

North Carolina Municipal Notice of Candidacy

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 EAST WARD District or ward (if applicable) EA 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 LAMKIN Suffix (Jr, Sr., II, III, IV) First name JARED Middle name DUANE Name to appear on ballot Jared D. Lamkin Campaign phone number (215) 713-5137 Campaign email PSYCHOSOCIOLITICS@GMAIL.COM		
Residential address This information will be public.	3	Address (not P.O. Box) 1515 PECAN LN City KERNERSVILLE State NC Zip 27284 County FORSYTH		
Mailing address This information will be public.	4	Same as above Address or P.O. Box P.O. BOX 1563 City KERNERSVILLE State NC Zip 27284		
Candidate's pledge Check 1 box and complete the pledge that applies to the office that you are seeking candidacy for.	5	I am filing for a partisan contest: I hereby file notice as a candidate for nomination as CITY OF WINSTON-SALEM COUNCIL MEMBER EAST in the DEMOCRATIC party primary election to be held on (mm/dd/yyyy) 03/05/2024 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 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 filing for a non-partisan contest: I hereby file notice that I am a candidate for election to the office of (at large) (for the Ward) in the regular municipal election to be held in (municipality) on (mm/dd/yyyy)		
Felony 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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SWITTER TO CHANGE

Affidavit attesting	TUE:	l have been duly	h
to nickname		, have been duly sworn	
Complete only if you would like an acceptable nickname to appear on the ballot in lieu of your legal name.		commonly known by the nickname and request that my name be placed on the ballot as follows:	for at least five years
		In the event that another candidate with the same last name as mine files notice of o	
		for which I am a candidate, my name should be listed as:	The second secon
Even if your nickname is accepted, your legal last name will still appear on the ballot.		State of North Carolina,County.	
			and distance to the late of the second
		I hereby certify that, th attesting to nickname, personally appeared before me this day and signed this docur	ne candidate who signed this Affidavit ment in my presence.
	7	Sworn to and subscribed before me this day of	
		Name of notary	23 43
		My commission expires (mm/dd/yyyy)	
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			2 2 5
		Notary, sign here	M 2 2 2 2
		X	
			# 0
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)	8	director of elections of that county, or signed and acknowledged before an officer aut shall certify the notice under seal. An acknowledged and certified notice may be mail State of North Carolina, County. I hereby certify that candidacy, personally appeared before me this day and signed this document in my probe the same. Sworn to and subscribed before me this day and signed this document in my probe the same. Name of certifying officer or notary Cicla County. Title of certifying officer or notary Cicla County. Certifying officer or notary, sign here X X X X X X X X X X X X X	ed to the board of elections. The candidate who signed this notice of
 Candidate's		I swear or affirm that the statements on this form are true, correct and complete to the best	of my knowledge or helief
certification		Candidate, sign and date here (Required)	or my knowledge of bellet.
Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.			Date (mm/dd/yyyy)
	9	* Sared D. Tank	12/06/2023
		Sign and date this section in the presence of the chair, secretary, or director of the boa section 8. Submit this form to the board of elections in the county in which you plan to be a candidate.	