1 Committee Info	to update information					
1. Committee Information 1. Full Name	mation					a ID November
Friends of LaTrecia	Glover					c. ID Number
Tricilds of Latriceia	Giovei					
	ude City, State and Zip Code)					d. Date Filed
4324 Abernathy Place						10/03/2023
Harrisburg, NC 280	75					e. Phone Number
						e. Fhone Number
						(980) 483-3464
2. Report Year	3. Period Start Date (mm/	/dd/yy)	4. Period End	l Date	5. Treasurer Fu	ull Name
2023	07/31/2	3	09/26	173	Zach Finley	
6. Type of Committe	ee (Check One)	9. Type	of Report	(check on	ly one type of repo	ort from one category)
Candidate Campa		Municipa		State/C		Referendum
PAC Independent	Referendum		Organizational		Organizational	Organizational
Expenditure	Joint Fundraiser		hirty-five day		Quarterly	Pre-referendum
Legal Expense Fu 7. Type of Fund	(if applicable, check one)	l .	Pre-primary		First	Final
"Booster Fund"	(ij applicable, check one)	=	re-election		Second	Supplemental Final
Building Fund			Pre-runoff		Third	Annual
		5	Semi-annual		Fourth	Special
			Mid Year	-	Semi-annual	
Other:			Year End		Mid Year	10. Special Report Name
			Final		Year End	
8. Number of Funda	raisers this Report		Special		Final	
11 1 1 1 1	0				Special	
11. Account Information Financial Institution F					nformation itution Full Name	
Uwharrie Bank	univanic		a.	r manciai riist	tution Full Name	
b. Purpose	c. Account Code		b.	Purpose		c. Account Code
Distributing	1	1		11	N-PERSON	
funds.		-		00	T 0 3 2022	
	d. Period Begin Balanc	ee		UC	T 0 3 2023	d. Period Begin Balance
	\$ 0				RRUS COUNTY OF ELECTIONS	\$
CERTIFICATION						
						2B, & 22D-22M of Chapter 163 of
the NC General Statu	ites and that no funds are co	ommingle	d with prohibit	ed or other i	non-disclosed fun	ds. I further certify that this report
	correct and that I have bee	n trained b	by the NC State	Board of E	dections.	10/02/2022
Zach Finley	Printed Name of Signer		Signat	ture of Appoint	red Treasure	10/03/2023 Date
FOR OFFICE USE O	NLY		8			
Date Received:	101312023	I	Employee:	WA		Delivery Method Normal Mail
Date Postmarked	l:	I	Employee:	9	<u>Parts</u>	Registered Mail
	10/6/2023			HAN		Hand Delivered Electronically Filed
Date Scanned:	IN OLYNON	I	Employee:	MAIA		Signer has not received
Date Data Entere	ad.	T	Employee:			mandatory training

Amendment

CRO-1000

custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment

Detailed SummaryUse 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		
Friends of LaTrecia Glover	2023 Thirty-five D	Day			
Start of Election Cycle: January 1,	2023	Total this Reporting Perio	Total this d Election Cycle		
4) Cash on Hand at Start		\$ 0	\$ 0		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 308	\$ 308		
6) Contributions from Individuals	(CRO-1210)	\$ 900	\$ 900		
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)	\$ 2100	\$ 2100		
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 Organizat	tions (CRO-1250)	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	1c, 11d and 11e)	\$ 3308	\$ 3308		
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 0		
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$ 0	\$ 0		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 48.64	\$ 48.64		
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0		
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 48.64	\$ 48.64		
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ubtract line 18)	\$ 3259.36	\$ 3259.36		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0			
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$ 2100			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0			
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0			
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0		
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ 0		
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0		

