

Statement of Organization - Candidate Committee



Is this statement:

☐ New

☒ 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 | |
| Fallon for Aberdeen | | 39-4617513 | |
| b. Mailing Address (include City, State and Zip Code) | | e. Date Organized | |
| 779 Sun Rd, Aberdeen, NC 28315 | | 07/14/2025 | |
| c. Committee Website (Optional) | | f. Phone Number | |
| | | | |
| 2. Candidate Information | | | |
| a. Full Name | | e. Party Affiliation | |
| Fallon Brewington | | Democratic | |
| b. Mailing Address (include City, State, and Zip Code) | | f. Office Sought | |
| 779 Sun Rd. Aberdeen, NC 28315 | | Aberdeen Commissioner | |
| c. Phone Number | d. Email Address | g. Next Election Year | h. Jurisdiction |
| | fallonforaberndeen@gmail.com | | |
| <input checked="" type="checkbox"/> Email copy of report notices | | | |
| 3. Treasurer Information | | 4. Assistant Treasurer Information | |
| a. Full Name | | a. Full Name | |
| Mary Murphy, CPA | | | |
| b. Mailing Address (include City, State, and Zip Code) | | b. Mailing Address (include City, State and Zip Code) | |
| 852 N. Page St. Southern Pines, NC 28387 | | | |
| c. Phone Number | d. Email Address | c. Phone Number | d. Email Address |
| 262-323-1136 | Marymurphycpa@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 (incl. CRO-3500) | |
| a. Full Name | | a. Financial Institution Full Name | |
| Mary Murphy | | First Bank | |
| b. Mailing Address (include City, State, and Zip Code) | | | |
| 852 N Page St Southern Pines NC 28387 | | | |
| c. Phone Number | d. Email Address | b. Account Code | c. Type |
| 2623231136 | marymurphycpa@gmail.com | CHK | Checking |
| <input checked="" 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>Mary Murphy Printed Name of Treasurer</p> <p> Signature of Appointed Treasurer</p> <p>09/30/2025 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>Fallon Brewington Printed Name of Candidate</p> <p> Signature of Candidate</p> <p>09/30/2025 Date</p> | | | |