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2018 MAY 25 A II: 21

Certificate of Party Endorsement

November 6th, 2018 State Election

SECRETARY OF THE STATE LEGISLATION 4 ELECTIONS ADMINISTRATION OLVISION

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: **US** Congressional X CT Assembly District # District # CT Senatorial District # Municipal Office of in the town of_ party Meeting of the _ Select one of the following: Caucus X Town Committee Meeting Party Convention **Town Convention** Date of Meeting About the candidate Print candidate name in block letters as it will appear on the ballot Candidate name 3 Address CT Zip Code City/town **Candidate Signature** I declare that X I was endorsed for office by the Party listed on this form X I authorize my name to appear on the ballot Date 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



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	Office Select one of the following:
1	CT Assembly District # US Congressional District #
	CT Senatorial District #
4. 1. (a 4. 1. (a 4. 1. (a	Municipal Office of in the town of
12111/11	Meeting of the DEMOCRATIC party
	Select one of the following:
2	Town Committee Meeting Caucus
100	Town Convention Party Convention
	Portugues Club, WATERBURY CT Date of Meeting MM/DD/YMY Meeting-location and town Meeting-location and town
	About the candidate
	Print candidate name in block letters as it will appear on the ballot
	Candidate name Roacld A Nipoli Tr
3	Address 334 Caylord Daive
	City/town Witherbury CT Zip Code 06708
	I declare that Candidate Signature
	I was endorsed for office by the Party listed on this form X Ronald Ngal:
	Yauthorize my name to appear on the ballot
	Date MM/DD/YYYY
	Attested by
	Must be signed by the chairman, presiding officer, OR secretary of convention
4	Select on of the following
	Chairman/presiding office of convention Signature Signature
	Secretary of Convention N9ISIAID NCITABLE NINING X SHOLL 3-1-3-1 NOISIAID NCITABLE STATE 3-101-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-
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