Aggregated Contributions from Individuals

Page

of $\underline{1}$

1

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

	mmittee Full Na		d if applicable)			2. ID N	Number
Frien	nds of LaTrecia C	Glover					
2 Co	ntuibutan Infan	mation					
	ntributor Infor	b. Account		d. In-Kind	e. Date	Т	
a. Ame		Code	c. Form of Payment	Description	(mm/dd/yyyy)	f. Amount
<u> </u>	Add	1	Debit		08/30/20	23	\$ 3
<u>H</u>	Remove Add						
\dashv	Remove	1	Debit		08/30/20	23	\$ 50
H	Add	1.	D.11		00/11/20		0 50
	Remove	1	Debit		09/11/20)23	\$ 50
	Add	1	Debit		09/11/20	123	\$ 5
	Remove	1	Deoit		07/11/20	123	y 5
<u> </u>	Add	1	Debit		09/16/20	23	\$ 50
<u> </u>	Remove						
믐_	Add Remove	1	Debit		09/16/20	23	\$ 25
屵	Add						
H	Remove	1	Debit		09/16/20)23	\$ 25
$\overline{\Box}$	Add		DI		00/16/20	.22	Φ 25
	Remove	1	Debit		09/16/20	023	\$ 25
	Add	1	Debit		09/17/20	123	\$ 50
	Remove	1	Deoit		05/17/20	,23	3 3 0
ᆜ	Add	1	Debit		09/18/20	23	\$ 25
<u> </u>	Remove		100000000000000000000000000000000000000				
<u>H</u> _	Add Remove	-					\$
\vdash	Add						
H^-	Remove	1					\$
П	Add						Φ.
	Remove						\$
	Add						\$
	Remove						J
	Add						\$
<u> </u>	Remove						
<u> </u>	Add	-					\$
<u> </u>	Remove						
 	Remove	-					\$
H	Add						
	Remove						\$
	Add						\$
	Remove				*		3
	Add						\$
<u> </u>	Remove						
<u> </u>	Add	-					\$
	Remove				-		
 	Remove						\$
	otal only this	Раде				\$	308
			2000			Ψ	500
	otal of ALL C		'ages ummary Page CRO-1100)			\$	308

Contr	ibutions from	m Individuals		P	g <u>1</u> 0	f3_	Yes	No No
Use this	form to report ind	ividual contributions of	over \$5	0 or contributions un	der \$50 if form C	RO 1205 is n	ot used	
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber	
Friends o	of LaTrecia Glove	r						
3. Contr	ibutor Informati	on		Add R	emove			
1	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
	city, state, & zip)			Not Employed				
	d Harvey Bost			E I I I I I	C .C E. 11	_		
	y Church Rd. , NC 28025			c. Employer's Name/S	Specific Field	_		
Concord	, INC 20023			Not Employed		e. Election	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	1	Debit			09/11/	/2023	\$	100
							\$	
							\$	
3. Contr	ibutor Informati	on		Add R	emove			
a. Full Nai	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
	city, state, & zip)			Independent Con	tractor			
Richard '								
	lage Court			c. Employer's Name/S	Specific Field	_		
Gastonia	, NC 28054			NASCAR		a Floation	Cum to Data	
						e. Election	Sum to Date	
						\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	1	Debit			09/12/	/2023	\$	200
							\$	
							\$	
3. Contr	ibutor Information	on		Add R	emove			
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
(include	city, state, & zip)			HR				
Brandon								
	mel Street			c. Employer's Name/S	Specific Field	_		
Charlotte	e, NC 28215			HR		a Flaction	Sum to Date	
						\$	100	
		T	T		T			
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/		k. Amount	-
\Box	1	Debit			09/13/	/2023	\$	100
							\$	
							\$	
Ball to the second	l only this Pag					\$		400
5. Tota	l of ALL CRO	-1210 Pages				\$		900

