OCT 31 2026

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
Maggie Effler Frye Committee	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
2534 Nix Creek Road Marion, NC 28752	11/2/2026
	e. Phone Number
	828 442 9430

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2026	10/1/2026	12/31/2026	Maggie Effler Frye

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☒ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name		
McDowell Cornerstone Credit Union		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
Campaign organization	1	$ 25.00

11. Account Information

a. Financial Institution Full Name		
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 of Elections.

Maggie Effler Frye	Maggie Effler Frye	11/2/2026
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

				Delivery Method
Date Received:	10/31/26	Employee:	ABB	☐ Normal Mail
Date Postmarked:		Employee:		☐ Registered Mail
Date Scanned:		Employee:		☒ Hand Delivered
Date Data Entered:		Employee:		☐ Electronically Filed

☐ 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

OCT 31 2026

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
	Campaign Organization	

Start of Election Cycle: January 1, 2028		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 0	$ 0
6) Contributions from Individuals	*(CRO-1210)*	$ 25.00	$ 25.00
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	$ 0
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 Organizations	*(CRO-1250)*	$ 0	$ 0
11c) Outside Sources of Income	*(CRO-1250)*	$ 0	$ 0
11d) Legal Expense Fund - Other Sources	*(CRO-1270)*	$ 0	$ 0
11e) Exempt Purchase Price Sales	*(CRO-1265)*	$ 0	$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 25.00	$ 25.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 0	$ 0
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 0	$ 0
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ 0	$ 0
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ 0	$ 0
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)		$ 0	$ 0
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 25.00	$ 25.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 0	
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

OCT 31 2026

Contributions from Individuals

Pg ____ of ____

Amendment ☐ Yes ☑ No

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
Maggie Effler Frye Committee	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Maggie Effler Frye 2534 Nix Creek Rd Marion, NC 28752 828 442 9430	Registrar of Deeds	McDowell County		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Cash		10/16/2026	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$ 25.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 25.00