	endment		
D	Yes	No	

Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

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a. Full Name				c. ID Number			
Gautreaux for Clen	nmons		ľ				
). Mailing Address (in	clude City, State and Zip Code)		<u>i de la case en este</u>	d. Date Organiz	ed		
	•		ji J	7/8	/2013		
3215 Turnstone Ct.	, Clemmons, NC 27012		· · ·	e. Phone Numb	er		
				336-7	12-1472		
2. Candidate Info	mation version and an annual	T. Kiele in a street and a street street in the street stree	and the second second	e's Primary Com			
a. Full Name		e. Candidate ID Numb	)er	f. Party Affiliat	ion		
Michael D. Gautreaux		ICQU40	ICQU40		Non-partisan (Indicate Non-partican if applicable)		
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	g. Office Sought				
3215 Turnstone Ct., Clemmons, NC 27012		Council Member	Council Member				
c . Phone Number	d. Email Address	h. Next Election Year		Jurisdiction	· · · · · · · · · · · · · · · · · · ·		
336-712-1472	mgautr@gmail.com		с	lemmons			
Email copy o	f notices		2013				
3. Treasurer Information		4. Custodian of B	4. Custodian of Books Information				
a. Full Name		a. Full Name					
Michael D. Gautreaux		Michael D. Gautre	Michael D. Gautreaux				
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (in	b. Mailing Address (include City, State, and Zip Code)				
3215 Turnstone Ct., Clemmons, NC 27012		3215 Turnstone Ct	3215 Turnstone Ct., Clemmons, NC 27012				
c. Phone Number	d. Email Address.	с. Phone Number	d. Email Address				
336-712-1472	mgautr@gmail.com	336-712-1472	mgautr@gmail.com		2013		
I prefer to receiv	e notices by email 🗹 Yes				m >>		
5. Assistant Treas	uren Information 👘 🗖 🗛	20 . CTX 0 9 2 2 2 4	6. Account Information (Incl. CRO-3500)				
a. Full Name	Re	move a. Financial Institution	n Full Name		∼_] Reinóve		
		Allegacy Federal C	Allegacy Federal Credit Union				
o. Mailing Address (in	clude City, State, and Zip Code)	b. Purpose		r			
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Email copy		· · · · · · · · · · · · · · · · · · ·	Checking				
CERTIFICATION I certify that the C Chapter 163 of th I further certify th		to funds are commingled with	ions of Arti	or other non-di	22D-22M of sclosed funds.		
	ed Name of Signer	Signature of Appointed Tre	asurer		Date		
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