

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: Council Ward: _____

(3) Candidate's Legal Name: James C Toothman
(First, middle and last name)

(4) Candidates name used in seeking office: James C Toothman
(Limited to 25 characters)

(5) I am a resident and legally qualified voter of the municipality of: West Milford WV 26451
(5)(a) Ward: (if applicable) _____

(6) Current residence address: 52 Water St / POB 69
(Specific address where candidate resides at time of filing):

(7) Mailing address: POB 69 West Milford WV 26451
(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).

304-838-6104
Daytime Phone (for public use)

bird dog 3154@aol.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.

James Tooth
Candidate's Signature (must be notarized)

1-23-20
Date

(Notary Public Use Only)

State of West Virginia, County of Harrison

Subscribed and sworn to before me this 23 day of

January, 2020
Bonnie Sue Jacobs
Signature of Notary Public or official authorized to give oaths.



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: Council Ward: _____

(3) Candidate's Legal Name: ROBERT LOUIS MYERS.
(First, middle and last name)

(4) Candidates name used in seeking office: ROBERT CHIP MYERS.
(Limited to 25 characters)

(5) I am a resident and legally qualified voter of the municipality of: West Milford.

(5)(a) Ward: (if applicable) _____

(6) Current residence address: 593 Main St
(Specific address where candidate resides at time of filing): West Milford W.V 26451

(7) Mailing address: P.O Box 493
(If different from residence address above): West Milford W.V 26451

(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).

304-677-0747
Daytime Phone (for public use)

Chipmyers255@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.

Robert L Myers
Candidate's Signature (must be notarized)

1-29-26
Date

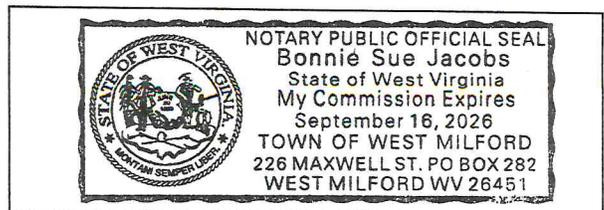
(Notary Public Use Only)

State of West Virginia, County of Harrison

Subscribed and sworn to before me this 29 day of

January, 2026.

Bonnie Sue Jacobs
Signature of Notary Public or official authorized to give oaths.



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 Ward: West Milford

(3) Candidate's Legal Name: Cody Joe Goldsmith
(First, middle and last name)

(4) Candidates name used in seeking office: Cody Goldsmith
(Limited to 25 characters)

(5) I am a resident and legally qualified voter of the municipality of: West Milford
(5)(a) Ward: (if applicable)

(6) Current residence address:
(Specific address where candidate resides at time of filing): 390 Mill St.
West Milford, WV 26451

(7) Mailing address:
(If different from residence address above): P.O. Box 429
West Milford, WV 26451

(8) For Partisan Elections only:
I am affiliated with the following political party: Dem.

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).

304-406-4255
Daytime Phone (for public use)

Codygoldsmith9812@icloud.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.

Cody Goldsmith
Candidate's Signature (must be notarized)

1-30-26
Date

(Notary Public Use Only)

State of West Virginia, County of Harrison

Subscribed and sworn to before me this 30 day of

January, 2026.

Bonnie Sue Jacobs
Signature of Notary Public or official authorized to give oaths.

