

**Statement of Ownership, Management, and Circulation**  
(All Periodicals Publications Except Requester Publications)

## PS Form 3526

1. Publication Title CLAY COUNTY FREE PRESS/CLAY COUNTY FREE PRESS		2. Publication Number 116660		ISSN		3. Filing Date 09/18/2025	
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				Telephone (304) 647-5724			
8. Complete Mailing Address of Headquarters or General Business Office of Publisher PO BOX 429 LEWISBURG, WV 24901-0429							
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor							
Publisher (Name and complete mailing address) Michael Showell PO BOX 429 LEWISBURG, WV 24901-0429							
Editor (Name and complete mailing address) Sarah Richardson PO BOX 429 LEWISBURG, WV 24901-0429							
Managing Editor (Name and complete mailing address)							
10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)							
Full Name Michael Showell				Complete Mailing Address PO BOX 429, LEWISBURG, WV 24901-0429			
Mountain Media, LLC				PO BOX 429, LEWISBURG, WV 24901-0429			
11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box <input checked="" type="checkbox"/> None							
Full Name				Complete Mailing Address			
13. Publication Title CLAY COUNTY FREE PRESS/CLAY COUNTY FREE PRESS				14. Issue Date for Circulation Data Below 09/17/2025			
15. Extend and Nature of Circulation				Average No. Copies Each Issue During Preceding 12 Months		No. Copies of Single Issue Published Nearest to Filing Date	
a. Total Numbers of Copies (Net press run)				1150		1125	
b. Paid Circulation (By Mail and Outside the Mail)	(1)	Mailed Outside County Paid Subscriptions Stated on PS Form 3541 (include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)		235		181	
	(2)	Mailed In-County Paid Subscriptions Stated on PS Form 3541 (include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)		298		320	
	(3)	Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS		577		575	
	(4)	Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-Class Mail)		0		0	
c. Total Paid Distribution (Sum of 15b (1), (2), (3), (4))				1110		1076	
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)	(1)	Free or Nominal Rate Outside County Copies included on PS Form 3541		6		6	
	(2)	Free or Nominal Rate In-County Copies included on PS Form 3541		1		1	
	(3)	Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g. First-Class Mail)		0		0	
	(4)	Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)		0		0	
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3), (4))				7		7	
f. Total Distribution (Sum of 15c and 15e)				1117		1083	
g. Copies not Distributed				33		42	
h. Total (Sum of 15f and 15g)				1150		1125	
i. Percent Paid ((15c / 15f) times 100)				99.37 %		99.35 %	
16. If total circulation includes electronic copies, report that circulation on lines below.							
a. Paid Electronic Copies				89		92	
b. Total Paid Print Copies (Line 15C) + Paid Electronic Copies				1199		1168	
c. Total Print Distribution (Line 15F) + Paid Electronic Copies				1206		1175	
d. Percent Paid (Both Print and Electronic Copies)				99.00 %		99.00 %	
<input checked="" type="checkbox"/> I certify that 50% of all my distributed copies (Electronic and Print) are paid above a nominal price.							
17. Publication of Statement of Ownership							
<input checked="" type="checkbox"/> If the publication is a general publication, publication of this statement is required. Will be printed in the 09/25/2025 issue of this publication. <input type="checkbox"/> Publication not required.							
18. Signature and Title of Editor, Publisher, Business Manager, or Owner Michael Showell				Title Publisher		Date 09/18/2025 09:47:48 AM	
I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).							