



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 # _____ US Congressional District
- CT Senatorial District # 23
- 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 via phone Date of meeting 05/19/2020

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 Dennis Bradley E-Mail dennisevd@klawnsgrcp.com
- Address 853 Fairfield Ave. Phone 203-212-3617
- City/town Bridgeport CT Zip Code 0161019

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 05/27/2020

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

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 # _____ US Congressional District
 CT Senatorial District # 23
 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 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 DR. JOSIAH ISRAEL E-Mail DRJOSIAHISRAEL@GMAIL.COM
Address 431 HOLLISTER AVE. Phone 875-245-4569
City/town BRIDGEPORT CT Zip Code 06607

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

Dr. Israel

Date

05 | 19 | 20 | 20

Attested by

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

- Chairman/presiding officer of convention
 Secretary of convention

Michael Garrett

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