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 14th 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: <u>Heather.Augeri@ct.gov</u> or <u>Moriah.Moriarty@ct.gov</u>

| | Office Select one of the following: | |
|---|---|----------------------------|
| 1 | CT Assembly District # | US Congressional District |
| | CT Senatorial District # 26 | |
| | Municipal office of | in the town of |
| 2 | Meeting of the Democratic party Select one of the following: | |
| | Town Committee Meeting | Caucus |
| | □ Town Convention | Party Convention |
| | Meeting location and town – Virtually/Westport | Date of meeting 0151192020 |
| |] 15% Eligibility for Primary (Multi-Town only) on the ballot E-Mail WillHasker1966gMail.com | |
| | Candidate name WILL HASKELL Address 177 Post Road East APT. 214 | Phone 203 - 26/ 2022 |
| 3 | | Zip Code 016181810 |
| | I declare that | Candidate Signature |
| | 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 | X Will listell |
| | on the ballot | Date 01521520120 |
| | 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

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| 1 | CT Assembly District # | US Congressional District |
| | 🖾 CT Senatorial District # _ <u> </u> | |
| | Municipal office of | in the town of |
| | Meeting of the Select one of the following: | party |
| 2 | □ Town Committee Meeting | Caucus |
| | □ Town Convention | Party Convention |
| | Meeting location and town Virtual | Date of meeting 051782020 |
| | About the candidate Endorsed Print candidate name in block letters as it will appear Candidate name | on the ballot E-Mail |
| 3 | Address | Phone |
| | City/town CT | Zip Code |
| | I declare that | Candidate Signature |
| | 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 | X |
| | | Date |
| | Attested by Must be signed by the chairman, presiding officer, OR s | secretary of convention |

Select one of the following:

Δ

Chairman/presiding officer of convention

Χ

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 # | US Congressional District |
| | Municipal office of | in the town of |
| | Meeting of the | party |
| 2 | Town Committee Meeting | Caucus |
| | Town Convention | A Party Convention |
| | Meeting location and town | Date of meeting 015 118 20 20 |
| | About the candidate Image: Candidate | |
| 3 | Address 14 HIDDEN LAKE RIDGE | Phone 203-945-7335 |
| | City/town WILTON CT | Zip Code 0 6 8 9 7 |
| | 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 Kim Healy Date 051192020 |
| | Attested by | |

Must be signed by the chairman, presiding officer, OR secretary of convention Select one of the following:

| Chairman/presiding officer of convention Secretary of convention | X |
|--|---|
| | |

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| | CT Senatorial District # <u>26</u> | | |
| | Municipal office of | in the town of | |
| | Meeting of the Republican Select one of the following: | party | |
| 2 | Town Committee Meeting | Caucus | |
| | Town Convention | Party Convention | |
| | Meeting location and town <u>Virtual</u> | Date of meeting 0511820120 | |
| 3 | Address 33 Long Meadoy LaneCity/town BethelCity/town BethelI declare thatI declare thatI was endorsed or received at least 15% of the vote for office and party listed on this formI authorize my name to appear on the ballot | on the ballot were E-Mail Will DUFF FORCT & general - COP Phone 203 231 - 8965 Zip Code 06 8 01 Candidate Signature | |
| 4 | Attested by Must be signed by the chairman, presiding officer, OR secretary of convention Select one of the following: | | |
| | Chairman/presiding officer of convention | * Jil Lille | |
| | | | |

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