



# 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 # 21st  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 | 21 | 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*

Candidate name Mike Demicco E-Mail mdemicco@sbcglobal.net

3 Address 6 Deborah Lane Phone 860-676-9625

City/town Farmington CT Zip Code 0610321

### 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 V. Demicco

Date 05 | 28 | 20 | 20

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

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**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 

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In this packet you have a copy of the Certificate of Party Endorsement form. It is important that BOTH the form with the candidate signature AND the form signed by the permanent chair or secretary have the same information in sections 1, 2, and 3 (area highlighted in yellow).

If the 14<sup>th</sup> day is a Saturday, Sunday, or legal holiday, file before 4pm on the next business day

### Office

Select one of the following:

- 1  CT Assembly District # \_\_\_\_\_  US Congressional District  
 CT Senatorial District # 5  
 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 zoom/online Date of meeting 15/11/2019

### About the candidate Endorsed 15% Eligibility for Primary

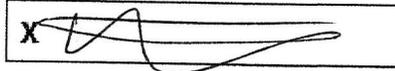
Print candidate name in block letters as it will appear on the ballot

3 Candidate name Phillip Chabot E-Mail phil@philchabot.com  
Address 718 Camp St Phone 860-420-9310  
City/town Farmington CT Zip Code 06032

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 15/11/2019

The areas that may be different are the signatures in section 3 and 4 (they must be signed by the respective appropriate parties).

**About the candidate**    Endorsed    15% Eligibility for Primary

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

Candidate name \_\_\_\_\_ E-Mail \_\_\_\_\_

**3** Address \_\_\_\_\_ Phone \_\_\_\_\_

City/town \_\_\_\_\_ CT Zip Code 

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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
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Date 

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**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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*Handwritten:*  
5/27/20

In this packet you have a copy of the Certificate of Party Endorsement form. It is important that BOTH the form with the candidate signature AND the form signed by the permanent chair or secretary have the same information in sections 1, 2, and 3 (area highlighted in yellow).

If the 14<sup>th</sup> day is a Saturday, Sunday, or legal holiday, file before 4pm on the next business day

**Office**  
Select one of the following:

1  CT Assembly District # 21  US Congressional District  
 CT Senatorial District # \_\_\_\_\_  
 Municipal office of \_\_\_\_\_ in the town of \_\_\_\_\_

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**Meeting of the Republican party**  
Select one of the following:

2  Town Committee Meeting  Caucus  
 Town Convention  Party Convention

Meeting location and town zoom/online Date of meeting 10/21/2020

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**About the candidate**  Endorsed  15% Eligibility for Primary  
Print candidate name in block letters as it will appear on the ballot

Candidate name JOHN W. BROCKELMAN E-Mail JOHN.BROCKELMAN@GMAIL.COM

3 Address 22 JUNIPER DR. Phone 860-676-2025  
City/town FARMINGTON CT Zip Code 0610312

I declare that Candidate Signature X [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

Date 10/26/2020

The areas that may be different are the signatures in section 3 and 4 (they must be signed by the respective appropriate parties).

**About the candidate**     Endorsed     15% Eligibility for Primary

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

Candidate name \_\_\_\_\_ E-Mail \_\_\_\_\_

**3** Address \_\_\_\_\_ Phone \_\_\_\_\_

City/town \_\_\_\_\_ CT \_\_\_\_\_ Zip Code | | | | | | | |

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 \_\_\_\_\_

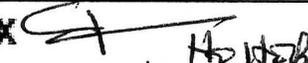
Date | | | | | | | |

**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  \_\_\_\_\_

5/29/20