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

		m Individuals	over \$50	0 or contr	ibutions i	_		<u>3</u> O 1205 is no	Amendment Yes of used	No
		(and Fund if applical	COLUMN TWO IS NOT	o or contr	Toutions (ander \$50	y II Torini Cite	2. ID Nun		
	of LaTrecia Glover	-								
3. Contr	ibutor Informatio	on		Add		Remove				
a. Full Nar	ne, Mailing Address	& Phone		b. Job T	itle/Profess	sion		d. Commen	ts	
	city, state, & zip)			Educa	tor					
	tackhouse									
	dney Crest Avenu	e			oyer's Nam		Field	-		
Charlotte	e, NC 28213			Open	Up Resou	irces		a Flastian 6	Sum to Date	
								\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	ription	j. D	ate (mm/dd/yy	yy)	k. Amount	
	1	Debit					09/14/2	023	\$	200
									\$	
									\$	
3 Contr	⊥ ibutor Informatio	On.		Add		Remove				
Mark Control of the C	ne, Mailing Address		Ш		itle/Profess			d. Commen	ts	
	city, state, & zip)				gement C		:	ur commen		
Kia McL				1 '	9					
353 Belt				c. Empl	oyer's Nam	e/Specific	Field]		
Gaithersh	ourg, MD 20877			Booz	Allen Hai	milton				
								e. Election S	Sum to Date	
								\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	ription	j. D	Date (mm/dd/yy	yy)	k. Amount	
	1	Debit					09/16/2	023	\$	100
									\$	
									\$	
3. Contr	ibutor Informatio	on		Add		Remove				
a. Full Nar	ne, Mailing Address	& Phone		b. Job T	itle/Profess	sion		d. Commen	ts	
	city, state, & zip)			Admii	nistrative	Assistan	t			
Jazmyn F				-		10	F: 11	-		
515 Doff					oyer's Nam	e/Specific	Field	-		
Gastonia,	, NC 28052			TLC (ıroup			e. Election S	Sum to Date	
								\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	ription	j. D	Date (mm/dd/yy	yy)	k. Amount	
	1	Debit					09/16/2		\$	100
									\$	
									\$	
4. Tota	l only this Pag	e						\$		400
5. Tota	of ALL CRO)-1210 Pages						\$		900

(This line must be on line 6 of Detailed Summary Page CRO-1100)

	form to report indi-	The section of the se	7101 450	or commi	utions unde	1 \$50 II form ere	0 1200 13 1100	uscu	
1. Comm	ittee Full Name (and Fund if applical	ble)				2. ID Num	ber	
Friends o	f LaTrecia Glover								
3. Contri	ibutor Informatio	on		Add	Ren	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Titl	le/Profession		d. Comments	3	
(include	city, state, & zip)			ISS Coo	ordinator				
Deborah									
	stletoe Ridge Place	:			er's Name/Sp		_		
Concord,	NC 28027			Cabarru	s County So	chools	- Flording Co	4- D-4-	
							e. Election Su	im to Date	
							\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Debit				09/16/2	023	\$	100
								\$	
								\$	
3. Contri	ibutor Informatio	on		Add	Ren	nove			
a. Full Nan	ne, Mailing Address &	& Phone			le/Profession		d. Comments	S	
	city, state, & zip)			Church	Director				
Tiffany F							-		
2601 Lan	nplighter Drive				er's Name/Sp		-		
Kannapol	IN OR SANSIA			Allegin	is Episocpa		e. Election Su	um to Date	
								anii to Date	
			_				\$	•	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descrip	tion	j. Date (mm/dd/yy	yyy)	k. Amount	
	•	Tests	en	ng fee		07202	0230	\$	•
						\$			
								\$	
								\$	
3. Contri	ibutor Informatio	on.		Add	Ren	nove			
No. of Street,	ibutor Informatio				Ren	nove	d. Comments	\$	
a. Full Nan						nove	d. Comments	\$	
a. Full Nan	ne, Mailing Address &			b. Job Tit	le/Profession		d. Comments	\$	
a. Full Nan	ne, Mailing Address &			b. Job Tit			d. Comments	\$	
a. Full Nan	ne, Mailing Address &			b. Job Tit	le/Profession			\$	
a. Full Nan	ne, Mailing Address &			b. Job Tit	le/Profession		e. Election St	\$	
a. Full Nan	ne, Mailing Address &			b. Job Tit	le/Profession			\$	
a. Full Nan	ne, Mailing Address &		i. In-l	b. Job Tit	le/Profession		e. Election St	\$	
a. Full Nan (include	ne, Mailing Address & city, state, & zip)	& Phone	i. In-l	b. Job Titl	le/Profession	ecific Field	e. Election St	\$ sum to Date	
a. Full Nan (include	ne, Mailing Address & city, state, & zip)	& Phone	i. In-k	b. Job Titl	le/Profession	ecific Field	e. Election St	s sum to Date	
a. Full Nan (include	ne, Mailing Address & city, state, & zip)	& Phone	i. In-l	b. Job Titl	le/Profession	ecific Field	e. Election St	s sum to Date k. Amount	
a. Full Nan (include	ne, Mailing Address & city, state, & zip)	h. Form of Payment	i. In-k	b. Job Titl	le/Profession	ecific Field	e. Election St	k. Amount \$	100
a. Full Nan (include) f. Prior	ne, Mailing Address & city, state, & zip)	h. Form of Payment	i. In-h	b. Job Titl	le/Profession	ecific Field	e. Election St	k. Amount \$	100

