Certificate of Party Endorsement

November 6th, 2018 State Election

SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION DIVISION

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.

	Office Select one of the following:	
1	CT Assembly District #	US Congressional District #
	CT Senatorial District #	Probate - Multi Town District #
	Municipal Office of	in the town of
		party
	Select one of the following:	
2	Town Committee Meeting	Caucus
	Town Convention	Party Convention
	Enfield Town Hall Meeting location and town	Date of Meeting 05/24/2018MM/DD/YYYY
	About the candidate	
	Print candidate name in block letters as it will appear on th	e ballot
3	Candidate name Carolyn McCaffre	ey
	Address 10.5 Shakek Hill Ri	X
	<u>City/town</u> <u>Enfield</u> <u>CT</u>	Zip Code 0 6 0 8 2
	I declare that	Candidate Signature
	X I was endorsed for office by the Party listed on this form	x La Ca Callace Al
	X I authorize my name to appear on the ballot	Date MM/DD/YYYY
		bate Gill Box 1111
	Attested by Must be signed by the chairman, presiding officer, OR secre	etany of convention
	Select on of the following	citally of convention
4	Chairman/presiding office of convention	Signature
	Secretary of Convention	× 5/24/18 00 Malley
		7



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2018 MAY 29 A 10: 32

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	Office		
	Select one of the following:		
1	☐ CT Assembly District #	US Congressional District #	
	CT Senatorial District #	Probate District # // th	
	Municipal Office of	in the town of	
	Meeting of the Democrate Select one of the following:	party	
2	Town Committee Meeting	Caucus	
	Town Convention	Party Convention	
	439 Enfield Street, Enfield Meeting location and town	Date of Meeting 5 23 18 MM/DD/YYY	
	About the candidate Print candidate name in block letters as it will appear on the Candidate name Gira L. Celke		
3		7	
	Address 2 Grand View	Dr.	
	<u>City/town</u> <u>Enfield</u> c	T Zip Code 00082	
	I declare that	Candidate Signature	
	X I was endorsed for office by the Party listed on this form X I authorize my name to appear on the ballot	× / C	
		Date MM/DD/YYY	
	Attested by		
4	Must be signed by the chairman, presiding officer, OR secretary of convention Select on of the following		
**	Chairman/presiding office of convention	Signature	
	Secretary of Convention	× Eling D.	

If this form is not filed with the Office of the Secretary of the State, then this endorsement is invalid.