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: 1 X CT Assembly District # **US Congressional** District # CT Senatorial District # Municipal Office of in the town of Meeting of the _ Select one of the following: Town Committee Meeting Town Convention Party Convention About the candidate Print candidate name in block letters as it will appear on the ballot Candidate name Address 0641 City/town Zip Code 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 MM/DD/YYYY Date Attested by 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

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SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION DIVISION

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	Office Select one of the following:	
1	CT Assembly District #	US Congressional District #
lar.	CT Senatorial District #	District #
	Municipal Office of	in the town of
	Meeting of the Republican	party
	Select one of the following:	
2	Town Committee Meeting	Caucus
	Town Convention	Party Convention
	Town Convention (colchaster,	-11/2018
	Colchester Town Hall Colchester, Meeting location and town	Date of Meeting MM/DD/YYYY 3 / 16 / 2 518
About the candidate		
	Print candidate name in block letters as it will appear on the	ne ballot
	Candidate name MARK DE (
3		
	Address 142 Bascom Road	
	City/town Lebunon	CT Zip Code <u>062 49</u>
	I declare that	Candidate Signature
	I was endorsed for office by the Party listed on this form	V MM / POX
	La company the ballet	× March 1. De Copier 5/16/2018
	X I authorize my name to appear on the ballot	Date MM/DD/YYYY
Attested by		
	Must be signed by the chairman, presiding officer, OR sec	retary of convention
4	Select on of the following	
	Chairman/presiding office of convention	Signature
	Schairman/bresiding office of convention	
	Secretary of Convention	× Attuel of the