

RECEIVED

Disclosure Report Cover

JAN 22 2024

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	c. ID Number		
Lydia Tilley Effler			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
24 Willoughby Way Marion, NC 28752	01/22/2024		
	e. Phone Number		
	828-460-4199		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/01/2023	12/31/2023	Lydia Tilley Effler

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 <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Municipal <input type="checkbox"/> Organizational <input 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"/> State/County <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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <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	a. Financial Institution Full Name		
McDowell Cornerstone Credit Un			
b. Purpose	c. Account Code		
Campaign Account	A		d. Period Begin Balance
	\$ 155.02		

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.

Lydia Tilley Effler

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY									
Date Received:	1-22-24	Employee:	BD						
Date Postmarked:		Employee:							
Date Scanned:		Employee:							
Date Data Entered:		Employee:							
<table border="0"> <tr> <td>Delivery Method</td> </tr> <tr> <td><input type="checkbox"/> Normal Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered Mail</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hand Delivered</td> </tr> <tr> <td><input type="checkbox"/> Electronically Filed</td> </tr> <tr> <td><input checked="" type="checkbox"/> Signer has not received mandatory training</td> </tr> </table>				Delivery Method	<input type="checkbox"/> Normal Mail	<input type="checkbox"/> Registered Mail	<input checked="" type="checkbox"/> Hand Delivered	<input type="checkbox"/> Electronically Filed	<input checked="" type="checkbox"/> Signer has not received mandatory training
Delivery Method									
<input type="checkbox"/> Normal Mail									
<input type="checkbox"/> Registered Mail									
<input checked="" type="checkbox"/> Hand Delivered									
<input type="checkbox"/> Electronically Filed									
<input checked="" type="checkbox"/> Signer has not received 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.

Detailed Summary

JAN 22 2024

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
Lydia Tilley Effler	End of Year 2023	
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start	\$ 155.02	\$ 155.02
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 2,321.75	\$ 2,321.75
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
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 Organizations (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, 11c, 11d and 11e)	\$ 2,321.75	\$ 2,321.75
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 571.75	\$ 571.75
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 571.75	\$ 571.75
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,905.02	\$ 1,905.02
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
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)	\$ 1,000.00	\$ 1,000.00
28) Contributions to be Refunded (CRO-1215)	\$	\$

JAN 22 2024

Amendment

Pg 1 of 2 Yes No**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		
Lydia Tilley Effler					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Elaine Hartsock 4925 Old Fort Sugarhill Rd Old Fort, NC 28762			b. Job Title/Profession		d. Comments
			Retired / Housewife		48 hour notice filed 12/19/2023
			c. Employer's Name/Specific Field		
			Housewife		e. Election Sum to Date
					\$ 1000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	A	Check		12/18/2023	\$ 1000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Kara Reel 38 Lower Haw Branch Road Marion, NC 28752			b. Job Title/Profession		d. Comments
			Accountant		
			c. Employer's Name/Specific Field		
			Self Employed		e. Election Sum to Date
					\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		12/18/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Keith Laney 38 Lower Haw Branch Road Marion, NC 28752			b. Job Title/Profession		d. Comments
			Retired		
			c. Employer's Name/Specific Field		
			Retired		e. Election Sum to Date
					\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		12/18/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,750.00
5. Total of ALL CRO-1210 Pages					\$ 2,321.75
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

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	
Lydia Tilley Effler					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lydia Tilley Effler 24 Willoughby Way Marion, NC 28752		b. Job Title/Profession Register of Deeds		d. Comments	
		c. Employer's Name/Specific Field Register of Deeds McDowell County			
				e. Election Sum to Date	
				\$ 571.75	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>			Check to BOE	12/04/2023	\$ 571.75
<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"/>					\$
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				\$ 571.75	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 2,321.75	

COPY

JAN 22 2024 1 of (

Amendment



Yes



No

48-Hour Notice

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name Lydia Tilley Effler	c. ID Number		
b. Mailing Address (include City, State and Zip Code) 24 Willoughby Way Marion, NC 28752	d. Report Date 12/19/2023		
e. Phone Number 828-460-4199			
2. Contribution Information			
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Elaine Reel Hartsock 4925 Old Fort Sugarhill Rd Old Fort, NC 28762			
Received Check from Individual on 12/18/2023			
b. Type of Contributor	b. Type of Contributor		
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____	<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		
b1. Type of Committee	b1. Type of Committee		
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: Campaign ROD <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Retired/Homemaker			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
	Check 1928		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
12/18/2023	\$ 1000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
	\$ 1000.00		\$
3. Total Contributions THIS Page	<i>(sum all the 12f entries on this page)</i>		\$ 1000.00
4. Total Contributions ALL Pages	<i>(if multi-page, only list on page 1)</i>		\$ 1000.00
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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
Lydia Tilley Effler	<i>Lydia T. Effler</i>		12/19/2023
Printed Name of Signer	Signature of Appointed Treasurer		Date