



# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### 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:

Committee Name: BOBBY CHIN FOR GRAHAM COUNCIL MEMBER  
Treasurer Name: BOBBY CHIN  
Treasurer Address: 386 CAROLINA CIRCLE  
(include city, state, & zip) GRAHAM, NC 27253  
  
Treasurer Phone: 240-351-9026

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.

7/7/2025

Date Signed

Bobby Chin

Signature



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### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

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

Candidate Name: BOBBY CHIN  
Committee Name: BOBBY CHIN FOR GRAHAM COUNCIL MEMBER  
Treasurer Name: BOBBY CHIN  
If Candidate is own treasurer, designate an agent to carry out designations: KAREN CHIN  
Committee ID #: HD4F76  
Level Registered: [State] [County] If county, specify: ALAMANCE

I, BOBBY CHIN, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>KAREN CHIN</u>	<u>100 %</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Bobby Chin  
Date: 7/7/2025