

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 | c. ID Number | | |
| LYDIA TILLEY EFFLER | | | |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed | | |
| 24 WILLOUGHBY WAY MARION, NC 28752 | 01/06/2025 | | |
| | e. Phone Number | | |
| | (828) 460-4199 | | |

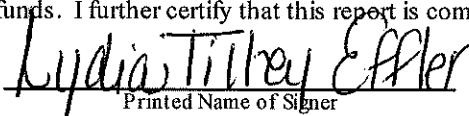
| | | | |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2024 | 10/20/2024 | 12/31/2024 | LYDIA TILLEY EFFLER |

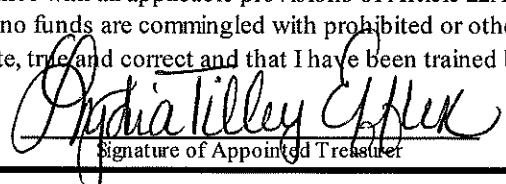
| | | | |
|---|---|---|--|
| 6. Type of Committee (Check One) | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | Municipal | State/County | Referendum |
| | <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"/> 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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | | |
| 8. Number of Fundraisers this Report | 0 | | |

| | |
|------------------------------------|------------------------------------|
| 3. Account Information | 3. Account Information |
| a. Financial Institution Full Name | a. Financial Institution Full Name |
| MCDOWELL CORNERSTONE CREDIT UNION | |
| b. Purpose | c. Account Code |
| CAMPAIGN ACCOUNT | A |
| d. Period Begin Balance | |
| \$ 5,571.25 | |
| b. Purpose | c. Account Code |
| | |
| 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


Printed Name of Signer

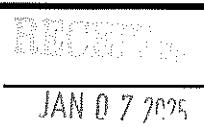

Signature of Appointed Treasurer

01/06/2025

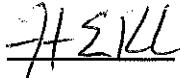
Date

FOR OFFICE USE ONLY

Date Received:


JAN 07 2025

Employee:


HILL

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

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

Use this form to summarize all disclosure reporting forms and to total monetary information

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number |
|--|---------------------|------------------------------------|
| LYDIA TILLEY EFFLER | 2024 Fourth Quarter | |
| Start of Election Cycle: January 1, 2021 | | Total this Reporting Period |
| 4) Cash on Hand at Start | | \$ 5,571.25 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 0.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 0.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 0.00 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 |
| 11) Other Receipt Sources | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ 0.00 |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.00 |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ 0.00 |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 12,500.00 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 1,059.54 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 0.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 0.00 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 0.00 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 0.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 9,893.31 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 4,511.71 |
| ADDITIONAL INFORMATION | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ 0.00 |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 0.00 |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | \$ 0.00 |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | \$ 0.00 |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ 0.00 |
| 25) Administrative Support | (CRO-1710) | \$ 0.00 |
| 26) Forgiven Loans | (CRO-1440) | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 |

Disbursements

Pg 1 of 1 Yes No

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

| | | | | | | |
|--|---------------------------|------------------------|--|---|-----------------------------------|---------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| LYDIA TILLEY EFFLER | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) BROOKS TAVERN AND RESTAURANT 10 OAK STREET TRYON, NC 28782 | | | b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | d. Comments e. Election Sum to Date \$ 323.73 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Debit Card | HO | 12/21/2024 | \$ 323.73 | CAMPAIGN MEAL FOR VOLUNTEERS 2024 | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) FLAVORS ON MAIN 49 S MAIN ST MARION, NC 28752 | | | b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | d. Comments e. Election Sum to Date \$ 2,024.84 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Debit Card | O | 12/21/2024 | \$ 110.81 | GIVEAWAYS | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) MARION DOWNTOWN BUSINESS ASSOCIATION 58 DEPOT STREET MARION, NC 28752 (828) 652-2215 | | | b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | d. Comments e. Election Sum to Date \$ 625.00 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| A | Check | O | 11/18/2024 | \$ 625.00 | CHRISTMAS PARADE | |
| | | | | \$ | | |
| S. Total only this Page | | | | | | \$ 1,059.54 |
| 6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | \$ 1,059.54 |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | | |
| O* Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |