Disclosure Re				Yes No
		nformation, must be	signed and submitted along	g with other detailed forms.
	to update information			
1. Committee Information	mation			
a. Full Name Friends of LaTrecia	Glover			c. ID Number
Thends of Laffecia	Glover			
b. Mailing Address (incl	ude City, State and Zip Code)			d. Date Filed
4324 Abernanthy Pl				10/30/2023
Harrisburg, NC 280	75			
				e. Phone Number
				(980) 434-3436
2 Domant Vaan	2 David Start Date (//	4. Period I	End Date 5 Trans	E-II Nama
2. Report Year	3. Period Start Date (mm/d	(mm/dd/yy)	5. Treasu	rer Full Name
2023	09/26/23	10/	Zach Fin	ley
6. Type of Committ		9. Type of Report		of report from one category)
Candidate Campa		Municipal	State/County	Referendum
PAC Independent	Referendum	Organizational		
Expenditure	Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Legal Expense Fu 7. Type of Fund	(if applicable, check one)	Pre-primary	First	Final
"Booster Fund"	(і) аррисаоте, спеск опе)	Pre-election	Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual
		Semi-annual	Fourth	Special
		Mid Year		
Other:		Year End	Mid Year End	zor special ziepore i talice
8. Number of Funda	raisers this Report	Final Special	Final	
011(4111001 011 41101			Special	
11. Account Inform	ation		11. Account Information	n
a. Financial Institution F			a. Financial Institution Full N	
Uwharrie Bank				
b. Purpose	c. Account Code		b. Purpose RECEIVED	c. Account Code
Disbursing	1		IN-PERSON	
funds.	d. Period Begin Balance		OCT 3 0 20	d. Period Begin Balance
	\$ 3259.36		CABARRUS COL BOARD OF ELECT	JNTY \$
CERTIFICATION				
the NC General Statu		mmingled with proh	ibited or other non-disclose	2A, 22B, & 22D-22M of Chapter 163 of ed funds. I further certify that this report
Zach Finley			March	10/30/2023
FOR OFFICE USE O	Printed Name of Signer	Si	gnature of Appointed Treasurer	Date
Date Received:	10/30/2023	Employee:	NAN	Delivery Method Normal Mail
Date Postmarked	l:	Employee:		Registered Mail Hand Delivered
Date Scanned:	10/31/2023	Employee:	WAN	☐ Electronically Filed ☐ Signer has not received
Date Data Entere	ed	Employee:		mandatory training
Please Note: This	custodia	n of books informati	ion, or account information	
	You must amend the States	nent of Organization	(CKO-2100A-E) to make	committee changes.

Amendment

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

Amen	dment	
	Yes	No

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Friends of LaTrecia Glover	2023 Pre-Election		
Start of Election Cycle: January 1,	2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3259.36	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 690	\$ 998
6) Contributions from Individuals	(CRO-1210)	\$ 1400	\$ 2300
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)	\$ 0	\$ 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	ions (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)	\$ 2090	\$ 5,398
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,115.00	\$ 3,115.00
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)	\$ 74.01	\$ 122.65
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)	\$ 3,189.01	\$ 3237.65
19) Cash on Hand at End (Add lines 4 and 12 together, then su	abtract line 18)	\$ 2,160.35	\$ 2.160.35
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
CRO-1100 NC State Board of E			August 2008

					Amen	dment		
Loan Proceeds	Pg	1	of	1		Yes	No	
Use this form to report proceeds from a loan and loan endorser's int	formation							

