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:	□ US Companyational
1	CT Assembly District #	US Congressional District #
	CT Senatorial District #	District #
	Municipal Office of	in the town of
	Meeting of the Select one of the following:	party
2	Town Committee Meeting	Caucus
	Town Convention	Party Convention
	Mc Brile's Restaurant 246 Wolcott Re	Date of Meeting MM/DD/YYYY
	About the candidate	
No.	Print candidate name in block letters as it will appear on the	e ballot
	Candidate name Gale L. MA. Stras	
3	Address 216 Spande Hill Bd	1-4001
		T Zip Code 067/6
	I declare that	Candidate Signature
	was endorsed for office by the Party listed on this form	1 11
	X I authorize my name to appear on the ballot	x Hull & hats
		Date 5-16-18 MM/DD/YYYY
	Attosted by	0,000
	Attested by Must be signed by the chairman, presiding officer, OR secre	etary of convention
	Select on of the following	carry or convention
4		
	Chairman/presiding office of convention	Signature
	Secretary of Convention Holls 31 & ROLLY 151531	* De H Cleary
	2018 MVA 51 - 1: d 9: d 17 AVM 8102	
STATES	If this form is not filed with the Office of the Seco	retary of the State, then this endorsement is invalid.

SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION DIVISION



2018 MAY 29 A 10: 44

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 Of
	Select one of the following:
1	CT Assembly District # US Congressional
	CT Senatorial District #
	Municipal Office of in the town of
1 -4 -4	Meeting of the DEMOCRATIC party
	Select one of the following:
2	Town Committee Meeting Caucus
	Town Convention Party Convention
	Meeting location and town (Date of Meeting MM/DD/YYYY 5-16-18
3	About the candidate
	Print candidate name in block letters as it will appear on the ballot
	Candidate name DAUID BORZELLINO
	Address 88 South COLMAN RD.
	City/town WOLCOTT CT Zip Code 06716
	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
	Date 5-16-18 MM/DD/YYYY
4	Attested by
	Must be signed by the chairman, presiding officer, OR secretary of convention Select on of the following
11 (Chairman/presiding office of convention Signature
ally.	Secretary of Convention

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