



# 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 # 66  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 Litchfield Date of meeting 10/5/19/20/20

## 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 David T. Wilson E-Mail dtwilson1946@gmail.com
- Address 42 Wheeler Rd Phone 860-482-7245
- City/town Litchfield CT Zip Code 10617519

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 10/5/19/20/20

## 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

X

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 # 66  US Congressional District  
 CT Senatorial District # \_\_\_\_\_  
 Municipal office of \_\_\_\_\_ in the town of \_\_\_\_\_

**Meeting of the** DEMOCRATIC party

Select one of the following:

- 2  Town Committee Meeting  Caucus  
 Town Convention  Party Convention

Meeting location and town VIRTUAL Date of meeting 05/18/2020

**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 MATHEW D. DYER E-Mail MDYER@FUREYDONOVAN.COM  
Address 405 HUNTERS DRIVE Phone (860) 593-2910  
City/town LITCHFIELD CT Zip Code 016759

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 05/18/2020

**Attested by**

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