Certificate of Party Endorsement

November 6th, 2018 State Election

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: | e e e e e e e e e e e e e e e e e e e | |
| 1 | CT Assembly District # | US Congressional District # | |
| | CT Senatorial District # | . District if | |
| | Municipal Office of in | the town of | |
| 1914 1 | Meeting of the Democratic | party | |
| | Select one of the following: | | |
| 2 | Town Committee Meeting | Caucus | |
| | Town Convention | Party Convention | |
| | Meeting location and town | ate of Meeting OS JUNES AND STATES | |
| · · | About the candidate | | |
| | Print candidate name in block letters as it will appear on the ba | llot | |
| | Candidate name Jose + F. Goncalves | | |
| 3 | Address 556 Lonahil Av | | |
| | City/town SHelton CT | Zip Code 06489 | |
| | I declare that | Candidate Signature | |
| | I was endorsed for office by the Party listed on this form | | |
| | X I authorize my name to appear on the ballot | * Ope t. Ismalves | |
| | | Date MM/DD/YYYY | |
| i dia | Attested by | | |
| | Must be signed by the chairman, presiding officer, OR secretary of convention | | |
| 7 | Select on of the following | | |
| 4 | Chairman/presiding office of convention | Signature | |
| | Secretary of Convention | × Danely Groudlo | |
| | 87:1 CL ZZ 14N 8107 | | |

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2018 MAY 11 P 12: 49

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| | Office Select one of the following: | | |
|---|--|-----------------------------|--|
| 1 | CT Assembly District # 122 | US Congressional District # | |
| | CT Senatorial District # | in the town of | |
| | Meeting of the Republican Select one of the following: | party | |
| 2 | Town Committee Meeting | Caucus | |
| | Town Convention | Party Convention 5 (10 18 | |
| | Meeting location and town | Date of Meeting MM/DD/YYYY | |
| 3 | About the candidate Print candidate name in block letters as it will appear on the ballot Candidate name Ben MCGorty | | |
| | Address 30 Wigwam Dring City/town 5helfon CT | 111011 | |
| | I declare that | Candidate Signature | |
| | X I authorize my name to appear on the ballot | Date 05/10/18 MM/DD/YYYY | |
| | Attested by New the shairman excelding officer OR regretary of convention | | |
| 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 | × A. J. De Filippo | |