

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: Hurricane City Council Ward: \_\_\_\_\_

(3) Candidate's Legal Name: Marshall D. Ginn  
(First, middle and last name)

(4) Candidates name used in seeking office: Marshall D. Ginn  
(Limited to 25 characters)

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

(6) Current residence address:  
(Specific address where candidate resides at time of filing):  
74 Frontier Lane  
Hurricane, WV 25524

(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 - 541 - 9421  
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.

Marshall Ginn 6-1-26  
Candidate's Signature (must be notarized) Date

(Notary Public Use Only)

State of West Virginia, County of Putnam

Subscribed and sworn to before me this 1st day of

June, 20 26.

Rachel Gray  
Signature of Notary Public or official authorized to give oaths.

