

# Certificate of Party Endorsement

November 3rd, 2020 General Election

Who uses form? Endorsed candidates at caucus, town committee meeting or convention OR 15% Candidate at party convention.

Where do I file? File at the Secretary of State's Office: 165 Capitol Ave., Suite 1000, Hartford, CT 06106.

When do I file? Before 4pm on the 14<sup>th</sup> day after the meeting. If Saturday, Sunday, holiday, file next business day.

Electronic filing: Certificate of Endorsement can be scanned and e-mailed by deadline (original to follow by regular mail). Subject line in e-mail shall include Party, Office and District (Example: Wig Party, State Representative, Assembly District 3). The Certificate of Endorsement shall be scanned and e-mailed to: [Heather.Augeri@ct.gov](mailto:Heather.Augeri@ct.gov) or [Moriah.Moriarty@ct.gov](mailto:Moriah.Moriarty@ct.gov)

## Office *Select one of the following:*

- 1  CT Assembly District # 59  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
- Meeting location and town Online, Enfield Date of meeting 0 | 5 | 1 | 9 | 2 | 0 | 2 | 0 |

## About the candidate Endorsed 15% Eligibility for Primary (Multi-Town only)

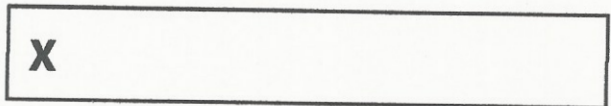
*Print candidate name in block letters as it will appear on the ballot*

- 3 Candidate name CAROL HALL E-Mail CAROLHALLHOMES@GMAIL.COM
- Address 14 LONG HOLLOW ROAD Phone 860-490-5294
- City/town ENFIELD CT Zip Code 0 | 6 | 0 | 8 | 2 |

I declare that

- I was endorsed or received at least 15% of the vote for office and party listed on this form
- I authorize my name to appear on the ballot

Candidate Signature

X 

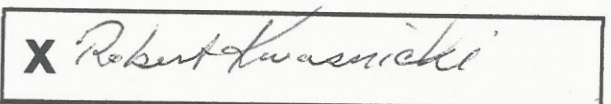
Date                              

## Attested by

*Must be signed by the chairman, presiding officer, OR secretary of convention*

4 *Select one of the following:*

- Chairman/presiding officer of convention
- Secretary of convention

X 



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## Office *Select one of the following:*

- 1  CT Assembly District # 59  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
- Meeting location and town Online, Enfield Date of meeting 05 | 19 | 20 | 20

## About the candidate Endorsed 15% Eligibility for Primary (Multi-Town only)

*Print candidate name in block letters as it will appear on the ballot*

3 Candidate name CAROL HALL E-Mail CAROLHALLHOMES@GMAIL.COM


Address 14 LONG HOLLOW ROAD Phone 860-490-5294

City/town ENFIELD CT Zip Code 06082

I declare that

- I was endorsed or received at least 15% of the vote for office and party listed on this form
- I authorize my name to appear on the ballot

Candidate Signature



Date 05 | 20 | 20 | 20

## Attested by

*Must be signed by the chairman, presiding officer, OR secretary of convention*

4 *Select one of the following:*

- Chairman/presiding officer of convention
- Secretary of convention

If this form is not filed with the Secretary of State's office, then this endorsement is invalid.





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### Office *Select one of the following:*

- 1  CT Assembly District # 59  US Congressional District
- CT Senatorial District # \_\_\_\_\_
- Municipal office of \_\_\_\_\_ in the town of Enfield and East Windsor

### Meeting of the Democratic party

*Select one of the following:*

- 2  Town Committee Meeting  Caucus
- Town Convention  Party Convention

Meeting location and town : Zoom - Enfield, CT

Date of meeting 05182020

### About the candidate Endorsed 15% Eligibility for Primary (Multi-Town only)

*Print candidate name in block letters as it will appear on the ballot*

Candidate name Gerald Calnen MD E-Mail gcalnen@cox.net

Address 74 Spruceland Road Phone 860-550-4755

City/town Enfield CT Zip Code 06082

I declare that Gerald Calnen

- I was endorsed or received at least 15% of the vote for office and party listed on this form
- I authorize my name to appear on the ballot

Candidate Signature

**X Gerald Calnen** 

Date 05192020

### Attested by

*Must be signed by the chairman, presiding officer, OR secretary of convention*

*Select one of the following:*

- 4  Chairman/presiding officer of convention
- Secretary of convention

  
**X David W. Kiner**

If this form is not filed with the Secretary of State's office, then this endorsement is invalid.