## 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.

1. 公營門	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 Wallingford Democratic party	
	Select one of the following:	
2	Town Committee Meeting Caucus	
	Town Convention Party Convention	
	Library Bisho, Wallingford Date of Meeting MM/DD/YYYY  Meeting location and town	
	About the candidate	
	Print candidate name in block letters as it will appear on the ballot	
3	Candidate name MARY M. MUSHINSKY	
	Address 188 South Cherry St.	
	City/town Wallingford CT Zip Code 06492	
	I declare that Candidate Signature	
	X I was endorsed for office by the Party listed on this form	
	X hay M. Mushinsky	
13 · 330 · 3	Date 05/23/2018 MM/DD/YYY	
	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	
	Secretary of Convention	
	92:E & PS YAM 8105 John July	

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2018 MAY 24 P 3: 03

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	Office Select one of the following:	
1	CT Assembly District # 85	US Congressional District #
	CT Senatorial District #	
	Municipal Office of	in the town of
	Meeting of the REPUBLICAN Select one of the following:	party
2	Town Committee Meeting	<b>X</b> Caucus
	Town Convention	Party Convention 05 /23/2018
	Meeting location and town	Date of Meeting MM/DD/YYYY
	About the candidate  Print candidate name in block letters as it will appear on the	a hallot
3	Candidate name DON CROU	CH
	Address 5 Lincoln Avenue	2
	City/town Wallingford	T Zip Code 06492
	I declare that	Candidate Signature
	X I was endorsed for office by the Party listed on this form	x Donald Con Co.
	X I authorize my name to appear on the ballot	Date 05/23/2018 MM/DD/YYYY
	Attested by	
4	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	× Chigh R OSena
STATE OF THE PARTY OF	KAN	