

COPY

Disclosure Report Cover

Amendment
 Yes NoUse 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		2014 MAR - 4 APR 11: 46		c. ID Number
a. Full Name		GAUTREAU FOR CLEMMONS		
b. Mailing Address (include City, State and Zip Code)		3215 TURNSTONE CT CLEMMONS, NC 27012		d. Date Filed
				02/27/2014
				e. Phone Number
				(336) 712-1472

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2013	01/01/2014	01/17/2014	MICHAEL GAUTREAU

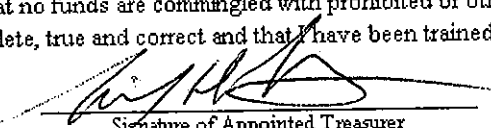
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<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	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input checked="" 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				

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
ALLEGACY FEDERAL CREDIT UNION		ALLEGACY FEDERAL CREDIT UNION	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CHECKING	1	SAVINGS	2
	d. Period Begin Balance		d. Period Begin Balance
	\$ 44.04		\$ 5

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable 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 and correct and that I have been trained by the NC State Board

Michael D. Gautreaux
Printed Name of Signer


Signature of Appointed Treasurer

02/27/2014
Date

FOR OFFICE USE ONLY

Date Received:	<u>3/4/2014</u>	Employee	<u>JUDY SPEARS</u>	Delivery Method
Date Postmarked:	_____	Employee	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee	_____	<input checked="" type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee	_____	<input type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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.
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	
GAUTREAU FOR CLEMMONS	2013 Final		
Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 49.04	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 10.00
6) Contributions from Individuals (CRO-1210)		\$ 0.00	\$ 2,891.86
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0.00	\$ 2,991.86
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 0.00	\$ 434.91
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 10.00	\$ 40.00
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 39.04	\$ 530.09
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 1,986.86
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 49.04	\$ 2991.86
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00	\$ 0.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number	
GAUTREUX FOR CLEMMONS							
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add	1	Draft	O	01/15/2014	\$ 10.00	ACCT MAINTENANCE FEE	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add					\$		
<input type="checkbox"/> Remove							
4. Total only this Page					\$	10.00	
5. Total of ALL CRO-1315 Pages					\$	10.00	
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>							
6. Purpose Codes (List detailed expenditure code in (d) above)							
E - Salaries		B* - Printing	C* - Fundraising		D - To Another Candidate		
I - Postage		F* - Equipment	G - Political Party		H* - Holding Public Office Expenses		
O* - Other		J - Penalties	K* - Office Expenses		Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)							

CRO-1315

NC State Board of Elections

December 2009

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable) GAUTREUX FOR CLEMMONS				2. ID Number	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MICHAEL GAUTREUX 3215 TURNSTONE CT CLEMMONS, NC 27012			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Receipt Date 08/22/2013
					i. Original Receipt Amount \$ 5.00
b. Job Title/Profession ASSOCIATE PROFESSOR		c. Employer's Name/Specific Field WAKE FOREST SCHOOL OF MEDICINE	f. Purpose Code L		j. Election Sum to Date \$ 0.00
k. Account Code 2	l. Form of Payment Cash	m. Required Remarks		n. Date (mm/dd/yyyy) 01/17/2014	o. Amount \$ 5.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MICHAEL GAUTREUX 3215 TURNSTONE CT CLEMMONS, NC 27012			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Receipt Date 08/22/2013
					i. Original Receipt Amount \$ 1,000.00
b. Job Title/Profession ASSOCIATE PROFESSOR		c. Employer's Name/Specific Field WAKE FOREST SCHOOL OF MEDICINE	f. Purpose Code L		j. Election Sum to Date \$ 0.00
k. Account Code 1	l. Form of Payment Cash	m. Required Remarks		n. Date (mm/dd/yyyy) 01/17/2014	o. Amount \$ 34.04
4. Total only this Page					\$ 39.04
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 39.04
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kim		O* Other			
* Codes require detailed explanation in required remarks field (m)					