

 **Certificate of Party Endorsement**

November 6th, 2018 State Election

2018 MAY 25 P 2:18

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.

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION

Office

Select one of the following:

- 1 CT Assembly District # 115 US Congressional District # _____
- CT Senatorial District # _____ Probate 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
- 3rd floor city hall, West Haven Date of Meeting 05/23/2018
Meeting location and town MM/DD/YYYY

About the candidate

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

Candidate name Lynne A. Schlosser

3 Address 105 West Walk

City/town West Haven CT Zip Code 06516

I declare that

- I was endorsed for office by the Party listed on this form
- I authorize my name to appear on the ballot

Candidate Signature

X Lynne A. Schlosser 5/23/18
Date MM/DD/YYYY

Attested by

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

Select on of the following

- 4 Chairman/presiding office of convention
- Secretary of Convention

Signature

X Carol L. Engles

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



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Select one of the following:

- 1 CT Assembly District # 115 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
- City Hall, 355 Main St, West Haven Meeting location and town 05/23/2018 Date of Meeting
MM/DD/YYYY

About the candidate

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

Candidate name DORINDA BORER

3 Address 821 WEST MAIN STREET

City/town WEST HAVEN CT Zip Code 06516

I declare that

- I was endorsed for office by the Party listed on this form
- I authorize my name to appear on the ballot

Candidate Signature

[Signature] 05/23/18

Date MM/DD/YYYY

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Signature

[Signature]

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