THIS FORM MUST BE COMPLETE IN ORDER TO BE ACCEPTED. READ INSTRUCTIONS CAREFULLY.

STATE OF WEST VIRGINIA

Municipal Candidate's Certificate of Announcement

I hereby swear and affirm that the following information is true:		
(1) Election Type: (Check one)		
CP 6	rimary General	☐Unexpired Term
(2) Name of Office Sought:	City Couns!	Λ
(3) Candidate's Legal Name: Av-th - John Donh (First, middle and last name)		
(4) Candidates name used in s (Liniked to 25 characters)	seeking office: Sam	
(5) I am a resident and legally qualified voter of the municipality of:		lity of: 2 202 Latrobe St
(5)(a) Ward: (if applicable)		
(6) Current residence address (Specific address where candidate resides		Sume
(7) Mailing address: (If different from residence address above):		<u>Sq.m.e</u>
(8) For Partisan Elections only I am affiliated with the folio	•	Repubienn
current votor's registration and I h pursuant to W. Va. Code §3-8-7(d)(ave not been registered as a member- 6).	i and affiliated with this political party as evidenced by my of another political party within sixty (60) days of this date,
516-316-8		
Daytime Phone (for public use)	E	mall Address (for public use)
Campaign Committee Name (if applicable) Campaign		ampalgn Website (If applicable)
i swear or affirm that I am a candidate for this office in good faith, that I am eligible and qualified to hold this office, and that the information provided on this form is true.		
andre (Den	1-22-2024
Candidate's Signature (must be n	otarized)	Date
(Notary Public Use Only)		
State of Wat Vinginia, County of Wood OFFICIAL SEAL OFFICIAL SEAL OFFICIAL SEAL OFFICIAL SEAL OFFICIAL SEAL OFFICIAL SEAL		
Subscribed and sworn to before me this 22 nd day of NOTARY PUBLIC STATE OF WEST VIRGINIA Canial W Huffman		
One Government Square Partnersburg WV 26101 My Commission Expires August 31, 2027		Parkersburg WV 26101
Signature of Notary Public or official authorized to give oaths		