Disclosure Report Cover Use this form for general report and committee information, must be signed and submitted along						mittad alana with	\boxtimes	ndment Yes No	
Do not use this form			intormat	ion, must be	signed a	ina subi	mitted along with	otner o	letailed forms.
1. Committee Info		e information							
a. Full Name	Immuon							c.	ID Number
Friends of LaTreci	a Glover								
b. Mailing Address (in	clude City, S	State and Zip Code)						d.	Date Filed
4324 Abernathy Pl Harrisburg, NC 28									7/24/24
								e.	Phone Number
				_					(980) 434-3436
2. Report Year	3. Perio	d Start Date (mm/e	dd/yy)	4. Period (mm/dd/yy)	End Dat	te	5. Treasurer F	ull Nan	ne
2023		09/26/2023		10/2	23/2023		Zach Finley		
6. Type of Commit		k One)		e of Report	t (cl		ly one type of rep		
Candidate Camp	oaign 📙	Party	Munici			State/Co		Re	eferendum
Independent Expenditure				Organizationa Thirty-five day		_	Organizational Quarterly		Organizational Pre-referendum
Legal Expense I 7. Type of Fund Booster Fund Building Fund		rable, check one)		Pre-primary Pre-election Pre-runoff Semi-annual			First Second Third Fourth		Final Supplemental Final Annual Special
Other: 8. Number of Fundraisers this Report		Mid Year End Year End Final Special		d		emi-annual Mid Year Year End inal pecial). Special Report Name	
11. Account Inform	nation				11. Ac	count I	nformation		
a. Financial Institution	Full Name				a. Finan	cial Insti	tution Full Name		
Uwharrie Bank									
b. Purpose	c.	Account Code			b. Purpe	ose -	IN PERSON		c. Account Code
Distributing funds		1				JL	JL 2 4 2024		
	d	. Period Begin Balance	e			CAR	ARRUS COUNTY		d. Period Begin Balance
	\$	3,301.68					D OF ELECTIONS		\$
	mmittee of tutes and t d correct a flover	hat no funds are co	mmingl	ed with prob	nibited or State Box	other in oth	non-disclosed fun		22D-22M of Chapter 163 of rther certify that this report 124 24 Date
FOR OFFICE USE									
Date Received:		7-24-24		Employee:		WA	+ N	Deli	very Method Normal Mail
Date Postmarke	ed:			Employee:					Registered Mail Hand Delivered
Date Scanned:	_	7-25-24		Employee:		WA	N		Electronically Filed Signer has not received
Date Data Enter	red:			Employee:					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.

No

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	Pre-Election		
Start of Election Cycle: January 1,	2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3,301.68	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 450.00	\$ 788.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,400.00	\$ 2,325.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 2,100.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat	ions (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	1c, 11d and 11e)	\$ 1,850.00	\$ 5,213.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,115.00	\$ 3,115.00
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 79.33	\$ 110.65
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 30.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 3,194.33	\$ 3,255.65
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 1,957.35	\$ 1,957.35
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$ 2,100.00	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
			\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Yes

Amendment

No

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

	Friends of LaTrecia Glover							
3	Contr	ributor Infor	mation					
	Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
]	Add	1	Online		09/29/2023	\$ 50.00	
Ē		Remove	1.			33,23,2023	7	
+]	Add Remove	1	Online		10/01/2023	\$ 50.00	
十	j	Add	† ,	0.1		10/04/2022	¢ 25.00	
Ē]	Remove	1	Online		10/04/2023	\$ 25.00	
Ę]	Add	1	Online	R	10/05/2023	\$ 25.00	
누]	Remove						
늗] 1	Add Remove	- 1	Online		10/10/2023	\$ 50.00	
누	1	Add	1.			10/11/11	0.000	
	j	Remove	1	Online		10/16/2023	\$ 25.00	
]	Add	- 1	Online		10/16/2023	\$ 25.00	
]	Remove	1	Omnic		10/10/2023	Ψ 23.00	
F	J 1	Add Remove	1	1 Online 10/16		10/16/2023	\$ 25.00	
누]	Add	-					
十	i	Remove	1	Online		10/16/2023	\$ 50.00	
	j	Add	1	Online		10/19/2023	\$ 50.00	
]	Remove	1	1 Online 10/19/2023		\$ 50.00		
		Add	1	Online		10/22/2023	\$ 50.00	
F		Remove	<u> </u>					
누	J 1	Add Remove	1	Online		10/23/2023	\$ 25.00	
누	1	Add						
Ė	j	Remove	1				\$	
]	Add					\$	
		Remove					Ψ	
F		Add	4				\$	
Ļ	<u> </u>	Remove	-					
누	J 1	Add Remove	+				\$	
十	†	Add						
亡	j	Remove					\$	
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		Remove					Ψ	
F		Add	-				\$	
누]	Remove Add						
누	1	Remove	+				\$	
十	i	Add					0	
		Remove				1	\$	
		Add					\$	
		Remove				TO CANADA CO PART OF THE PROPERTY OF		
4.	Tota	l only this	Page			\$	450.00	
5.	Tota	of ALL C	CRO-1205 P	ages		\$	450.00	
	This lin	ne must be on line	e 5 of Detailed Su	mmary Page CRO-1100)		The state of the s		

