



# 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.Auger@ct.gov](mailto:Heather.Auger@ct.gov) or [Moriah.Moriarty@ct.gov](mailto:Moriah.Moriarty@ct.gov)

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

- 1  CT Assembly District # 63<sup>rd</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 May 18<sup>th</sup> Zoom 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 Noel Rodriguez E-Mail noelr675@yahoo.com
- Address 37 Colin Dr. Phone (860) 618-8358
- City/town Torrington CT Zip Code 06107-9101

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

### Attested by

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

*Select one of the following:*

- 4  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.



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

- 1  CT Assembly District # 63  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 King Central Date of meeting 5 | 1 | 9 | 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 Jay M. Case E-Mail jcase9@hotmail.com
- Address 167 West Wakefield Blvd. Phone 860 309 4077
- City/town Winsted 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

Bryan Sundie

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

1

CT Assembly District # \_\_\_\_\_  US Congressional District \_\_\_\_\_

CT Senatorial District # \_\_\_\_\_

Municipal office of \_\_\_\_\_ in the town of \_\_\_\_\_

### Meeting of the \_\_\_\_\_ party

*Select one of the following:*

2

Town Committee Meeting  Caucus

Town Convention  Party Convention

Meeting location and town \_\_\_\_\_ Date of meeting 

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### 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: Jay M. Case E-Mail: JCase9@hotmail.com

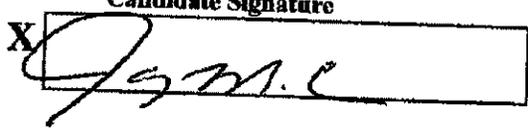
Address: 107 West Wakefield Blvd Phone: 860-309-4077

City/Town: Winsted CT Zip Code: 06098

I declare that

- I was endorsed or received at least 15% of the vote for office and party listed on this form

Candidate Signature



- I authorize my name to appear on the ballot

10/5/19/20/20  
Date \_\_\_\_\_

4 Attested by \_\_\_\_\_  
 Must be signed by the chairman, presiding officer, or \_\_\_\_\_