## State of West Virginia PRECANDIDACY REGISTRATION FORM

## For All Statewide, Legislative, County and Municipal Offices

By filing out and signing this form, I hereby certify and attest that I will accept contributions and spend money toward possible candidacy for public office, as permitted by W. Va. Code §3-8-5e.

Name:	Political Affiliation:	
Office:	District:	Election Year:
Residence Address:		
County:	Email:	
Mailing Address:		
Telephone: (primary)	(alternate)	
Committee Name:		
My treasurer or financial agent will be: (a ju	udicial candidate cannot act as treasurer fo	or his or her campaign)
Name:		
Mailing Address:		
Email:	Telephone:	
All committees that file with the Secretary through the online Campaign Finance Rep	•	campaign finance reports electronically
Committees that file on a county or munic Secretary of State's office.	ipal level must file campaign finance	e reports on paper forms prescribed by the
I understand that every financial transact of the W. Va. Code and the Rules and Regrequirements.		, ,
This document will serve as the oath for if applicable.	all electronically filed reports asso	ciated with the above listed campaign,
Signature of Precandidate:		Date:
Signature of Treasurer:		Date:



Published by: Secretary of State's Office State Capitol Charleston, WV 25305-0770 1-866-767-8683 elections@wvsos.gov www.wvsos.gov File this form with **Secretary of State** if a precandidate for a statewide, legislative, or judicial office.

File this form with **County Clerk** if a precandidate for county office.

File this form with **Municipal Clerk/Recorder** if a precandidate for a municipal (city or town) office.

OFFICIAL FORM F-1 REVISED 8/19