100 Temporary		m Individuals	over \$50) or contributi	Pg ons unde	<u>1</u> of er \$50 if form CR		Amendment Yes ot used	No
1. Comm	ittee Full Name	(and Fund if applica	ble)				2. ID Nun	nber	
Friends o	f LaTrecia Glove	r							
3. Contri	ibutor Informati	on		Add	Rem	nove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/P	rofession		d. Comment	ts	
(include	city, state, & zip)			Data Analy	rst				
Brooks L	ee								
4503 Fall	ls Lake Dr. SW			c. Employer's		ecific Field			
Concord,	NC 28025			Bank of Ar	nerica				
							e. Election S	Sum to Date	
				2			\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Lind Description		j. Date (mm/dd/y	yyy)	k. Amount	
	1	Online				09/30/2	2023	\$	200.00
								\$	
								\$	
3. Contri	butor Informati	on		Add 🗌	Rem	nove			
a. Full Name, Mailing Address & Phone				b. Job Title/P	rofession		d. Commen	ts	
(include	city, state, & zip)			Therapist					
MC-Carla	a D. Ellis								
10 Trister				c. Employer's					
Asheville	, NC 28806			MC Couns	eling & (Consulting,	FI 41 6	D	
				PLLC			e. Election S	sum to Date	
							\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/y	vvv)	k. Amount	
	1	Online				10/04/2	530000000	\$	200.00
	1	Offinie				10/04/2		Φ	200.00
								\$	
								\$	
3. Contri	butor Information	on		Add	Ren	nove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/P			d. Commen	ts	
	city, state, & zip)			Associate I	Professor				
Wendy W									
717 Unio				c. Employer's		ecific Field			
Concord,	NC 28025			UNC-Char	lotte		- Flortion 6	Sum to Date	
							e. Election S		
							\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount	
	1	Online				10/04/2	2023	\$	100.00

	9		3	
	1	Online	10/04/2023	\$ 100.00
				\$
				\$
4. Tota	l only this Pag	re.	\$	500.00

5. Total of ALL CRO-1210 Pages

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

1,400.00

\$

		m Individuals	ontributions over \$50 or contributions under \$50 if form C				Amendment Yes anot used	□ No
		(and Fund if applica				2. ID Nu		
	of LaTrecia Glove							
3. Contr	ibutor Informati	on		Add Re	move			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comme	nts	
	city, state, & zip)			Technology				7.50.0 100.0 100.00
Sharon L								
5310 Casper Dr. Charlotte, NC 28214			c. Employer's Name/S	pecific Field				
			Salesforce		a Floation	Sum to Date		
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
П	1	Online			10/10/2	2023	\$	100.00
	1		-				_	
							\$	
							\$	
3. Contr	ibutor Informati	on	П	Add ☐ Re	emove			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession	1	d. Comme	nts	
(include	city, state, & zip)			Corporate Commu	inications			
Jessica D	avis							
	annelmark Ct.			c. Employer's Name/S	pecific Field			
Chester,	VA 23836			Humana		a Flaction	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Online			10/13/2	2023	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on	П	Add Re	emove			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Comme	nts	
	city, state, & zip)			Lab Technician				
Eva Glov	/er							
	l State Rd.			c. Employer's Name/S	Specific Field			
Swansea	, SC 29160			DHEC		El - di -	S 4- D-4-	
						e. Election	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
П	1	Online			10/15/	2023	\$	200.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

400.00

1,400.00

\$

\$

\$

\$

Use this	form to report ind	ividual contributions	over \$50	or cont	ribution	is unde	r \$50 if form C	RO 1205 is	not used	
1. Com	nittee Full Name	(and Fund if applica	ble)					2. ID N	umber	
Friends	of LaTrecia Glove	r								
3. Contr	ibutor Informati	on		Add		Rem	iove			
	me, Mailing Address	& Phone			Title/Pro	fession		d. Comments		
	city, state, & zip) McConnell			Train	er					
	nover Dr. NW			c. Emp	loyer's N	ame/Spe	ecific Field			
Concord	, NC 28027			Self-I	Self-Employed					
								e. Electio	on Sum to Date	
								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desc	ription		j. Date (mm/dd/	уууу)	k. Amour	nt
	1	Online					10/20/	/2023	\$	500.00
									\$	
									\$	
3. Contr	ibutor Information	on		Add		Rem	iove			
a. Full Name, Mailing Address & Phone					Fitle/Pro			d. Comm	ients	
(include	city, state, & zip)									
	2			o Fmp	lover's N	ama/Sna	ecific Field			
				c. Emp	loyer s iv	ame/spe	cinc Field			
								e. Electio	on Sum to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desc	ription		j. Date (mm/dd/	уууу)	k. Amour	ıt
									\$	
									\$	
									\$	
3. Contr	ibutor Informatio	on		Add		Rem	iove			
	me, Mailing Address	& Phone		b. Job	Γitle/Pro	fession		d. Comn	ients	
(include	city, state, & zip)									
				c. Emp	loyer's N	ame/Spe	ecific Field			
									on Sum to Date	
		T						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desc	ription		j. Date (mm/dd/	уууу)	k. Amour	ıt
			-						\$	
			-						\$	
									\$	
4. Tota	l only this Pag	e						\$		500.00
	l of ALL CRO	-1210 Pages Detailed Summary Page (CDO 1100					\$		1,400.00