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

	ame (and Fund if applicable)		2.	ID Numbe	er
Friends of LaTrecia G	Glover				
3. Lender Informatio	n 🔲	Add			Remove
a. Full Name, Mailing Add		b. Job Title/Profe	ession		d. Comments
(include city, state, & zij	p)	Social Worker	r		
LaTrecia Glover					
4324 Abernathy Place					e. Start Date (mm/dd/yyyy)
Harrisburg, NC 28075	5	c. Employer's Na			09/21/2023
		Cabarrus Co.	Schools		
				-	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payme	nt	k. Amount
%		1	Chcek		\$ 2100
I. Full Name of Lending In	stitution			m. Loan	Number
4. Endorsers/Makers	(The people who guarantee to	he loan.)			
a. Full Name, Mailing Add		b. Job Title/Pr	ofession	c. Employ	yer's Name/Specific Field
(include city, state, & zij					
		1.5		-	
		d. Percentage		e. Amoun	ıt
			%	\$	
a. Full Name, Mailing Add	Iress & Phone	b. Job Title/Pr	ofession	c. Employ	yer's Name/Specific Field
(include city, state, & zip	p)				
		d. Percentage		e. Amoun	ıt
			%	\$	
a. Full Name, Mailing Add		b. Job Title/Pr	ofession	c. Employ	yer's Name/Specific Field
(include city, state, & zip	p)				
		d. Percentage		e. Amoun	t
			%	•	
			% 0	\$	
a. Full Name, Mailing Add		b. Job Title/Pr	ofession	c. Employ	yer's Name/Specific Field
(include city, state, & zip	p)				
		d. Percentage		e. Amoun	ıt
			0.4		
			%	\$	
5. Total of ALL C	RO-1410 Pages			0	2100
	e 9 of Detailed Summary Page CRO-110	10)		\$	2100

Aggregated N	Ion-Media	Expendi	itures
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2 2 Amendment Page ____ of ___ Yes No

Optional form used to	o report NC Non-Media l	Expenditures of \$5	50 or less.
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1.	1. Committee Full Name (and Fund if applicable) 2. ID Number									
Friends of LaTrecia Glover										
3. Payee Information										
a. A	mend	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	10/19/2023	\$ 1.33	Stripe fees			
	Add Remove	1	Draft	С	10/19/2023	\$ 0.75	ActBlue fees			
	Add Remove	1	Draft	С	10/20/2023	\$ 11.23	Stripe fees			
	Add Remove	1	Draft	С	10/20/2023	\$ 7.50	ActBlue fees			
	Add Remove	1	Draft	С	10/22/2023	\$ 1.33	Stripe fees			
	Add Remove	1	Draft	С	10/22/2023	\$ 0.75	ActBlue fees			
	Add Remove	1	Draft	C ,	10/23/2023	\$ 0.78	Stripe fees			
	Add Remove	1	Draft	С	10/23/2023	\$ 0.38	ActBlue fees			
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
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	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
4.		only this Page				\$24.05	<u> </u>			
5.	Total o	of ALL CRO-	O			\$74.01				
			Detailed Summary Page		\ _ L	I				
<u>6.</u>	Purpos	se Codes (List R* -	detailed expendi Printing	C* - Fundra	aising D - T	o Another Candida	ate			
I	E - Salar		Equipment	G - Political		Holding Public O				
	- Postag	ge J-P	enalties	K* - Office		Donations to Lega				
_)* - Otl									
*	* Codes require detailed explanation in required remarks field (g)									

