

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
	fallonforaberdeen@gmail.com		
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)		
Mary Murphy, CPA	852 N. Page St. Southern Pines, NC 28387		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
262-323-1134	Marymurphycpa@gmail.com		
<input checked="" type="checkbox"/> 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)

a. Full Name	b. Mailing Address (include City, State, and Zip Code)		
Mary Murphy	852 N Page St Southern Pines NC 28387		
c. Phone Number	d. Email Address	b. Account Code	c. Type
2623231134	mmarymurphycpa@gmail.com	CHK	Checking
<input checked="" type="checkbox"/> Email copy of report notices			

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.

Mary Murphy

Printed Name of Treasurer



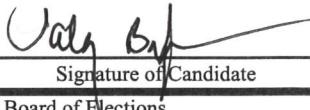
09/30/2025

Date

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.

Fallon Brewington

Printed Name of Candidate



09/30/2025

Date