

Use this form to place your name on ballot as a candidate in a municipal election.

| Election information | Title of the office sought _VILLAGE OF TOBACCOVILLE MAYOR 1 District or ward (if applicable) _TB | | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | Election Municipal Election date (mm/dd/yyyy) 11/07/2023 | | |
| Candidate information You must provide your full legal name in this section. This information will be public. | Last name MARION Suffix (Jr, Sr., II, III, IV) First name MYRON Middle name WAYNE Name to appear on ballot Myron W. Marion Campaign phone number (336) 983-7804 Campaign email MWMARION@WINDSTREAM.NET | | |
| Residential address This information will be public. | 3 Address (not P.O. Box) 3500 RICHARDSON AVE City_TOBACCOVILLE State_NC Zip 27050 County_FORSYTH | | |
| Mailing address This information will be public. | Same as above Address or P.O. Box PO BOX 2361 City KING State NC zip 27021 | | |
| Candidate's pledge Check 1 box and complete the oldege that applies to the office hat you are seeking candidacy for. | I hereby file notice as a candidate for nomination as in the | | |
| elony disclosure | I am filing for a non-partisan contest: I hereby file notice that I am a candidate for election to the office of VILLAGE OF TOBACCOVILLE I\ (at large) (for the | | |
| | If you have been convicted of a felony, you must complete a Candidate Felony Disclosure form within 48 hours of submitting this notice (G.S. 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. 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. | | |

| Affidavit attesting | | l,, have been duly sworn, here | shy state under eath that I have her | |
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| to nickname | | commonly known by the nickname | formal and the second | |
| Complete only if you would like an acceptable nickname to appear on the ballot in lieu of your legal name. | | and request that my name be placed on the ballot as follows: | Tor at least five yea | |
| | | in the event that another candidate with the same last name as the same | The state of the s | |
| | | 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: | | |
| Even if your nickname is accepted, | | | | |
| your legal last name will still appear on the ballot. | | State of North Carolina,County, | | |
| | | I hereby certify that, the can attesting to nickname, personally appeared before me this day and signed this day. | didate who signed this Affidavit | |
| | | 7 - Product this day and signed this document in my presence. | | |
| | 7 | Sworn to and subscribed before me thisday of | 4 | |
| | | | | |
| | | Name of notary | | |
| | | My commission expires (mm/dd/yyyy) | | |
| | | | | |
| | | | | |
| | | | 3 | |
| | | Notary, sign here | | |
| | | The state of the s | | |
| | | X | | |
| | | Absence Advances in the Control of t | | |
| cknowledgment of | | The notice of candidacy shall be either signed in the presence of the chairman or secretary | | |
| This section must be completed by the chair, secretary, or director of the board of elections, or by a notary. See G.S. 163-294.2(a) | | director of elections of that county, or signed and acknowledged before an officer authorized to take acknowledgments who shall certify the notice under seal. An acknowledged and certified notice may be mailed to the board of elections. State of North Carolina, County. County. Thereby certify that Macion County, the candidate who signed this notice candidacy, personally appeared before me this day and signed this document in my presence or acknowledged his/her signature to be the same. Sworn to and subscribed before me this Aday of July Aday of | | |
| | | Ody of | | |
| | 8 | | | |
| | 6 | Name of certifying officer or notary Kay Moore Title of certifying officer My commission expires (mm/dd/yawa) Mo 115/2024 | | |
| | | Title of cortifuing officer | | |
| | | tine of certifying officer | | |
| | | Minimum 1 1 and a second secon | ************ | |
| | | 13/2026 | KAY MOORE NOTARY PUBLIC YADKIN COUNTY STATE OF NORTH CAROLINA | |
| | | anv. | NOTARY PUBLIC YADKIN COUNTY STATE OF NORTH CAROLINA | |
| | | 13/2026 | NOTARY PUBLIC YADKIN COUNTY STATE OF NORTH CAROLINA | |
| | | anv. | NOTARY PUBLIC YADKIN COUNTY STATE OF NORTH CAROLINA | |
| andidate's ertification | | Certifying officer or notary, sign here | NOTARY PUBLIC YADKIN COUNTY STATE OF NORTH CAROLINA COMMISSION EXPIRES | |
| ertification audulently or falsely completing | | Certifying officer or notary, sign here X X I swear or affirm that the statements on this form are true, correct and complete to the best of my | NOTARY PUBLIC YADKIN COUNTY STATE OF NORTH CAROLINA COMMISSION EXPIRES | |
| ertification audulently or falsely completing s form is a Class I Felony under | 9 | Certifying officer or notary, sign here X X I swear or affirm that the statements on this form are true, correct and complete to the best of my | NOTARY PUBLIC YADKIN COUNTY STATE OF NORTH CAROLINA COMMISSION EXPIRES | |
| ertification audulently or falsely completing s form is a Class I Felony under apter 163 of the NC General | 9 | Certifying officer or notary, sign here X X I swear or affirm that the statements on this form are true, correct and complete to the best of my Candidate, sign and date here (Required) X A A A A A | NOTARY PUBLIC YADKIN COUNTY STATE OF NORTH CAROLINA COMMISSION EXPIRES (NOW MISSION EXPIRES (| |
| ertification audulently or falsely completing is form is a Class I Felony under apter 163 of the NC General | 9 | Certifying officer or notary, sign here X Lowear or affirm that the statements on this form are true, correct and complete to the best of my Candidate, sign and date here (Required) X Sign and date this section in the presence of the chair, secretary, or director of the board of the population. | NOTARY PUBLIC YADKIN COUNTY STATE OF NORTH CAROLINA COMMISSION EXPIRES (NOW MISSION EXPIRES (| |
| | 9 | Certifying officer or notary, sign here X X X I swear or affirm that the statements on this form are true, correct and complete to the best of my Candidate, sign and date here (Required) X Sign and date this section in the presence of the chair, secretary, or director of the board of esection 8. | NOTARY PUBLIC YADKIN COUNTY STATE OF NORTH CAROLINA COMMISSION EXPIRES knowledge or belief. Date (mm/databyy) Only 2023 | |
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