# 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.

		tellarit.	
1	CT Senatorial District # Probate District #		
	Municipal Office of in the town of		
2	leand .		
	Town Convention  Party Convention  05/21/201  1636 Merclen - Weder Sury TPK Modele of Meeting  MM/DD/YYY  Meeting location and town	ş 	
3	About the candidate  Print candidate name in block letters as it will appear on the ballot  Candidate name Pagmara Scalise		
	Address 271 Blue Hills Pr  City/town Southington CT Zip Code 7 06489		
	I declare that    X   I was endorsed for office by the Party listed on this form   X	30/2018	
	X I authorize my name to appear on the ballot  Date  MM/DD/YYY	<del></del>	
4	Attested by  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 X		

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

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FIGURAL STREET	Office		
	Select one of the following:		
1	CT Assembly District #	US Congressional District #	
	CT Senatorial District #		
	Municipal Office of	in the town of	
	Meeting of the REPUBLICAN	party	
	Select one of the following:	\$255 <b>%</b>	
2	Town Committee Meeting	Caucus	
	Town Convention	Party Convention 05/14/2018	
	141 East ST Wolcall CT Meeting location and town	Date of Meeting MM/DD/YYYY	
About the candidate			
	Print candidate name in block letters as it will appear on the ballot		
	Candidate name ROB SAMPSON		
3	Address 276 BOUND LINE		
	City/town Worksoff C	zip Code <u>06 7/6</u>	
	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	3-14-18	
		Date MM/DD/YYY	
	Attested by		
	Must be signed by the chairman, presiding officer, OR secretary of convention		
4	Select on of the following	1 Went Clay	
	Chairman/presiding office of convention	Signature	
al a	Secretary of Convention	x San M Sk	