



# 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 or Moriah.Moriarty@ct.gov

## Office *Select one of the following:*

- 1  CT Assembly District # 82  US Congressional District
- CT Senatorial District # \_\_\_\_\_ in the town of - \_\_\_\_\_
- Municipal office of \_\_\_\_\_

## Meeting of the Republican party

*Select one of the following:*

- 2  Town Committee Meeting  Caucus
- Town Convention  Party Convention

Meeting location and town

Date of meeting 05192020

Zoom teleconference - Chaired in Meriden CT

## 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** MIKE SKELPS **E-Mail** skelps@gmail.com
- Address** 575 Main St. **Phone** 860 694 2310
- City/town** Middlefield CT **Zip Code** 06455

### 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 Michael Skelps

Date

05202020

## 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 Kathleen M. Kakonfia



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

- 1  CT Assembly District # 82  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 Zoom Meeting Date of meeting 10|5|18|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 Michael D Quinn E-Mail M1968Q@aol.com
- Address 293 Wall St Phone (203) 213-3056
- City/town Meriden CT Zip Code 06450

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 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