

Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	1/100 101101011
Committee Name:	Assale Chen for Burling City Council
Treasurer Name:	Hazold , wes
Treasurer Address:	223 Fremw Aus
(include city, state, & zip)	Bushington N.C. 27215
Treasurer Phone:	336-516-6600

I certify that the above named candidate/political committee, which has been of inactive status and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to active status and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100 A-G) must accompany this form.

7/2/2/ Date Signed

RECEIVED

/1302 2021

ALAMANCE COUNTY
Certification to Return to Active StatusARD OF ELECTIONS

O Camization - Candidate Committee

Is this statement:

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

1. Committee Information	intended form is required for each	ch new election year.
a. Name of Committee		d. ID Number
6. Mailing Address (include City, State and Zip Code)	ity Coung!	a vo Mannos
1003 = 1	112	e. Date Organized
c. Committee Website (Optional)	mto, M. 2721:	
(P-vall)	<u> </u>	f. Phone Number
2. Candidate Information		336-516-6600
a. Full Nagne	e. Party/Affiliation	
MARUL Thomas KNEN	Non All.	1
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought	/6
223 E. J. O. O. J. In	0717	7/ /
c. Phone Number d. Email Address	1 SUS/11/29 (1	Ty Leouncil
336516-660 hours I	g. Next Election Year	h. Jurisdiction
336-516-660 700-72010@ 5001.6	on 2021	5.11-110
3. Treasurer Information a. Eq. Name	4. Assistant licasure ling.	Cullington / 1.C.
1 1 1 ()	a-Eull Name	mation .
b. Mailing Address (include City, State, and Zip Code)	Desare de	seco)
	b. Mailing Address (include City, S	tate and Zip Code)
223 Englenga Huz Kulintag N.C.	223 Endemas	A. PIFA
d. Linzu Address	c. Phone Number d. Email Ad	O VOLLUITON SOLL
336-516-660 howardology small send report notices by amount 1000 small send send send send send send send send	226 Just 100	laress 7
Send report notices by email Yes No	☐ Email copy of report notice	ax1270(2) 9100/.Co
Custodian of Books Information (Keeper of Records)	0. Account Information - con	el CRO-3500)
HMCICAN National RANK	a. Financial Institution Full Name	
, Mailing Address (include City, State, and Zip Code)	American Notion	DANK
3101 Schurch Stal Roll to No		
2/- [39 1/]	b. Account Code c. Type	
Email copy of report notices	051401007 check	122
Loomical	1516028201	
I certify that the Committee is in compliance with all applica General Statutes and that no funds are commingled with prof	ble provisions of Article 22A of	Chapter 163 of the NC
General Statutes and that no funds are commingled with prof this report is complete, true and correct.	bited or other non-disclosed fur	nds. I further certify that
14020 (ST 8)))[//////	
Printed No.	ature of Appointed Treasurer	47/17
certify that the information above is correct and the		Date
certify that the information above is correct, and I, as the canoties and responsibilities imposed upon the appointed treasure 3 of the NC General Statutes.	aidate, appoint said treasurer to	personally fulfill the
) () penantes in	Article 22A of Chapter
Printed Name of Candidate Alica Amount Am	d Level	7/7/17
20-21004	Signature of Candidate	Date
NC State Board	or Elections R	ECEIV Perpender 2019

AUS 02 2021