

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 MAYOR District or ward (if applicable) WS Election Municipal Election date (mm/dd/yyyy) 03/05/2024
Candidate information You must provide your full legal name in this section. This nformation will be public.	2	Last name JOINES Suffix (Jr, Sr., II, III, IV) First name JAMES Middle name ALLEN Name to appear on ballot Allen Joines Campaign phone number (336) 408-8082 Campaign email ALLEN.JOINES@WSALLJANCE.ORD
Residential address This information will be public.	3	Address (not P.O. Box) 3765 GUINEVERE LN City WINSTON SALEM State NC Zip 27104 County FORSYTH
Viailing address This information will be public.	4	Same as above Address or P.O. Box PO BOX 20397 City State Zip 27120
Candidate's pledge Check 1 box and complete the pledge that applies to the office hat you are seeking candidacy for.	5	I hereby file notice as a candidate for nomination asCITY OF WINSTON-SALEM MAYOR in theDEMOCRATIC party primary election to be held on (mm/dd/yyyy)03/05/2024 I affiliate with theDEMOCRATIC party (and I certify that I am now registered on the registration records of the precinct in which I reside as an affiliate of theDEMOCRATIC 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 filling 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)
elony disclosure	6	Have you ever been convicted of a felony? Yes X 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.

2023 DEC -L PM 19: 1.0

Affidavit attesting to nickname Complete only if you would like an acceptable nickname to appear on the ballot in lieu of your legal name.		JAMES ALLEN JOINES , have been duly sworn, hereby state under oath that I have been
		commonly known by the nickname ALLEN for at least five years
		and request that my name be placed on the ballot as follows: Allen Joines
		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, FOLST14 County.
		I hereby certify that Sames are 50/N to the candidate who signed this Affidavit attesting to nickname, personally appeared before me this day and signed this document in my presence.
	7	Sworn to and subscribed before me this OY day of DECEMBER 2023
		Name of notary Michael BOSADICIA
		My commission expires (mm/dd/yyyy) 9.22-24
		Name of notary Michaelle Boskoius My commission expires (mm/dd/yyyy) 9.22-24 Notary, sign here
		OP G AMMISSION Exp.
		Notary, sign here
		* Mihelle Boladle " The COUNTY OF THE BOTTON
Acknowledgment of		The notice of candidacy shall be either signed in the presence of the chairman or secretary of the heard of elections or the
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)		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, FOLST74 County.
		I hereby certify that SAMES ALLEN TOLINES, 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 OH day of DECEMBEL, 2023.
	8	
		Name of certifying officer or notary MCHEUE BOBADIUCA
		Title of certifying officer DEPUTY DIRECTOR
		My commission expires (mm/dd/yyyy) 9.22-24
		Name of certifying officer or notary Michelle Bosadiula Title of certifying officer DEPOTY DIRECTOR My commission expires (mm/dd/yyyy) 9.22-24
		Certifying officer or notary, sign here
		Certifying officer or notary, sign here
		Certifying officer or notary, sign here X Mullboladde
Candidate's		I swear or affirm that the statements on this form are true, correct and complete to the best of my knowledge or belief.
certification Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General statutes.		Candidate, sign and date here (Required)
	9	X Date (mm/dd/yyyy) 12/04/2023
		Sign and date this section in the presence of the chair, secretary, or director of the board of elections, or the notary from
		Submit this form to the board of elections in the county in which you plan to be a candidate.
		The man , so plan to be a candidate.