

COPY

Amendment

☒ Yes ☐ No

Disclosure Report Cover

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 GAUTREAUX FOR CLEMMONS		c. ID Number 2014 FEB 11 AM 9:17	
b. Mailing Address (include City, State and Zip Code) 3215 TURNSTONE CT CLEMMONS, NC 27012		d. Date Filed 02/11/2014	
		e. Phone Number (336) 712-1472	
2. Report Year 2013	3. Period Start Date (mm/dd/yy) 07/08/2013	4. Period End Date (mm/dd/yy) 01/15/2014	5. Treasurer Full Name MICHAEL GAUTREAUX
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category)	
7. Type of Fund (If applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input 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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <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
8. Number of Fundraisers this Report 0		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
3. Account Information		3. Account Information	
a. Financial Institution Full Name ALLEGACY FEDERAL CREDIT UNION		a. Financial Institution Full Name ALLEGACY FEDERAL CREDIT UNION	
b. Purpose CHECKING	c. Account Code 1	b. Purpose SAVINGS	c. Account Code 2
	d. Period Begin Balance \$ 0		d. Period Begin Balance \$ 0
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 Gautreaux Printed Name of Signer		[Signature] Signature of Appointed Treasurer	
		02/11/2014 Date	
FOR OFFICE USE ONLY			
Date Received: 2/14/14	Employee: Judy Speas	Delivery Method <input checked="" type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Postmarked: 2/11/14	Employee: Judy Speas		
Date Scanned:	Employee:		
Date Data Entered:	Employee:	<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, 2013			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 59.04		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 2,991.86		\$ 2,991.86	
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)		\$ 2,991.86		\$ 2,991.86	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 434.91		\$ 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)		\$ 40.00		\$ 60.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 491.05		\$ 491.05	
17) In-Kind Contributions (CRO-1510)		\$ 1,986.86		\$ 1,986.86	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,952.82		\$ 2,972.82	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 98.08		\$ 19.04	
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	

Contributions from Individuals

Pg 1 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	
GAUTREAUX FOR CLEMMONS							
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	
MICHAEL GAUTREAUX 3215 TURNSTONE CT CLEMMONS, NC 27012				ASSOCIATE PROFESSOR			
				c. Employer's Name/Specific Field WAKE FOREST SCHOOL OF MEDICINE			
						e. Election Sum to Date	
						\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		In-Kind	DOWN PAYMENT FOR SIGNS	09/03/2013	\$ 192.15		
<input type="checkbox"/>		In-Kind	FINAL PAYMENT FOR CAMPAIGN SIGNS	09/16/2013	\$ 298.90		
<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	
MICHAEL GAUTREAUX 3215 TURNSTONE CT CLEMMONS, NC 27012				ASSOCIATE PROFESSOR			
				c. Employer's Name/Specific Field WAKE FOREST SCHOOL OF MEDICINE			
						e. Election Sum to Date	
						\$ 2,500.81	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		In-Kind	PAYMENT OF FILING FEE	07/08/2013	\$ 5.00		
<input type="checkbox"/>	2	Cash		08/22/2013	\$ 5.00		
<input type="checkbox"/>	1	Cash		08/22/2013	\$ 1,000.00		
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	
MICHAEL GAUTREAUX 3215 TURNSTONE CT CLEMMONS, NC 27012				ASSOCIATE PROFESSOR			
				c. Employer's Name/Specific Field WAKE FOREST SCHOOL OF MEDICINE			
						e. Election Sum to Date	
						\$ 2,500.81	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		In-Kind	PURCHASED PUSH CARDS AND BUSINESS	10/04/2013	\$ 262.50		
<input type="checkbox"/>		In-Kind	TAX FOR PUSH CARDS AND BUSINESS CARDS	10/07/2013	\$ 17.72		
<input type="checkbox"/>		In-Kind	AD IN CLEMMONS COURIER	10/22/2013	\$ 34.00		
4. Total only this Page						\$ 1,815.27	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,991.86	

