# Certificate of Party Endorsement

**November 6th, 2018 State Election**

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.

### Office

Select one of the following:

<table>
<thead>
<tr>
<th></th>
<th>CT Assembly District #</th>
<th></th>
<th>US Congressional District #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CT Senatorial District #</td>
<td>1G</td>
<td>Probate District #</td>
</tr>
</tbody>
</table>

Municipal Office of in the town of

### Meeting of the Democratic party

Select one of the following:

<table>
<thead>
<tr>
<th></th>
<th>Town Committee Meeting</th>
<th></th>
<th>Caucus</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Town Convention</td>
<td></td>
<td>Party Convention</td>
</tr>
</tbody>
</table>

Date of Meeting: 05/21/2018

Meeting location and town: 1636 Meriden-Waterbury Turnpike, Milford

### About the candidate

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

**Candidate name**: Pugmara Scalmie

**Address**: 271 Blue Hills Dr

City/town: Southington, CT Zip Code: 06489

I declare that

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

**Candidate Signature**

[Signature]

Date: 05/30/2018

### Attested by

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

Select one of the following:

- [X] Chairman/presiding office of convention
- [ ] Secretary of Convention

Signature [Signature]

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

1. [ ] CT Assembly District #
2. [ ] US Congressional District #
3. [x] CT Senatorial District #
4. [ ] Municipal Office of

in the town of ________________________________

Meeting of the ______________________ party
Select one of the following:

1. [ ] Town Committee Meeting
2. [ ] Caucus
3. [x] Town Convention
   [x] Party Convention

Meeting location and town: 141 East St, Wolcott, CT

Date of Meeting: 05/14/2018

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

Candidate name: ROB SAMPSON

Address: 276 BOUND LINE

City/town: Wolcott, CT
Zip Code: 06792

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: ________________________________

Date: 5/14/18

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

1. [ ] Chairman/presiding office of convention
2. [x] Secretary of Convention

Signature: ________________________________

Date: ________________________________

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