



STATE OF NORTH CAROLINA  
COUNTY OF FORSYTH  
NOTICE OF CANDIDACY

ELECTION PRIMARY  
ELECTION DATE 03/03/2020  
JURISDICTION WARD NE JURISDICTION VALUE \_\_\_\_\_

NOTICE OF CANDIDACY FOR OFFICE OF:

CITY OF WINSTON-SALEM COUNCIL MEMBER NORTHEAST WARD

DATE: 12/20/2019

SEAT NAME (judicial contests only): \_\_\_\_\_

CANDIDATE INFORMATION

BARBARA HANES BURKE

*Full Legal Name*

Barbara Hanes Burke

*Name to Appear on Ballot*

3600 SAN CARLOS RD

*Residential Address*

FORSYTH

*County*

WINSTON SALEM, NC 27105

*City, State and Zip*

*Mailing Address*

*City, State and Zip*

*Campaign Phone Number*

*Campaign Email Address*

*NC State Bar No. (Judicial and District Attorney Candidates only)*

CANDIDATE'S PLEDGE

☒ Complete only if filing for a contest subject to a possible partisan primary: I hereby file notice as a candidate for nomination as CITY OF WINSTON-SALEM in the DEMOCRATIC party primary election to be held on 03/03/2020. I affiliate with the DEMOCRATIC party. (and I certify that I am now registered on the registration records of the precinct in which I reside as an affiliate of the DEMOCRATIC party.) I pledge that if I am defeated in the primary, I will not run for the same office as a write-in candidate in the next general election.

☐ Complete only if filing for a non-partisan office: I hereby file notice that I am a candidate for election to the office of \_\_\_\_\_ (District/Ward \_\_\_\_\_) for the governing body of \_\_\_\_\_ in the regular election to be held on \_\_\_\_\_.

FELONY DISCLOSURE

Have you ever been convicted of a felony? ☐ YES ☒ NO

If you have been convicted of a felony, you are required to complete a "Candidate Felony Disclosure" form within 48 hours of submitting this notice. GS § 163-106. The required form can be obtained from any election office or from the NC State Board of Elections website at [www.NCSBE.gov](http://www.NCSBE.gov). A prior felony conviction does not preclude holding elected office if rights of citizenship have been restored. Felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.

CANDIDATE'S CERTIFICATION AND PLEDGE

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I swear or affirm that the statements on this form are true, correct and complete to the best of my knowledge or belief

Barbara Hanes Burke  
*Signature of Candidate*

12/20/2019

*Date*

Each candidate shall sign the notice of candidacy in the presence of the chairman or secretary of the board of elections, State or county, with which the candidate files. In the alternative, a candidate may have the candidate's signature on the notice of candidacy acknowledged and certified to by an officer authorized to take acknowledgments and administer oaths, in which case the candidate may mail or deliver by commercial courier service the candidate's notice of candidacy to the appropriate board of elections. The person acknowledging this notice of candidacy must complete the appropriate section on page 2 of this form.

**AFFIDAVIT ATTESTING TO NICKNAME**(complete only if you would like an acceptable nickname to appear on the ballot in lieu of your legal name)

I, \_\_\_\_\_, have been duly sworn, hereby state under oath that I have been commonly known by the nickname, \_\_\_\_\_ for at least five years and request that my name be placed on the ballot as follows: \_\_\_\_\_. In the event that another candidate with the same last name as mine files notice of candidacy for the same office for which I am a candidate, my name should be listed as: \_\_\_\_\_.

STATE OF NORTH CAROLINA, \_\_\_\_\_ COUNTY

I hereby certify that, \_\_\_\_\_ the candidate who signed the AFFIDAVIT ATTESTING TO NICKNAME, personally appeared before me this day and signed this document in my presence.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

X

Notary Signature

Printed Name

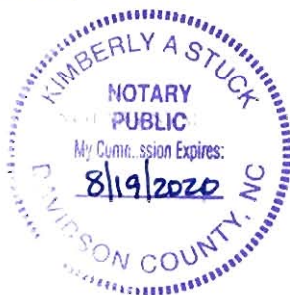
My Commission Expires

**ACKNOWLEDGMENT OF NOTICE OF CANDIDACY**

Each candidate shall sign the notice of candidacy in the presence of the chairman or secretary of the board of elections, State or county, with which the candidate files. In the alternative, a candidate may have the candidate's signature on the notice of candidacy acknowledged and certified to by an officer authorized to take acknowledgments and administer oaths (Notary Public), in which case the candidate may mail or deliver by commercial courier service the candidate's notice of candidacy to the appropriate board of elections.

STATE OF NORTH CAROLINA, Forsyth COUNTY

I hereby certify that, BARBARA HANES BURKE, the candidate who signed this NOTICE OF CANDIDACY, personally appeared before me this day and signed this document in my presence or acknowledged his/her signature to be the same.

Date: 12/20/19

X

Signature of Certifying Officer (or Notary)

Printed Name of Certifying Officer (or Notary)

Title of Certifying Officer

8/19/2020

My Commission Expires

**COUNTY BOARD OF ELECTIONS CERTIFICATION**

Candidates required to file their notice of candidacy with the State Board of Elections shall file along with their notice, a certificate signed by the chairman of the board of elections or the director of elections of the county. Candidates should have this certificate completed by their board of elections prior to submitting the notice to the State Board.

The undersigned has examined the voter registration records in FORSYTH COUNTY and found that BARBARA HANES BURKE

- ☐ is a registered voter in this county
- ☐ is registered as \_\_\_\_\_ (indicate candidate's political party affiliation or indicate *unaffiliated*, if applicable)
- ☐ has not changed his affiliation from another party or from unaffiliated within 90 days prior to the filing deadline.
- ☐ (Superior Court or District Court Judge only) is a resident of superior court district \_\_\_\_\_ or district court district \_\_\_\_\_

X

Title of County Official

Signature of Board Chair or Director of Elections

Date