

## STATE OF NORTH CAROLINA **COUNTY OF FORSYTH**

NOTICE OF CANDIDACY

ELECTION DATE

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|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |

03/03/2020

WS

MUNICIPALITY JURISDICTION JURISDICTION VALUE

| NOTICE OF CANDIDACY FOR OFFICE OF:   | CITY OF WINSTON-SALEM MAYOR   |
|--|---|
| DATE: 12/10/2019   | SEAT NAME (judicial contests only):   |
| THE PROPERTY OF THE PARTY OF TH | CANDIDATE INFORMATION   |
| MILLICENT JOANNE ALLEN   | JoAnne Allen Nome to Appear on Bailin   |
| Residential Address  FORSYTH  WINSTON SALEM. NC 27101  City State and Zip  County  | PO BOX 284  Mailing Address  WINSTON SALEM, NC 27102  City State and Zip  |
| Campaign Phone Number Campaign Email Addi  | ress NC State Bar No (Indicial and District Attorney Candidates only)   |
|  | CANDIDATE'S PLEDGE  |
| with the <u>DEMOCRATIC</u> party, (and I cert reside as an affiliate of the <u>DEMOCRATIC</u> office as a write-in candidate in the next general el  | party primary election to be held on 03/03/2020. I affiliate tify that I am now registered on the registration records of the precinct in which I party.) I pledge that if I am defeated in the primary, I will not run for the same ection.  |
| (District/Ward<br>election to be held on   | for the governing body of in the regular  |
| Algorithm and appropriate the property of the property of  | FELONY DISCLOSURE   |
| submitting this notice. GS § 163-106. The requir Elections website at <u>www.NCSBE.gov</u> . A prior f   | equired to complete a "Candidate Felony Disclosure" form within 48 hours of red form can be obtained from any election office or from the NC State Board of felony conviction does not preclude holding elected office if rights of citizenship be disclosed if the conviction was dismissed as a result of reversal on appeal or |
| FRAUDULENTLY OR FALSELY COMPLETING TH  | ANDIDATE'S CERTIFICATION AND PLEDGE HIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.  |
| I swear or affirm that the statements on this form and X Signature of Canada.  | re true, correct and complete to the best of my knowledge or belief.  12/10/2019  Date  |
| First to the first the second second   |   |

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 candidatey 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 li   | ke an acceptable nickname to appear on the ballot in lieu of your legal name)   |  |  |  |  |  |
| l,, have been duly swe   | orn, hereby state under oath that I have been commonly known by the nickname.   |  |  |  |  |  |
| for at least five years and re   | quest that my name be placed on the ballot as follows:  |  |  |  |  |  |
|  | nat 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:  | the state of variations for the state of the total and a candidate, my famile should  |  |  |  |  |  |
| be fisied as.  |   |  |  |  |  |  |
| CTATE OF MODEL CAROLINA  | COUNTY  |  |  |  |  |  |
| STATE OF NORTH CAROLINA,   | COUNTY  |  |  |  |  |  |
| l hereby certify that,   | the candidate who signed the AFFIDAVIT ATTESTING TO NICKNAME.   |  |  |  |  |  |
| personally appeared before me this day and signed th   | is document in my presence.   |  |  |  |  |  |
| Sworn to and subscribed before me thisday o  | ſ   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | Notary Signature  |  |  |  |  |  |
| TO ARA ST VI   | com) agains   |  |  |  |  |  |
|  | Printed Name  |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | My Commission Expires   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| I hereby certify that MILLICENT JOANNE ALLEN appeared before me this day and signed this documer Date:  1 2 10 19  NOTARY PUBLIC!  | the candidate who signed this NOTICE OF CANDIDACY, personally it in my presence or acknowledged his/her signature to be the same.  X Stuck  Signature of Certifying Officer (or Notary)  Fruited Name of Certifying Officer  Title of Certifying Officer  Cla Zozo  My Commission Expires   |  |  |  |  |  |
| COUN   | TY 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 <u>chairman of the board of elections</u> or the   |  |  |  |  |  |
| director of elections of the county. Condidates should have this cert  | ficate completed by their board of elections prior to submitting the notice to the State Board.   |  |  |  |  |  |
| The undersigned has examined the voter registration record   | s in FORSYTH COUNTY and found that MILLICENT JOANNE ALLEN   |  |  |  |  |  |
| is a registered voter in this county.  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  | too or company to the same of |  |  |  |  |  |
| is registered as(indicate can  | didate's political party affiliation or indicate unaffiliated, if applicable)   |  |  |  |  |  |
| - Section Sect |   |  |  |  |  |  |
| has not changed his affiliation from another party or  | from unaffiliated within 90 days prior to the filing deadline.  |  |  |  |  |  |
| has not changed his affiliation from another party or  |   |  |  |  |  |  |

Signature of Board Chair or Director of Elections

Title of County Official

Date