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	n is true:
(1) Election Type: (Check one)	
☐ Primary ☑General	☐Unexpired Term
(2) Name of Office Sought: WINFIELD (TTY COUNCIL Ward: N/A	
(3) Candidate's Legal Name: DANA LEE CAMP	PBELL
(4) Candidates name used in seeking office: DANA CAMPBELL (Limited to 25 characters)	
(5) I am a resident and legally qualified voter of the mu	nicipality of: WINFIED W
(5)(a) Ward: (if applicable)	N/A
(6) Current residence address: (Specific address where candidate resides at time of filing):	5 WATER'S ETGE
	WINFIELD W 25213
(7) Mailing address: (If different from residence address above):	SAME
(8) For Partisan Elections only:	_
I am affiliated with the following political party:	NA
By filling out this space, I hereby certify and attest that I am a men current voter's registration and I have not been registered as a me pursuant to W. Va. Code §3-5-7(d)(6).	nber of and affiliated with this political party as evidenced by my mber of another political party within sixty (60) days of this date,
304-415-5320	MEDER TA CLIAN AND
304-415-5320 Daytime Phone (for public use)	USPSA 7 @ GMAIL. COM Email Address (for public use)
Daytime Phone (for public use)	Email Address (for public use)
Daytime Phone (for public use) Campaign Committee Name (if applicable)	Email Address (for public use) Campaign Website (if applicable)
Daytime Phone (for public use)	Email Address (for public use) Campaign Website (if applicable)
Campaign Committee Name (if applicable) I swear or affirm that I am a candidate for this office in good and that the information provided on this form is true.	Email Address (for public use) Campaign Website (if applicable) I faith, that I am eligible and qualified to hold this office,
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