# 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.

420	Office		
	Select one of the following:		
1	$\mathbf{X}$ CT Assembly District # $90^{\prime\prime\prime}$	US Congressional	
	CT Senatorial District #	District #	
		the town of Cheshire/Walfd.	
		the town of the system of the	
	Meeting of the Democratic	party	
	Select one of the following:		
2	Town Committee Meeting	Caucus `	
	X Town Convention	Party Convention	
$M_{\rm eff}$		te of Meeting MM/DD/YYYY	
	Meeting location and town		
	About the candidate		
	Print candidate name in block letters as it will appear on the ball		
	Candidate name Daniel Fonta	ine	
3	Address 2 Martin Trail		
	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 I authorize my name to appear on the ballot	× 1)a torqe	
	A Tributarion and training to appear of the belliot	Date /// // MM/DD/YYY	
	Attested by	3/18/18	
Must be signed by the chairman, presiding officer, OR secretary of convention			
	Select on of the following		
4	Chairman/presiding office of convention	Signature	
		which a dall	
	Secretary of Convention 87:1 a 22 YA	x Judy C. Vella	
CISCOST!	MH 2 :		

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	Office		
1	Select one of the following:  Output  Output		
	CT Senatorial District # in the town of		
	Meeting of the Republican party Select one of the following:		
2	Town Committee Meeting  Caucus  Party Convention  Caucus		
	Cheshine Senior Center, Cheshine CTDate of Meeting  MM/DD/YYY  Meeting location and town		
3	About the candidate  Print candidate name in block letters as it will appear on the ballot  Candidate name  Cais Fishbeia  Address  Address  City/town  City/town  City/town  City/town  City/town  Candidate Signature  X  X Lauthorize my name to appear on the ballot		
7.	Date MM/DD/YYYY		
-	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  Secretary of Convention  Signature  X  X  X  X  X  X  X  X  X  X  X  X  X		