

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)

Primary       General       Unexpired Term

(2) Name of Office Sought: Vienna City Council      Ward: \_\_\_\_\_

(3) Candidate's Legal Name: Carrie Lynn Rapp  
(First, middle and last name)

(4) Candidates name used in seeking office: Carrie Rapp  
(Limited to 25 characters)

(5) I am a resident and legally qualified voter of the municipality of: Vienna  
(5)(a) Ward: (if applicable) \_\_\_\_\_

(6) Current residence address:  
(Specific address where candidate resides at time of filing): 1308 Greenmont Hills Dr  
Vienna, WV 26105

(7) Mailing address:  
(If different from residence address above):  
\_\_\_\_\_  
\_\_\_\_\_

(8) For Partisan Elections only:  
I am affiliated with the following political party: \_\_\_\_\_

By filling out this space, I hereby certify and attest that I am a member of and affiliated with this political party as evidenced by my current voter's registration and I have not been registered as a member of another political party within sixty (60) days of this date, pursuant to W. Va. Code §3-5-7(d)(6).

304-481-0925  
Daytime Phone (for public use)

carrierapp63@gmail.com  
Email Address (for public use)

\_\_\_\_\_  
Campaign Committee Name (if applicable)

\_\_\_\_\_  
Campaign 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.

Carrie Lynn Rapp  
Candidate's Signature (must be notarized)

01/27/2024  
Date

(Notary Public Use Only)

State of WV, County of Wood

Subscribed and sworn to before me this 27 day of

January, 2024.  
Caron Mae

Signature of Notary Public or official authorized to give oaths.