a a garage a ton a traction of the contraction of	Aggregated	Non-Media	Expenditures
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Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Commit	tee Full Name (a	nd Fund if applica	2. ID Number							
Friends of	LaTrecia Glove	er								
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				
Add Remove	1	Draft	С	09/27/2023	\$ 0.78	Stripe fees				
Add Remove	1	Draft	С	09/27/2023	\$ 0.38	ActBlue fees				
Add Remove	1	Draft	С	09/29/2023	\$ 1.33	Stripe fees				
Add Remove	1	Draft	С	09/29/2023	\$ 0.75	ActBlue fees				
Add Remove	1	Draft	С	09/30/2023	\$ 4.63	Stripe fees				
Add Remove	1	Draft	С	09/30/2023	\$ 3.00	ActBlue fees				
Add Remove	1	Draft	С	10/01/2023	\$ 1.33	Stripe fees				
Add Remove	1	Draft	С	10/01/2023	\$ 0.75	ActBlue fees				
Add Remove	1	Draft	С	10/04/2023	\$ 7.84	Stripe fees				
Add Remove	1	Draft	С	10/04/2023	\$ 4.88	ActBlue fees				
Add Remove	1	Draft	С	10/05/2023	\$ 0.78	Stripe fees				
Add Remove	1	Draft	С	10/05/2023	\$ 0.38	ActBlue fees				
Add Remove	1	Draft	С	10/10/2023	\$ 3.76	Stripe fees				
Add Remove	1	Draft	С	10/10/2023	\$ 2.25	ActBlue fees				
Add Remove	1	Draft	С	10/13/2023	\$ 2.43	Stripe fees				
Add Remove	1	Draft	С	10/13/2023	\$ 1.50	ActBlue fees				
Add Remove	1	Draft	С	10/15/2023	\$ 4.63	Stripe fees				
Add Remove	1	Draft	С	10/15/2023	\$ 3.00	ActBlue fees				
Add Remove	1	Draft	С	10/16/2023	\$ 3.67	Stripe fees				
Add Remove	1	Draft	С	10/16/2023	\$ 1.89	ActBlue fees				
4. Total o	only this Page				\$49.96					
	of ALL CRO-				6					
		Detailed Summary Page	CRO-1100)		\$					
THE RESERVE TO SERVE THE PARTY.		detailed expendi		d) above)						
	В* -	Printing	C* - Fundr	aising D - T	Γο Another Candid					
E - Salar		Equipment	G - Political		Holding Public C					
I - Postag	ORGANICAL STREET, SECTION OF THE SEC	enalties	K* - Office	Expenses Q* -	Donations to Leg	gal Expense Fund				
O* - Otl				1 0 11 (
* Codes	require detaile	ed explanation in	required rema	rks field (g)						

1. Comm	nittee Full Name	and Fund if applica	ble)			2. ID Nu	umber	
Friends o	of LaTrecia Glover							
3. Contr	ibutor Informatio	on		Add R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	ents	30 to 100 to
	city, state, & zip)			Trainer				
	AcConnell nover Dr NW			E L N	C	_		
	NC 28027			c. Employer's Name/ Self employed	Specific Field	_		
Concord,	140 20027			Sen employed		e. Election	n Sum to Date	
						\$	500	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	 Kind Description	j. Date (mm/dd/		k. Amount	
	1	Debit				/2023	\$	500
							\$	
							\$	
• • • • • • • • • • • • • • • • • • • •							Ψ	
	ibutor Informatio				emove	d Comm	onto	
	ne, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Profession	on	d. Commo	ents	
(merade	erty, state, es zip)			1				
				c. Employer's Name	Specific Field			
						e. Election	n Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	yyyy)	k. Amount	
							\$	
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add R	emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commo	ents	
(include	city, state, & zip)			-				
				c. Employer's Name	Specific Field	-		
					•			
						e. Election	n Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	yyyy)	k. Amount	
							\$	
							\$	
							\$	
4. Tota	l only this Pag	e			·	\$		500
			michigan michigan	CONTROL OF THE PROPERTY OF THE		CONTROL OF THE PARTY OF THE PAR		

Amendment

~					Amendment
Disbursemo			Pg	<u>1</u> of	The state of the s
	report expenditures coordinated party ex		ee for; operating expenses,	contributions to o	andidate/political
CARL STATE OF THE PARTY OF THE	ull Name (and Fund	Charles and the later of the la			2. ID Number
Friends of LaTr		u ii applicable)			2. ID Ivamber
3. Type of Disbu		ise use separate C	RO-1310 forms for each t	vpe of Disbursem	ent.)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Express Lane St					
2112 Deerfield			c. Level Registered (Specify)		_
Boone, NC 2860)7		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 3,115
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	A	09/26/2023	\$1500	Logo & website design.
1	Debit	В	09/28/2023	\$630	Palm cards.
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Express Lane St	rategies				
2112 Deerfield			c. Level Registered (Specify)		
Boone, NC 2860	07		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 3,115
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit	В	10/02/2023	\$985	Signs
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
					4
			c. Level Registered (Specify)		-
			Federal	County:	Fl. d. S. d. D.d.
			State	Municipality:	e. Election Sum to Date
		h Down on Code		Τ	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only thi					\$ 3,115
ALCONOMISSION AND AND AND AND AND AND AND AND AND AN	CRO-1310 Pages line 13a of Detailed Sum	nmary Page CRO-110	0 if Operating Expenses)		

