



# 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 # 52<sup>nd</sup>  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 - Stafford Somers Date of meeting 05 | 18 | 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*

- 3 Candidate name GREG POST E-Mail GPOST8386@GMAIL.COM
- Address 47 Old Monson Road Phone 978-935-8877
- City/town Stafford CT Zip Code 06107

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 05 | 29 | 20 | 20

### 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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## Office *Select one of the following:*

- 1  CT Assembly District # 52  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 Ring Central Date of meeting 10/5/19/20/20/

## 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 Kurt Vail E-Mail votevail52@gmail.com

3 Address 90 West Main Street, APT B Phone (860) 458-9266

City/town Stafford Springs CT Zip Code 01610716

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 10/5/19/20/20/

## 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

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