## Certificate of Party Endorsement

2018 MAY 25 P 2: 19

November 6th, 2018 State Election

SECRETARY OF THE STATE LEGISLATION & ELECTIONS ADMINISTRATION DIVISION

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		
S. Carlot		Select one of the following:		
1	1	CT Assembly District # 92 US Congr		
		CT Senatorial District #		
		Municipal Office of in the town of_		
		Meeting of the Applican Select one of the following:	_ party	
. 2	2	2 Town Committee Meeting Caucus		
		Town Convention Party Conve	ention and a 4 /2 a 14	
		200 Trave S), Hat Haven Date of Meeting Meeting location and town	MM/DD/YYYY	
		About the candidate		
		Print candidate name in block letters as it will appear on the ballot		
		Candidate name JOSHUA ALAN ZOSC		
	3	Address 414 Winthrop Ave #3		
		City/town New Haven CT Zip Code	<u>665 U</u>	
		Table 1 decided of the	e Signature	
		X   I was endorsed for office by the Party listed on this form   X   X	7-1-0-0	
		X I authorize my name to appear on the ballot	o Jana (Fot	
		Date 0	5/24/2018MM/DD/YYYY	
		Attested by		
		Must be signed by the chairman, presiding officer, OR secretary of convention  Select on of the following		
	4	4		
		Chairman/presiding office of convention Signature	10 01 01	
		Secretary of Convention X	My ANN	
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ne ne ne ne ne ne ne ne ne ne ne ne ne n	Office Select one of the following:  CT Assembly District #  CT Senatorial District #  Municipal Office of  US Congressional District #  Probate District #  in the town of New Haveo	
2	Meeting of the Democratic party  Selectione of the following:  Town Committee Meeting Caucus  Town Convention Party Convention  150 Kimber Are, New Have Date of Meeting MM/DD/YYYY  Meeting location and town	
3	About the candidate  Print candidate name in block letters as it will appear on the ballot  Candidate name Pot Dillon  Address  City/town  City/town  City/town  CT  Zip Code  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  MM/DD/YYY	
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  X  X  X  X  X  X  X  X  X  X  X  X  X	
	If this form is not filed with the Office of the Secretary of the State, then this endorsement is invalid.	

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SECRETARY OF THE STATE ADMINISTRATION DIVISION