Contributions from Individuals

Amendment

Yes

No

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

1 1	Amendment
Page of	☐ Yes ☐ No

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

1. Commit	tee Full Name (a	nd Fund if applical		2. ID Number		
Friends of	f LaTrecia Glove	er				
3. Payee In						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Add Remove	1	Draft	С	08/30/2023	\$ 1.66	Stripe fees
Add Remove	1	Draft	С	08/30/2023	\$ 0.75	ActBlue fees
Add Remove	1	Draft	С	09/11/2023	\$ 4.10	Stripe fees
Add Remove	1	Draft	С	09/11/2023	\$ 2.33	ActBlue fees
Add Remove	1	Draft	С	09/12/2023	\$ 4.63	Stripe fees
Add Remove	1	Draft	С	09/12/2023	\$ 3.00	ActBlue fees
Add Remove	1	Draft	С	09/13/2023	\$ 2.43	Stripe fees
Add Remove	1	Draft	С	09/13/2023	\$ 1.50	ActBlue fees
Add Remove	1	Draft	С	09/14/2023	\$ 4.63	Stripe fees
Add Remove	1	Draft	С	09/14/2023	\$ 3.00	ActBlue fees
☐ Add ☐ Remove	1	Draft	С	09/16/2023	\$ 10.96	Stripe fees
☐ Add ☐ Remove	1	Draft	С	09/16/2023	\$ 6.39	ActBlue fees
Add Remove	1	Draft	С	09/17/2023	\$ 1.33	Stripe fees
☐ Add ☐ Remove	1	Draft	С	09/17/2023	\$ 0.75	ActBlue fees
Add Remove	1	Draft	С	09/18/2023	\$ 0.78	Stripe fees
Add Remove	1	Draft	С	09/18/2023	\$ 0.38	ActBlue fees
Add Remove					\$	
Add Remove					\$	
Add Remove					\$	
Add Remove					\$	
4. Total o	only this Page				\$48.64	
	of ALL CRO-	1315 Pages Detailed Summary Page	CRO-1100)		\$48.64	
		detailed expendi		l) above)		
o. I ui pos	B* -	Printing	C* - Fundr	aising D - T	o Another Candio	late
E - Salar I - Postag O* - Otl	ries F* - ge J - P	Equipment enalties	G - Political K* - Office	Party H*-	Holding Public	
		ed explanation in	required rome	orks field (g)		
Coucs	require uctalle	u explanation in	required rellia	in Ka Helu (g)		

