(Certificate of Party Endorsement

November 6th, 2018 State Election

	Who uses this form? Candidates who have been EN Where do I file the form? Office of the Secretary of When do I file? Before 4pm on the 14th day after Note if the 14th day is a Saturday, Sunday or legal h	the State Attn: LEAD 30 Trinity St. Hartford, CT. 06106
1	Office Select one of the following: CT Assembly District # CT Senatorial District # Municipal Office of	US Congressional District # in the town of
2	Meeting of the	Caucus Caucus Date of Meeting MM/DD/YYYY 05 -16 - 18
3	About the randidate Print candidate name in block letters as it will appear of the candidate name will block letters as it will appear of the candidate name will block letters as it will appear of the candidate name will block letters as it will appear of the candidate name will block letters as it will appear of the candidate name will appear	
4	Attested by Must be signed by the chairman, presiding officer, OR Select on of the following Chairman/presiding office of convention Secretary of Convention	



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Who uses this form? Candidates who have been ENDORSED by the party.

Where do I file the form? Office of the Secretary of the State Attn: LEAD 30 Trinity St. Hartford, CT. 06106

When do I file? Before 4pm on the 14th day after the meeting.

Note if the 14th day is a Saturday, Sunday or legal holiday, file before 4pm on the next business day, is a

Office Select one of the following: 105 **US** Congressional X CT Assembly District # District # CT Senatorial District # Municipal Office of in the town of_ DEMOCRATIC Meeting of the _ party Select one of the following: Caucus Town Committee Meeting X Party Convention Town Convention 5-16-2018 Central Subalpi Club, Ansonia, CT Date of Meeting MM/DD/YYYY Meeting location and town About the candidate Print candidate name in block letters as it will appear on the ballot Kevin McDuffie Candidate name 3 2 Haley Ridge Road Address Zip Code 06403 City/town Beacon Falls Candidate Signature I declare that X I was endorsed for office by the Party listed on this form X I authorize my name to appear on the ballot MM/DD/YYYY Attested by Must be signed by the chairman, presiding officer, OR secretary of convention Select on of the following 203-231-4111 Signature X Chairman/presiding office of convention Secretary of Convention