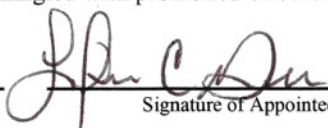
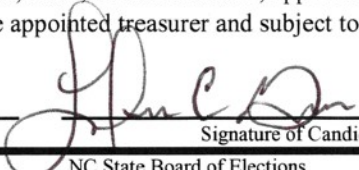


Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Friends of LaTrecia Glover			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 1384 Harrisburg, NC 28075		07/28/2023	
c. Committee Website (Optional)		f. Phone Number	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
LaTrecia S. Caldwell Glover		N/A	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
PO Box 1384 Harrisburg, NC 28075		Harrisburg Town Council	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
(90) 483-3464	latrecia.glover@gmail.com	2027	Town of Harrisburg
<input checked="" type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
LaTrecia Glover			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
4234 Abernathy Pl. Harrisburg, NC 28075			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(980) 483-3464	latrecia.glover@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information <small>(incl. CRO-3500)</small>	
a. Full Name		a. Financial Institution Full Name	
		Uwharrie Bank	
b. Mailing Address (include City, State, and Zip Code)			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		1	Checking
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p>LaTrecia Glover _____ Printed Name of Treasurer</p> <p> _____ Signature of Appointed Treasurer</p> <p>7/24/24 _____ Date</p> <p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p> <p>LaTrecia Glover _____ Printed Name of Candidate</p> <p> _____ Signature of Candidate</p> <p>7/24/24 _____ Date</p>			