Amendment

Disbursements	ements
---------------	--------

Amendment Yes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee l	Full Name (and Fu	nd if applicable)			2. ID Number
Friends of LaT					
3. Type of Dish	oursement (Ple		CRO-1310 forms for each t		
Operating 1	Expenses	Contributions to Ca	andidates/Political Committees		pordinated Party Expenditures
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state					
Express Lane S	Strategies				
2112 Deerfield	ı Rd.		c. Level Registered (Specify)		
Boone, NC 286	507		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 2,130.00
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	\$1,500.00	Logo & website design
-					Palm cards
1	Debit	В	09/28/2023	\$630.00	
4. Payee Inform			Add 📙	Remove	
	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
Express Lane S	30 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1			VIVI 4-32 BANESING TOUR OF VICE	_
2112 Deerfield			c. Level Registered (Specify)		4
Boone, NC 286	507		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 3,115.00
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	\$985.00	Signs
				\$	
4. Payee Inform	mation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,			- St coordinated committees.		ur comments
			c. Level Registered (Specify)		
			Federal	County:	7
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
	+			\$	
5. Total only th					\$ 3,115.00
	L CRO-1310 Pages				All controls and the control of the
,	•		00 if Operating Expenses)		\$ 3,115.00
,	•	. 0	00 if Contrib to Candidates/Politic		
			00 if Coordinated Party Expenditu	ares)	
	les (List detailed ex			D. To Anoth	her Candidate
A* - Media E - Salaries	B* - Printing F* - Equipmen	C* - Fun G - Politi			g Public Office Expenses
I - Postage	J - Penalties		ice Expenses		on to Legal Expense Fund
O* - Other					
* Codes requir	re detailed explana	tion in required r	emarks field (k)		

Aggregated	Non-	Media	Exper	iditures
------------	------	-------	-------	----------

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 o	f LaTrecia Glove	er				
3. Payee Ir	nformation					
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	О	09/29/2023	\$ 12.00	Bank Fee
Add Remove	1	Draft	О	10/01/2023	\$ 21.48	ActBlue Fees
Add Remove	1	Draft	О	10/16/2023	\$ 45.85	Stripe Fees
Add Remove					\$	
Add Remove					\$	
Add Remove					\$	
Add Remove					\$	*
Add Remove					\$	
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Remove Add					\$	-
Remove				L	\$	
4. Total only this Page \$79.33						
	of ALL CRO-	1315 Pages Detailed Summary Page	CRO-1100)		\$79.33	
SHEET STREET, SHEET STREET, SHEET,	MARKET STATE OF THE PERSON NAMED IN	detailed expendi	MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND	l) above)		
E - Salar I - Postag	B* - ies F* - ge J - P	Printing Equipment enalties	C* - Fundr G - Political K* - Office	aising D - Party H*		idate Office Expenses egal Expense Fund
0* - Oth		d ovmloneties !-		wlra field (~)		
* Codes	require detaile	d explanation in	required rema	irks Heid (g)		

Outstanding Loans

Amendment

Pg <u>1</u> of <u>1</u> Yes No

se this form to report any outstanding	g 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 C								
3. Lender Information	n		Ad	ld			Remove	
a. Full Name, Mailing Address & Phone					itle/Profession	1		d. Comments
(include city, state, & zip) School Social Worker								
LaTrecia Glover							St. D. C. LLY	
4324 Abernathy Pl. Harrisburg, NC 28075 c. Employer's Name/Specific Field							e. Start Date (mm/dd/yyyy)	
namsburg, NC 28073				Cabarrus County				09/21/2023
				Schools				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledge	i. Original Loan Amount				j. Remaining Loan Balance		
%				\$ 2,100.00				\$ 2,100.00
k. Full Name of Lending Institution							I. Loan Number	
3. Lender Information				· ·				1
a. Full Name, Mailing Address & Phone b. Job Title/Profession							d. Comments	
(include city, state, & zi	P)			1				
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 l	Loan A	Amount	j. Remaining Loan Balance
%				\$				\$
k. Full Name of Lending Institution							I. Loan Number	
3. Lender Information Add Remove								
a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession							d. Comments	
(include city, state, & Zi	γ)			1				
							e. Start Date (mm/dd/yyyy)	
c. Employer's Name/Specific Field								
							f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged				i. Original l	Loan A	Amount	j. Remaining Loan Balance
%				\$				\$
k. Full Name of Lending Institution							I. Loan Number	
9								
4. Total only this Page							\$ 2,100.00	
5. Total of ALL CRO-1430 Pages								
(This line must be on line 21 of Detailed Summary Page CRO-1100)							\$ 2,100.00	