

## 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	CT Assembly District # 56	S Congressional District #	
	CT Senatorial District #	24	
	Municipal Office of in the to	own of Pmin →	
	Meeting of the Republican	party 2	
	Select one of the following:		
2	Town Committee Meeting	icus	
	Town Convention Par	ty Convention	
	Meeting location and town  Date of Meeting  Meeting   Date of Meeting		
	About the candidate		
	Print candidate name in block letters as it will appear on the ballot		
	Candidate name Laura 8. Bus	Λ	
3	3 Address 18 Jen Drive		
	City/town Yernan CT Zip	Code <u>06066</u>	
		ndidate Signature	
	I was endorsed for office by the Party listed on this form		
X I authorize my name to appear on the ballot		agua susa	
	Da	te / MM/DD/YYYY	
	Attested by		
	Must be signed by the chairman, presiding officer, OR secretary of convention Select on of the following		
4		gnature	
		1. KN10	
	Secretary of Convention X	Monte	

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1.00	Office		
	Office Select one of the following:		
1	CT Assembly District #	US Congressional	
	CT Senatorial District #	District #	
	Municipal Office of	in the town of 2	
	Meeting of the Vernor Domocratic Select one of the following:	party visit 2	
2	Town Committee Meeting	Caucus `	
	Town Convention	Party Convention	
	Center 375 Veryon , CT Meeting location and town	Date of Meeting  O5/22/2018  MM/DD/YYYY	
	About the candidate  Print candidate name in block letters as it will appear on the ballot  Candidate name Michael Winkles		
3	Address 20 Gottles Dive		
	City/town Vernor C	T 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	× Milf a Holl 5/22/18	
		Date MM/DD/YYYY	
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 7 5/22/2018 (Biy Dayshir)	