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	
GAUTREAU FOR CLEMMONS						
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
MICHAEL GAUTREAU 3215 TURNSTONE CT CLEMMONS, NC 27012				ASSOCIATE PROFESSOR		
				c. Employer's Name/Specific Field WAKE FOREST SCHOOL OF MEDICINE		
				e. Election Sum to Date		
				\$ 2,500.81		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	POSTAGE FOR CERTIFIED MAIL OF	10/25/2013	\$ 3.36	
<input type="checkbox"/>		In-Kind	PURCHASE OF MAILERS AND POSTAGE	10/31/2013	\$ 1,173.23	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,176.59	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,991.86	

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 1

Amendment

☒ Yes ☐ No

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) GAUTREAUX FOR CLEMMONS						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) DAVIE COUNTY PUBLISHING CO. P.O. BOX 765 CLEMMONS, NC 27012 (336) 766-4126				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	
						\$ 254.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/04/2013	\$ 254.91	AD IN CLEMMONS		
				\$	COURIER		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ERIN MULHERN 188 WYNBROOK COURT WINSTON-SALEM, NC 27103 (336) 287-3717				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	
						\$ 180.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	09/17/2013	\$ 180.00	WEB SITE		
				\$			
5. Total only this Page						\$ 434.91	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 434.91	
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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

CRO-1310

NC State Board of Elections

December 2009

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	
GAUTREAUX 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 <input type="checkbox"/> Remove	1	Draft	O	10/07/2013	\$ 10.00	ACCT MAINTENANCE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	11/15/2013	\$ 10.00	ACCT MAINTENANCE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	12/16/2013	\$ 10.00	ACCT MAINTENANCE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	01/15/2014	\$ 10.00	ACCT MAINTENANCE FEE
4. Total only this Page					\$ 40.00	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 40.00	
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				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)				2. ID Number	
GAUTREAU FOR CLEMMONS					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL GAUTREAU 3215 TURNSTONE CT CLEMMONS, NC 27012			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/03/2013
					i. Original Receipt Amount
					\$ 192.15
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
ASSOCIATE PROFESSOR		WAKE FOREST SCHOOL OF MEDICINE		P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	CAMPAIGN SIGN DWN PAYMENT		09/20/2013	\$ 192.15
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
MICHAEL GAUTREAU 3215 TURNSTONE CT CLEMMONS, NC 27012			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/16/2013
					i. Original Receipt Amount
					\$ 298.90
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
ASSOCIATE PROFESSOR		WAKE FOREST SCHOOL OF MEDICINE		P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	FINAL SIGN PAYMENT		09/20/2013	\$ 298.90
4. Total only this Page					\$ 491.05
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 491.05
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-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007

In-Kind Contributions

Pg 1 of 1

Amendment
☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
GAUTREAU FOR CLEMMONS			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
MICHAEL GAUTREAU 3215 TURNSTONE CT CLEMMONS, NC 27012		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	d. Election Sum to Date
		<input type="checkbox"/> Other Receipt Source	\$ 0.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DOWN PAYMENT FOR SIGNS		09/03/2013	\$ 192.15
FINAL PAYMENT FOR CAMPAIGN SIGNS		09/16/2013	\$ 298.90
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
MICHAEL GAUTREAU 3215 TURNSTONE CT CLEMMONS, NC 27012		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	d. Election Sum to Date
		<input type="checkbox"/> Other Receipt Source	\$ 2,500.81
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PAYMENT OF FILING FEE		07/08/2013	\$ 5.00
PURCHASED PUSH CARDS AND BUSINESS CARD		10/04/2013	\$ 262.50
TAX FOR PUSH CARDS AND BUSINESS CARDS		10/07/2013	\$ 17.72
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
MICHAEL GAUTREAU 3215 TURNSTONE CT CLEMMONS, NC 27012		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	d. Election Sum to Date
		<input type="checkbox"/> Other Receipt Source	\$ 2,500.81
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
AD IN CLEMMONS COURIER		10/22/2013	\$ 34.00
POSTAGE FOR CERTIFIED MAIL OF PRE-ELECTION REPORT		10/25/2013	\$ 3.36
PURCHASE OF MAILERS AND POSTAGE		10/31/2013	\$ 1,173.23
4. Total only this Page			\$ 1,986.86
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 1,986.86