

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

Election information		Title of the office sought TOWN OF LEWISVILLE TOWN COUNCIL			
	1	District or ward (if applicable)			
		Election Municipal Election date (mm/dd/yyyy) 09/09/2025			
	MOI				
Candidate		Last name FRANKLIN Suffix (Jr, Sr., II, III, IV)			
information You must provide your full legal name in this section. This information will be public.	2	First name FRED Middle name WESLEY			
		Name to appear on ballot Fred W. Franklin			
		Campaign phone number (336) 945-4477 Campaign email FFRANKLIN@TRIAD.RR.COM			
Residential address					
This information will be public.	3	Address (not P.O. Box) 1420 CONRAD SAWMILL RD			
		City LEWISVILLE State NC zip 27023			
		County_FORSYTH			
——————————————————————————————————————	YES IN				
This information will be public.		X Same as above			
	4	Address or P.O. Box			
		CityStateZip			
 Candidate's pledge		X I am filing for a partisan contest:			
Check 1 box and complete the		I hereby file notice as a candidate for nomination as TOWN OF LEWISVILLE TOWN COUNCIL			
pledge that applies to the office that you are seeking candidacy for.		in the REPUBLICAN party primary election to be held on (mm/dd/yyyy) 09/09/2025			
		I affiliate with the REPUBLICAN 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 REPUBLICAN 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 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			
		(municipality) on (mm/dd/yyyy)			
	RY III	(monetipantry) on (min) day yyyy)			
elony disclosure	40	Have you ever been convicted of a felony?			
	6	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		, have been duly sworn, hereby state under oath t	hat I have been
to nickname		commonly known by the nicknamefor al	
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:	ricust iii o y care
		In the event that another candidate with the same last name as mine files notice of candidacy for the same offi	ice
		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,	s Affidavit
	7	Sworn to and subscribed before me this	
		447 5.	According to the second of
		Name of notary	
		My commission expires (mm/dd/yyyy)	
		Notary sea	
		Notary, sign here	
		X	
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 acknowled shall certify the notice under seal. An acknowledged and certified notice may be mailed to the board of election State of North Carolina, Forsy County. I hereby certify that Tred trankling the candidate who signed candidacy, personally appeared before me this day and signed this document in my presence or acknowledged to be the same. Sworn to and subscribed before me this day and signed this day of John Say of John S	d this notice of
	8	Name of certifying officer or notary Macy T. Payne Title of certifying officer Absence Mauser	
		Title of certifying officer Absente Manser	
		My commission expires (mm/dd/yyyy) 67/14/2029 MACY T PA Notary Public, No Davidson Co	rth Carolina
		Certifying officer or notary, sign here My Commission C7/14/2	n Expires
		I Told	
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.	9	X Date (mm/dd/yyy) 07/14/2025	'y)
		Sign and date this section in the presence of the chair, secretary, or director of the board of elections, or the not section 8. Submit this form to the board of elections in the county in which you plan to be a candidate.	ary from

2025 JUL 14 AM 11:32

