

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: Recorder / Town of Pocon Ward: Town of Pocon

(3) Candidate's Legal Name: Jolita Raine Crystal Raine
(First, middle and last name)

(4) Candidates name used in seeking office: Jolita Raine
(Limited to 25 characters)

(5) I am a resident and legally qualified voter of the municipality of: Town of Pocon
(5)(a) Ward: (if applicable) N/A

(6) Current residence address:
(Specific address where candidate resides at time of filing): 106 Pocon Circle
Pocon WV 25154

(7) Mailing address:
(If different from residence address above): P.O. Box 255
Pocon WV 25154

(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).

Daytime Phone (for public use)

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.

Jolita Raine
Candidate's Signature (must be notarized)

6-8-18
Date

(Notary Public Use Only)

State of West Virginia County of Putnam

Subscribed and sworn to before me this 8th day of

June, 20 18

Jill N. Burnside
Signature of Notary Public or official authorized to give oaths.

