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

Election information	1	Title of the office sought CITY OF WINSTON-SALEM COUNCIL MEMBER SOUTHWEST WARD  District or ward (if applicable) SW		
		Election Municipal Election date (mm/dd/yyyy) 03/05/2024		
Candidate information You must provide your full legal name in this section. This information will be public.	2	Last name ANDREE-BOWEN Suffix (Jr, Sr., II, III, IV)  First name SCOTT Middle name D  Name to appear on ballot Scott Andree-Bowen  Campaign phone number (336) 416-9669 Campaign email SCOTTANDREEBOWEN4WS@GMAIL.		
Residential address This information will be public.	3	Address (not P.O. Box) 659 BRENT ST  City WINSTON SALEM State NC Zip 27103  County FORSYTH		
Mailing address This information will be public.	4			
Candidate's pledge Check 1 box and complete the oledge that applies to the office that you are seeking candidacy for.	5	I hereby file notice as a candidate for nomination asCITY OF WINSTON-SALEM COUNCIL MEMBER SOUTI in theDEMOCRATICparty primary election to be held on (mm/dd/yyyy)03/05/2024 affiliate with theDEMOCRATICparty (and I certify that I am now registered on the registration records of the precinct in which I reside as an affiliate of theDEMOCRATICparty).  I pledge that I have been affiliated with that party for at least 90 days as of the date of the filing of the notice of candidacy. 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.  I am filling for a non-partisan contest: I hereby file notice that I am a candidate for election to the office of(at large) (for theWard) in the regular municipal election to be held in(municipality) on (mm/dd/yyyy)		
elony disclosure	6	Have you ever been convicted of a felony?  Yes No  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.		

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Affidavit attesting to nickname Complete only if you would like an acceptable nickname to appear on the ballot in lieu of your legal name.		l, , have been duly sworr	n, 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	The state of the s	
		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 thatti	he candidate who signed this Affidavit	
		attesting to nickname, personally appeared before me this day and signed this docu	ment in my presence.	
	7	Sworn to and subscribed before me this day of		
		Name of notary		
		My commission expires (mm/dd/yyyy)		
		Notary, sign here		
		X		
Acknowledgment of notice of candidacy 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)		The notice of candidacy shall be either signed in the presence of the chairman or secretary of the board of elections or the 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.  I hereby certify that  County, 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.  Sworn to and subscribed before me this  day of  day of  Aday of  Ada		
	8	Name of certifying officer or notary Iricia C. Servery Title of certifying officer Consultant Frequency My commission expires (mm/dd/yyyy)  Certifying officer or notary, sign here	A Commission Control of the Commission Control of the Control of t	
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Candidate's certification raudulently or falsely completing his form is a Class I Felony under chapter 163 of the NC General tatutes.		I swear or affirm that the statements on this form are true, correct and complete to the best Candidate, sign and date here (Required)	t of my knowledge or belief.	
	9	× Zuman 3	Date (mm/dd/yyyy) 12/04/2023	
		Sign and date this section in the presence of the chair, secretary, or director of the bo section 8.  Submit this form to the board of elections in the county in which you plan to be a cookie.		