



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 2

CT Senatorial District # _____

in the town of Vernon

Municipal office of _____

Meeting of the Democratic party

Select one of the following:

2

Town Committee Meeting

Caucus

Town Convention

Party Convention

Meeting location and town _____

Date of meeting 10/15/11/20/12/20

About the candidate

Endorsed

3 15% Eligibility for Primary (Multi-Town only)

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

Candidate name JOE COURTAINEY

E-Mail jd.courtney@gmail.com

Address 9 TORIAS COURT

Phone 860-871-1693

City/town VERNON CT

Zip Code 06061

I declare that

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

X

Candidate Signature

Joe Courtney

• I authorize my name to appear

on the ballot

10/5/14/20/20

Date _____

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

X Elizabeth Daly

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 **2**
- 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 Date of meeting | 0 | 5 | 1 | 1 | 2 | 0 | 2 | 0 |

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 Thomas Gilmer E-Mail tom@gilmerforcongress.com

3 Address 216 Neck Road Phone 860-299-4561

City/town Madison CT Zip Code | 0 | 6 | 4 | 4 | 3 |

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 | 0 | 5 | 1 | 4 | 2 | 0 | 2 | 0 |

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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Office *Select one of the following:*

- 1 CT Assembly District # _____ US Congressional District 2
- 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__ Date of meeting | 0 | 5 | | 1 | 1 | 2 | 0 | 2 | 0 |

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 Justin Anderson E-Mail justin.anderson1481@gmail.com

3 Address _____ Phone 860-685-1235

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

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4 *Select one of the following:*

- Chairman/presiding officer of convention
- Secretary of convention

X *Mike From*

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Office *Select one of the following:*

- 1 CT Assembly District # _____ US Congressional District 2
- 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 Date of meeting 0 5 1 1 2 0 2 0

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 Justin Anderson E-Mail justin.anderson1481@gmail.com

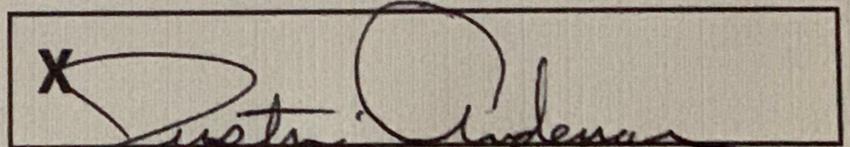
3 Address 157 West Rd. Phone 860-685-1235

City/town Salem CT Zip Code 06420

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

0 5 1 1 2 0 2 0

Attested by

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