



Certificate of Party Endorsement

November 6th, 2018 State Election

Who uses this form? Candidates who have been ENDORSED by the party.

Where do I file the form? Office of the Secretary of the State Attn: LEAD 30 Trinity St. Hartford, CT. 06106

When do I file? Before 4pm on the 14th day after the meeting.

Note if the 14th day is a Saturday, Sunday or legal holiday, file before 4pm on the next business day.

Office

Select one of the following:

- 1 CT Assembly District # 146 US Congressional District # _____
- CT Senatorial District # _____
- Municipal Office of _____ in the town of STAMFORD, CT

SECRETARY OF THE STATE
LEGISLATION & ELECTIONS
ADMINISTRATION DIVISION
2018 JUN -8 10 38

Meeting of the REPUBLICAN party

Select one of the following:

- 2 Town Committee Meeting Caucus
- Town Convention Party Convention

GOVERNMENT CENTER, STAMFORD
Meeting location and town

Date of Meeting 05/29/2018
MM/DD/YYYY

About the candidate

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

Candidate name DON PANNONE

3 Address 1515 Summer Street

City/town STAMFORD CT Zip Code 06905

I declare that

- I was endorsed for office by the Party listed on this form
- I authorize my name to appear on the ballot

Candidate Signature

X

Date 5-31-18 MM/DD/YYYY Don Pannone

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

ANDY WAINWRIGHT

Signature X

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



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Office

Select one of the following:

- 1 CT Assembly District # 146 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
- 1750 Summer St, Stamford Date of Meeting MM/DD/YYYY 5/29/18
- Meeting location and town

About the candidate

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

- 3 Candidate name David Michel (DAVID MICHEL)
- Address 4 Rockledge Drive
- City/town STAMFORD CT Zip Code 06902

I declare that

- I was endorsed for office by the Party listed on this form
- I authorize my name to appear on the ballot

Candidate Signature

D. Michel

Date _____ MM/DD/YYYY

Attested by

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

Select one of the following

- 4 Chairman/presiding office of convention
- Secretary of Convention

Signature [Signature]

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2018 JUN -5 P 3:00
 SECRETARIAT OF THE STATE
 LEGISLATIVE DIVISION
 30 TRINITY ST.
 HARTFORD, CT 06106