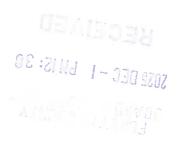


Use this form to place your name on ballot as a candidate in a municipal election.

Election information	0.00	THE CALL OF THE PARTY OF THE PA
		Title of the office sought TOWN OF RURAL HALL TOWN COUNCIL
	1	District or ward (if applicable) RH
V2		Election Municipal Election date (mm/dd/yyyy) 03/03/2026
Candidate	- 15	Last name JOHNSON-ANTHONY Suffix (Jr, Sr., II, III, IV)
information You must provide your full legal name in this section. This information will be public.		First name AMANDA Middle name ONEAL
	2	Name to appear on ballot Amanda Johnson-Anthony
		Campaign phone number (336) 577-6684 Campaign email YOURCOUNCILWOMANAJANTHONY
		Campaign phone number (2007) Cook Cook Cook Cit WORLAND ANTHONY
Residential address This information will be public,		Address (not P.O. Box) 855 BITTING HALL DR
	3	
		City RURAL HALL State NC Zip 27045
		County FORSYTH
Mailing address	0.38	
This information will be public.		Same as above
	4	Address or P.O. Box
		CityStateZip
—————————————————————Candidate's pledge	mini.	X I am filing for a partisan contest:
Check 1 box and complete the pledge that applies to the office that you are seeking candidacy for.		I hereby file notice as a candidate for nomination asTOWN OF RURAL HALL TOWN COUNCIL
		in the DEMOCRATIC party primary election to be held on (mm/dd/yyyy) 03/03/2026
		1 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
	5	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
		(municipality) on (mm/dd/yyyy)
Felony disclosure	By	Have you ever been convicted of a felony?
		If you have been convicted of a felony, you must complete a Candidate Felony Disclosure form within 48 hours of submitting
	6	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	i,, have been duly sworn, hereby state under oath that I have been
to nickname	commonly known by the nickname for at least five years
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:
	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.
	f hereby certify that, 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 day of
	Name of notary
	My commission expires (mm/dd/yyyy)
	Notary seal
	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, Forgum County. I hereby certify that And Jhanes And Signed this document in my presence or acknowledged his/her signature to be the same. Sworn to and subscribed before me this day and signed this document in my presence or acknowledged his/her signature.
	Name of certifying officer or notary Macy T. Payne Title of certifying officer Museus by Mail Muse
	My commission expires (mm/dd/yyyy) July 14 th 2028
	MACY T PAYNE Davidson County My Commission Expires My Commission Expires
	1. 1/2
Candidate's certification	I swear or affirm that the statements on this form are true, correct and complete to the best of my knowledge or belief. Candidate, sign and date here (Required)
Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.	Date (mm/dd/yyyy) 12/01/2025
	Sign and date this section in the presence of the chair, secretary, or director of the board of elections, or the notary from

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