Certificate of Party Endorsement

November 6th, 2018 State Election

2018 MAY 25 P 2: 19

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:		
1	CT Assembly District # 95	US Congressional District #	
	CT Senatorial District #		
	Municipal Office of in th	e town of	
	Meeting of the Republican Select one of the following:	party	
2	Town Committee Meeting	Caucus	
		Party Convention	
	200 Orange Street, New Haven Dates Meeting location and town	of Meeting 05/24/2018 MM/DD/YYYY	
	About the candidate Print candidate name in block letters as it will appear on the ballot		
3	Candidate name SOMN CARLSON		
	Address 29/ Greenwich Are		
	City/town New Maven CT	Zip Code <u>66579</u>	
		Candidate Signature	
I was endorsed for office by the Party listed on this form		$\mathbf{x} \bigcirc \mathbf{x} \bigcirc \mathbf{x} \bigcirc \mathbf{x} \bigcirc \mathbf{x}$	
	X I authorize my name to appear on the ballot	John Carles 5-24-18	
		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	Signature	
	Secretary of Convention	× Iff alund	
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Office Select one of the following: 1 CT Assembly District # US Congressional District # CT Senatorial District # Probate District # New Hoven Municipal Office of in the town of Meeting of the party . Select one of the following: Town Committee Meeting Caucus Town Convention Party Convention Date of Meeting Meeting location and town About the candidate Print candidate name in block letters as it will appear on the ballot Candidate name 3 Address City/town CT Zip Code I declare that Candidate Signature | I was endorsed for office by the Party listed on this form X I authorize my name to appear on the ballot 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 Signature, Secretary of Convention

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 LEGISCATION & ELECTIONS ADMINISTRATION DIVISION