



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: Heather.Augeri@ct.gov or Moriah.Moriarty@ct.gov

Office *Select one of the following:*

- 1 CT Assembly District # 43 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 Date of meeting 05182020

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 Kate Rotella E-Mail crorella@comcast.net
- Address 170 Long Wharf Phone 860-885-6225
- City/town Mystic CT Zip Code 06355

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

Kate Rotella

Date 05192020

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

[Signature]

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 # 43 US Congressional District
- CT Senatorial 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

Meeting location and town Virtual Stonington/W/Stonington Date of meeting 05 | 19 | 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 Shaun Mastroianni E-Mail shaunmastroianni@yahoo.com

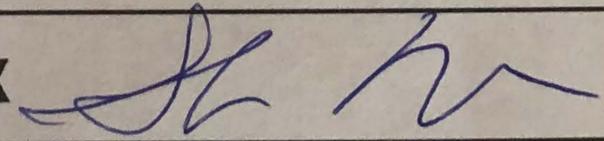
3 Address 5 union st Phone 860-334-8713

City/town Stonington CT Zip Code 06137

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 

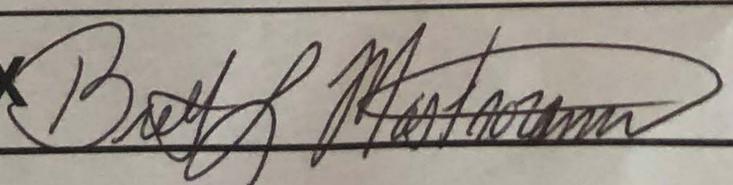
Date 05 | 19 | 20 | 20

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X 

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