

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

Committee Name (If not applicable)		2-Party Report	2007 Summary	
Committee to Elect Bill Knight		35-Day Report		
Start of Election Cycle: January 1, <u>2007</u>		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 0	\$ 0	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 100	\$ 100	
6) Contributions from Individuals	(CRO-1210)	\$ 2,450	\$ 2,450	
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		\$ 2,550	\$ 2,550	
<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 162.17	\$ 162.17	
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		\$ 162.17	\$ 162.17	
<i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>				
18) Cash on Hand at End		\$ 2,387.83	\$ 2,387.83	
<i>(Add lines 4 and 12 together, then subtract line 17)</i>				
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

Committee to Elect Bill Knight						2007
a. Full Name, Mailing Address & Phone (include city, state, & zip) David Amos 3709 Wynnewood Drive Greensboro, NC 27408			b. Job Title/Profession Building Inspector		d. Comments	
			c. Employer's Name/Specific Field City of Greensboro		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		06/27/2007	\$ 200	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Thomas Beard 1203 Hammel Drive Greensboro, NC 27408			b. Job Title/Profession Sole Proprietor		d. Comments	
			c. Employer's Name/Specific Field Self Employed		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		06/20/2007	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Alvin Bodford 3400 Edgefield Court Greensboro, NC 27409			b. Job Title/Profession President		d. Comments	
			c. Employer's Name/Specific Field Epes Transport, Inc.		e. Election Sum to Date \$ 500	
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		08/27/2007	\$ 500	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 800	
					\$ 2,450	

Contributions from Individuals

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

Committee to Elect Bill Knight						
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			
					c. 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		06/20/2007	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Phillip Colvard						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Phillip Colvard 1008 Condor Drive Greensboro, NC 27410			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					c. 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		06/18/2007	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Thurman Freeze						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Thurman Freeze 612 Bruton Place, S. Greensboro, NC 27410			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					c. 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		08/11/2007	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 300	
					\$ 2,450	

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
L. G. French 4 New Bern Square Greensboro, NC 27408		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		08/11/2007	\$ 100
<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	
Eugene Johnston 1610 Granville 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		08/11/2007	\$ 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	
Bill Knight 214 Ridgeway Drive Greensboro, NC 27403		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		05/15/2007	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 400	
5. Total on ALL CRO-1210 Page(s)				\$ 2,450	
<i>(and the number on the Candidate Summary Page, CRO-1100)</i>					

Contributions from Individuals

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

Committee to Elect Bill Knight						ID: (mm/yy)
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Will Latham 3600 Castlelaine Drive Charlotte, NC 28226			Owner			
			c. Employer's Name/Specific Field Latham Consulting Group			
			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		08/11/2007	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Don Leonard 215 Staunton 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		06/20/2007	\$ 200	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Len Rorer 6383 Walter Wright Road Pleasant Garden, NC 27313			Investigator			
			c. Employer's Name/Specific Field Self Employed			
			e. Election Sum to Date			
					\$ 150	
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		07/09/2007	\$ 150	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 450	
					\$ 2,450	

Contributions from Individuals

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

Committee to Elect Bill Knight						All Members	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments			
Elizabeth Walker 1204 Edenham Way Greensboro, NC 27410		Accountant					
		c. Employer's Name/Specific Field Public Accounting Firm				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		06/18/2007	\$ 100		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments			
Randy Watkins 1201 Hobbs Road Greensboro, NC 27410		President					
		c. Employer's Name/Specific Field Phoenix Apparel				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		06/18/2007	\$ 200		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments			
D. C. Williams 3804 Chiswell Court Greensboro, NC 27410		Project Manager					
		c. Employer's Name/Specific Field R&B Builders				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		06/18/2007	\$ 100		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
						\$ 400	
						\$ 2,450	

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 Branch, 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	
Robert Wilson 4108 Stonebrook Farms Road Greensboro, NC 27406		President			
		c. Employer's Name/Specific Field			
		Techni Reps		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		07/11/2007	\$ 100
<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	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<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	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total on this Page				\$	100
5. Total for ALL CRO-1210 Pages				\$	2,450
<i>(This line must be the grand total called 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

Committee to Elect Bill Knight						ID Number
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SunTrust 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		
				\$ 109.35		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
402	Draft	O	05/22/2007	\$103.35	Checks	
402	Draft	O	06/18/2007	\$6	Deposit Correction Fee	
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		
				\$ 25		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
402	Check	O	07/09/2007	\$25	Reimbursement for filing fee	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Edwards Printing Company, Inc. 881-C N. Raleigh Street Greensboro, NC 27405 336-274-0899		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		
				\$ 27.82		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
402	Check	B	08/21/2007	\$27.82	500 Name Cards	
				\$		
				\$	162.17	
				\$	162.17	
<p><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></p>						
<p>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</p>						