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:	STATE SENATOR	
1	CT Assembly District #	US Congressional 29th DISTRICT	
	CT Senatorial District #	District #	
	Municipal Office of	in the town of	
	Meeting of the KEPUBLICAN	party	
	Select one of the following:		
2	Town Committee Meeting	Caucus	
	Town Convention	Party Convention 05/14/2018	
	Milly acr Town HALL, Killiacr, Commeeting location and town		
	About the candidate		
412	Print candidate name in block letters as it will appear on th	e ballot	
	Candidate name David W. Col	NERRE	
3	Address 15 Genevieve St.		
	\cap	CT Zip Code OCALO	
	I declare that	Candidate Signature	
	I was endorsed for office by the Party listed on this form	V 0 0 0 0 1 1	
	X I authorize my name to appear on the ballot	5/14/18	
	Traditionize my feature to appear on the same	Date MM/DD/YYYY	
	Attested by		
	Must be signed by the chairman, presiding officer, OR secr	etary of convention	
	Select on of the following		
4	Chairman/presiding office of convention	Signature	
	Secretary of Convention	x (1 / 6/0 / 5/14/12	
	Ann de 1/4 MW 8101	July Harman Offiles	
NOISIAL NILL With the Office of the Secretary of the State, then this endorsement is invalid.			
If this form is not filed with the Office of the Secretary of the State, then this endorsement is invalid.			

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2018 MAY 25 P 4: 40

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	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 Democratic Select one of the following:	party
2	Town Committee Meeting	Caucus
	Town Convention	Party Convention
	Afellingly Public hibrary Meeting location and town Killingly	Date of Meeting MM/DD/YYYY,
3	About the candidate	1-1
	Print candidate name in block letters as it will appear on the	e ballot
	Candidate name MAE FLEXER	
	Address 452 manstreet	
	City/town Danielson C	T Zip Code <u>0(239</u>
	I declare that	Candidate Signature
	$ \mathbf{X} $ I was endorsed for office by the Party listed on this form	1 mag Flesher
	X I authorize my name to appear on the ballot	I make respect
1 24001		Date May 21, 2018
	Attested by	0 1
	Must be signed by the chairman, presiding officer, OR secretary of convention Select on of the following	
4	Chairman/presiding office of convention	Signature
	Secretary of Convention	*Chiforn Ceth
AND STREET, ST	ing value in the same contribution for the particular property of the particular partic	