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: CITY COUNC	CIL (WINFIELD) Ward: N/A
(3) Candidate's Legal Name: BRIAN AU (First, middle and last name)	EN RAIDER.
(4) Candidates name used in seeking office:	RIAN RAIDED
(5) I am a resident and legally qualified voter of the munic	cipality of: WINFIED WV.
(5)(a) Ward: (if applicable)	
(6) Current residence address: (Specific address where candidate resides at time of filing):	WINFIED W. 25213.
(7) Mailing address: (If different from residence address above):	88 VALLEY ST. WINTIED W. 25213
(8) For Partisan Elections only:	
I am affiliated with the following political party:	N/A
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) 767-3271	BLADG3@ GMAILECOM
Daytime Phone (for public use)	Email Address (for public use)
Campaign Committee Name (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.	
Mi	6/29/18
Candidate's Signature (must be notarized)	Date
(Notary Public Use Only) State of	
\checkmark	