Certificate of Party Endorsement

2018 MAY 25 P 2: 19

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: | |
| 1 | CT Assembly District # US Congressional District # | |
| | CT Senatorial District # | |
| | Municipal Office of in the town of | |
| | Meeting of the Republican party Select one of the following: | |
| 2 | Town Committee Meeting Caucus | |
| | Town Convention Party Convention | |
| 4 | 200 Orange St., New Haven 1 CT Date of Meeting MM/DD/YYYY Meeting location and town Meeting location and town | |
| | About the candidate | |
| | Print candidate name in block letters as it will appear on the ballot | |
| | Candidate name ERIC MICHAEL MASTROLAMISR | |
| 3 | Address 15S2 STATE ST | |
| | City/town NEW HAVEN CT Zip Code 06511 | |
| | I declare that Candidate Signature , , | |
| を建設 は対す | 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/YYYY | |
| | 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 X Left S. Saux | |
| | | |



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| | Office |
|-----|--|
| | Select one of the following: |
| 1 | CT Assembly District # US Congressional |
| | CT Senatorial District # |
| | Municipal Office of in the town of New Haven |
| | Meeting of the Democratic party |
| | Select one of the following: |
| 2 | Town Committee Meeting Caucus |
| | Town Convention Party Convention 5/16/18 |
| | Career High School, New Haven 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 |
| 192 | Candidate name Roland Leman |
| 3 | Address 552 Chape Street |
| | City/town New Haven CT zip Code 06511 |
| * 1 | I declare that Candidate Signature |
| | X I was endorsed for office by the Party listed on this form |
| | X authorize my name to appear on the ballot X authorize my name to appear on the ballot |
| | Date MM/DD/YYYY |
| | 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 X |
| | 84 :P A 45 YAM 8105 |