Loan Proceeds	t was and from a loop and loo	Pg	_	1	Amendment Yes No
	t proceeds from a loan and loan ment must accompany each loan				
	ame (and Fund if applicable)		lidividuai	2. ID Num	her
Friends of LaTrecia G	A.A.			L. ID I tulli	oei
Thends of Zarres	10 101				
3. Lender Informatio	n [Add			Remove
a. Full Name, Mailing Add	fress & Phone	b. Job Title/Pr	ofession		d. Comments
(include city, state, & zij	p)	Social Worl	ker		
LaTrecia Glover					
4324 Abernanthy Plac	ce				e. Start Date (mm/dd/yyyy)
Harrisburg, NC 28075	5		Name/Specific Field		09/21/2023
		Cabarrus Co	o. Schools		
					f. End Date (mm/dd/yyyy)
g Poto	h. Security Pledged	i. Account Code	j. Form of Pa	umont	k. Amount
g. Rate	n. security Fleugeu	1. Account Code	J. Form of Fa	yment	K. Amount
%		1	Chcek		\$ 2100
1. Full Name of Lending In	stitution			m. Loan	n Number
4. Endorsers/Makers	(The people who guarant	ee the loan.)			
a. Full Name, Mailing Add	Iress & Phone	b. Job Title	/Profession	c. Empl	oyer's Name/Specific Field
(include city, state, & zij	p)				
		d. Percentag	ge	e. Amoi	unt
				% \$	
a. Full Name, Mailing Add		b. Job Title/	Profession	c. Empl	oyer's Name/Specific Field
(include city, state, & zij	p)				
		d. Percentag	ge	e. Amor	unt
				% \$	
a. Full Name, Mailing Add	Iress & Phone	b. Job Title	/Profession	c. Empl	oyer's Name/Specific Field
(include city, state, & zij					

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

(This line must be on line 9 of Detailed Summary Page CRO-1100)

\$ 2100

c. Employer's Name/Specific Field

e. Amount

e. Amount

%

%

d. Percentage

d. Percentage

b. Job Title/Profession

Outstanding Loans

				Ame	ndment	
Pg	1	of	1		Yes] No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Na	2. ID Number						
Friends of LaTrecia C	Friends of LaTrecia Glover						
3. Lender Informatio	n Ac	ld		Remove			
a. Full Name, Mailing Add	Iress & Phone	b. Job Ti	tle/Profession		d. Comments		
(include city, state, & zij LaTrecia Glover	p)	Social	Worker				
4324 Abernanthy Place	ce				e. Start Date (mm/dd/yyyy)		
Harrisburg, NC 28075		yer's Name/Spec		09/21/2023			
		Cabarr	us Co. School	S	f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Original Loa	n Amount	j. Remaining Loan Balance		
%			\$ 2100		\$		
k. Full Name of Lending I	nstitution				l. Loan Number		
3. Lender Informatio	n Ac	ld		Remove			
a. Full Name, Mailing Add			tle/Profession		d. Comments		
(include city, state, & zij	p)						
		c. Employer's Name/Specific Field			e. Start Date (mm/dd/yyyy)		
		c. Emplo	yer's Name/Spec	ific Field			
					f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Original Loa	n Amount	j. Remaining Loan Balance		
%		\$			\$		
k. Full Name of Lending I	nstitution				I. Loan Number		
3. Lender Informatio	n 🗌 Ad	ld		Remove			
a. Full Name, Mailing Add	ress & Phone	b. Job Ti	tle/Profession		d. Comments		
(include city, state, & zij	p)						
					e. Start Date (mm/dd/yyyy)		
		c. Emplo	yer's Name/Spec	ific Field			
					f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Original Loa	n Amount	j. Remaining Loan Balance		
%	×		\$		\$		
k. Full Name of Lending In	nstitution				l. Loan Number		
-							
4. Total only this Pag	e				\$ 2100		
5. Total of ALL CRO							
(This line must be on line	21 of Detailed Summary Page CRO	0-1100)			\$ 2100		



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

 Name of committee to receive loan: Fricults of LaTreda Conn. Person or committee to make loan: LaTreda Goven. Date of loan to committee: Sept. 21, 2023
·
Name of lending institution (source):
Wells Fargo
• Amount of loan:
Description (if in-kind loan):
• Names of all parties responsible for payment of loan (guarantors):
Period of loan: NA
A 70
Rate of interest of loan:
Security pledged for loan:
I, La VCCIA C. GOVEV , acknowledge that all of the information (Person lending money to committee) provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.
10/3/23
Signature of Lender Date Signed
10/100/100
Signature of Treasurer of Committee Date Signed