

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 Friends of LaTrecia Glover	c. ID Number
b. Mailing Address (include City, State and Zip Code) 4324 Abernathy Place Harrisburg, NC 28075	d. Date Filed 10/03/2023
	e. Phone Number (980) 483-3464

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/31/23	09/26/23	Zach Finley

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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal	State/County	Referendum
	<input type="checkbox"/> Organizational <input checked="" 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 type="checkbox"/> Final <input type="checkbox"/> Special	<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	<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
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report	0		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Uwharrie Bank		a. Financial Institution Full Name	
b. Purpose Distributing funds.	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0	RECEIVED IN-PERSON OCT 03 2023 CABARRUS COUNTY BOARD OF ELECTIONS	d. Period Begin Balance \$

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 of Elections.

Zach Finley
Printed Name of Signer

Signature of Appointed Treasurer
10/03/2023
Date

FOR OFFICE USE ONLY

Date Received: 10/3/2023	Employee: WAN	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: 10/6/2023	Employee: WAN	
Date Data Entered: _____	Employee: _____	

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	
Friends of LaTrecia Glover		2023 Thirty-five Day			
Start of Election Cycle: January 1, 2023			Total this Reporting Period		Total this 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 Organizations		(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, 11c, 11d and 11e)			\$ 3308		\$ 3308
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 0		\$ 0
13b) Contributions to Candidates/Political Committees		(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 subtract 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 campaigns)		(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

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	
Friends of LaTrecia Glover						
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	
Hilda and Harvey Bost 602 Piney Church Rd. Concord, NC 28025			Not Employed			
			c. Employer's Name/Specific Field			
			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/yyyy)	k. Amount	
<input type="checkbox"/>	1	Debit		09/11/2023	\$ 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	
Richard Williams 1662 Village Court Gastonia, NC 28054			Independent Contractor			
			c. Employer's Name/Specific Field			
			NASCAR		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"/>	1	Debit		09/12/2023	\$ 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	
Brandon Bost 9705 Hamel Street Charlotte, NC 28215			HR			
			c. Employer's Name/Specific Field			
			HR		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"/>	1	Debit		09/13/2023	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 900	

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	
Friends of LaTrecia Glover						
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	
Busola Stackhouse 11817 Sidney Crest Avenue Charlotte, NC 28213			Educator			
			c. Employer's Name/Specific Field			
			Open Up Resources			
					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"/>	1	Debit		09/14/2023		\$ 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	
Kia McLain 353 Belt Place Gaithersburg, MD 20877			Management Consultant			
			c. Employer's Name/Specific Field			
			Booz Allen Hamilton			
					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"/>	1	Debit		09/16/2023		\$ 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	
Jazmyn Patterson 515 Doffin Lane Gastonia, NC 28052			Administrative Assistant			
			c. Employer's Name/Specific Field			
			TLC 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"/>	1	Debit		09/16/2023		\$ 100
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 400	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 900	

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	
Friends of LaTrecia Glover						
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	
Deborah Caldwell 1308 Mistletoe Ridge Place Concord, NC 28027			ISS Coordinator			
			c. Employer's Name/Specific Field			
			Cabarrus County Schools			
			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"/>	1	Debit		09/16/2023	\$ 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	
[REDACTED] [REDACTED] [REDACTED]			[REDACTED]			
			c. Employer's Name/Specific Field			
			[REDACTED]			
			e. Election Sum to Date			
					\$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	0	Cash	[REDACTED]	[REDACTED]	\$ 0	
<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 only this Page					\$ 100	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 900	

Aggregated Non-Media Expenditures

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
Friends of LaTrecia Glover						
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	C	08/30/2023	\$ 1.66	Stripe fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	08/30/2023	\$ 0.75	ActBlue fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/11/2023	\$ 4.10	Stripe fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/11/2023	\$ 2.33	ActBlue fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/12/2023	\$ 4.63	Stripe fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/12/2023	\$ 3.00	ActBlue fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/13/2023	\$ 2.43	Stripe fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/13/2023	\$ 1.50	ActBlue fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/14/2023	\$ 4.63	Stripe fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/14/2023	\$ 3.00	ActBlue fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/16/2023	\$ 10.96	Stripe fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/16/2023	\$ 6.39	ActBlue fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/17/2023	\$ 1.33	Stripe fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/17/2023	\$ 0.75	ActBlue fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/18/2023	\$ 0.78	Stripe fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/18/2023	\$ 0.38	ActBlue fees
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
4. Total only this Page					\$48.64	
5. Total of ALL CRO-1315 Pages					\$48.64	
(This line must be on line 14 of Detailed Summary Page CRO-1100)						
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)						

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Friends of LaTrecia Glover					
3. Lender 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	
LaTrecia Glover 4324 Abernathy Place Harrisburg, NC 28075		Social Worker			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		Cabarrus Co. Schools		09/21/2023	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		1	Chcek	\$ 2100	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$ 2100	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Outstanding Loans

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 Name (and Fund if applicable)			2. ID Number
Friends of LaTrecia Glover			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) LaTrecia Glover 4324 Abernathy Place Harrisburg, NC 28075	b. Job Title/Profession Social Worker		d. Comments
	c. Employer's Name/Specific Field Cabarrus Co. Schools		e. Start Date (mm/dd/yyyy) 09/21/2023
			f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged	i. Original Loan Amount \$ 2100	j. Remaining Loan Balance \$
k. Full Name of Lending Institution			l. Loan Number
3. Lender 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged	i. Original Loan Amount \$	j. Remaining Loan Balance \$
k. Full Name of Lending Institution			l. Loan Number
3. Lender 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged	i. Original Loan Amount \$	j. Remaining Loan Balance \$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 2100
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 2100



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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: Friends of LaTrecia Glover
- Person or committee to make loan: LaTrecia Glover
- Date of loan to committee: Sept. 21, 2023
- Name of lending institution (source):
Wells Fargo
- Amount of loan: 2,100
- Description (if in-kind loan): N/A
- Names of all parties responsible for payment of loan (guarantors):
LaTrecia Glover
- Period of loan: N/A
- Rate of interest of loan: N/A
- Security pledged for loan: N/A

I, LaTrecia C. Glover,
(Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

[Signature]
Signature of Lender

10/3/23

Date Signed

[Signature]
Signature of Treasurer of Committee

10/03/23

Date Signed