

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 Council - Poca Ward: N/A

(3) Candidate's Legal Name: Kathryn Joann West
(First, middle and last name)

(4) Candidates name used in seeking office: Kathy West
(Limited to 25 characters)

(5) I am a resident and legally qualified voter of the municipality of: ~~Poca, West Virginia~~

(5)(a) Ward: (if applicable) Poca, ~~West Virginia~~

(6) Current residence address:
(Specific address where candidate resides at time of filing): 109 Oklahoma Ave
Poca, WV 25159

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

(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).

304-638-5767
Daytime Phone (for public use)

Kathy2018west@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.

Kathryn Joann West
Candidate's Signature (must be notarized)

6-21-18
Date

(Notary Public Use Only)

State of WV County of Putnam

Subscribed and sworn to before me this 21st day of

June, 20 18

Marcia L Fewell
Signature of Notary Public or official authorized to give oaths.