\$ 3,115 (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) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment
J - Penalties H* - Holding Public Office Expenses G - Political Party I - Postage 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

		n Individuals	over \$50	or contr	ribution	Pg is unde	<u>1</u> of r \$50 if form CR		Amendment Yes ot used	☐ No		
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is 1. Committee Full Name (and Fund if applicable) 2. ID N										lumber		
Friends o	f LaTrecia Glover											
3. Contri	ibutor Informatio	n	Add Remove									
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession				d. Comments				
(include city, state, & zip)				Data Analyst & Principal								
Brooks and Annessia Lee												
4503 Falls Lake Dr SW				c. Employer's Name/Specific Field				-				
Concord,	NC 28025			Bank of America &				- Floring Court Date				
				Cabarrus County Schools			e. Election Sum to Date					
								\$	200			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	ription		j. Date (mm/dd/yy	yy)	k. Amount			
	1	Debit					09/30/2	023	\$	200		
									\$			
									\$			
3. Contri	 ibutor Information) n		Add	П	Rem	nove					
	ne, Mailing Address			b. Job Title/Profession			d. Comments					
	city, state, & zip)			Therapist								
MC-Carl	a D. Ellis				_							
10 Trister	n Dr			c. Employer's Name/Specific Field MC Counseling & Consulting,								
Asheville	e, NC 28806											
				PLLC			e. Election Sum to Date					
								\$	200			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description j. Date (mm/d			j. Date (mm/dd/yy	yyy) k. Amount				
	1	Debit					10/04/2	023	\$	200		
									\$			
									\$			
3. Contri	butor Informatio)n		Add		Rem	iove					
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession				d. Comments				
(include city, state, & zip)				Retired								
Wendy W								-				
717 Unio				c. Employer's Name/Specific Field				-				
Concord, NC 28025				Retired				e. Election Sum to Date				
							\$ 150					
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	ription		j. Date (mm/dd/yy		k. Amount			
	1	Debit			•		08/30/2		\$	50		
	1	Debit					10/04/2	2023	\$	100		
									\$			
4. Total	only this Pag	ė						\$		500		
5. Total	of ALL CRO	-1210 Pages						\$		1400		

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

1400

\$

		n Individuals		Pg			Yes	No No	
		1205 is not used							
		and Fund if applica	ble)			2. ID Nun	iber		
	f LaTrecia Glover								
	butor Informatio				move				
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession Technology	d. Comments				
Sharon La				Technology					
5310 Cas				c. Employer's Name/S	pecific Field]			
Charlotte, NC 28214				Salesforce					
					e. Election Sum to Date				
						\$	100		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount		
	1	Debit			10/10/2023		\$	100	
							\$		
							\$		
3. Contri	butor Informatio	on .		Add Re	move				
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s		
	city, state, & zip)			Corporate Commu					
Jessica Da				- Frankriada Nama/S	-				
	nnelmark Ct VA 23836			c. Employer's Name/S Humana	pecific Field	-			
Circuit,	71 23 03 0				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		
	1	Debit			10/13/2	023	\$	100	
							\$		
							\$		
3. Contri	butor Informatio	on		Add Re	move				
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Comment	S		
	city, state, & zip)			Lab Technician					
Eva Glover 2666 Old State Road				c. Employer's Name/S	necific Field	-			
Swansea, SC 29160				DHEC					
,				e. Election Sum to Date					
						\$	200		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Debit			10/15/2	023	\$	200	
					,		\$		
							\$		
4. Total	only this Page	e				\$		400	
5. Total	of ALL CRO	-1210 Pages				•		1400	
		Detailed Summary Page C	RO-1100)		\$		1400	

Amendment